

A new way of  
working

Partnership  
Workshop



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# Introduction:

- National context
- Local context
- Front door, Early Help and MASH
- 4 Levels of Need descriptors and use of Consent
- EVOLUTION Prompts tool

# Messages from practice

1. The rising trends in referrals places significant pressures on resources in our partnership – We have a high proportionate NFA decisions – at least 50 %
2. Recommendations to support effective practices but we need to ensure we identify need, harm and risk to safeguard children and young people in the right way
3. A multi-agency approach is a must, but Social Workers as decision makers must use the Levels of Need and then make threshold decisions and a new tool will be introduced that can be used for need, harm and risk identification and partners will see this for MASH enquiries
4. Early - intervention and prevention - is important: developing effective, honest and open working practices but with Consent
5. S17 decision must have informed consent where we have recorded that the parent has agreed to assess their parenting capacity and by a Social Worker

# Our data is telling us the following trends:

- Children come of a plan after first review (ICPC) - 77% were neglect - We are higher than our statistical neighbours and others.
- What is it about need, harm and risk that we identify at the first review that when is eliminated at the second review? (12 weeks)
- 40% aged between 8 and 15 years and those that remain on the plan are also 8 - 15 years (47%) Highest Category is Neglect
- In terms of Looked After Children - those accommodated in the North of the County was 16 plus (75%) and then South of the County (significant higher number accommodated 8 – 15 years)

## Consent checks in stages

1. Has the referrer sought consent from the parent/ carer with PR (Police do not have to seek consent as they are notifiers and not referrers) If not – why not?
2. Social workers by law at the front door have to seek consent to share information/ unless risk is identified and child's safety can be compromised – Consider what process to use to gather further information to determine decision
3. Gaps identified via EVOLUTION prompts– This will initiate MASH enquiry and requires a recording by a social worker with rationale for overriding consent/ consent visible from parents/ carer with PR to proceed
4. Step down – only with consent
5. Step up as a S17 - only with clear consent and visibility that the parent is informed what a S17 assessment entails and that we are assessing their parenting capacity that may be impacting on the child/ young person

## Multi Agency Safeguarding Hub (MASH)

- Single point of contact for all safeguarding concerns
- Partnership information sharing – co located or virtual (MASH specific information sharing agreement)
- Confidence and Trust to share information
- Driving prevention, diversion and intervention opportunities for children and young people
- Consent based model
- No delay for children and young people
- Partnership consultation and informed decision making (WT 2018)
- Knowledge is power.

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***Reminder: MASH is a consent based model***

***- The Haringey Judgement 2013***

Information sharing within MASH is lawful, but with two important proviso's:

1. Consent **must** always **be considered** on a case by case basis
2. Decisions **must be recorded** with supporting **rationale** and an audit trail of information shared maintained

***Queens Counsel have advised on judgement***

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# The functions of a MASH

- Professionals Consultation line with partners
- Pre MASH enquiries (Demographic checks)
- Screening, analysis and early decision making by all MASH Social Work staff for:
  1. Early Help and Support (Single/ Multi or targeted)
  2. Partnership information sharing (MASH enquiry))
  3. Diversion opportunities (advice and signposting)
  4. Statutory intervention by Children Social Care (S17 with consent and S47)

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# Information Sharing - NPR



## **Necessity, proportionality and relevance**

Once a professional has considered the legality of sharing a person's personal information, and decided about the matter of consent, they need to consider three further tests before they share any personal information with another professional or organisation. Some professionals find it useful to remember this as the NP&R test. It is vital all three tests are considered, not either or.

N – The amount and type of information shared should only be that **necessary** to achieve the lawful aim.

P – Information is always to be considered in terms of its **proportionality** in each set of circumstances, but it must always be remembered that the right to life is paramount.

R – Only **relevant** information should be shared. This should be decided on a case-by-case basis.

Finally, it is also useful to consider two very simple questions before sharing information with another professional or organisation: does the person or organisation 'need-to-know' the information, or is it really a case of it being nice for them to know?

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Continuum of Need  
Effective support at the right time



For advice and support about Early Help contact your local Integrated Prevention and Earliest Help (PEH) hub  
 Worried about a child and not sure who should help contact MASH

The majority of West Sussex Children may only ever need to access Universal Services (such as schools' OP health visiting and maternity) throughout their childhood. Some children and their families will need additional support at any point in their lives from the 500000... through to their teenage years. They may require services that respond to different levels of need across the continuum from Universal to Specialist support. Local Safeguarding Partners are committed to ensuring that children are supported via effective partnership working informed by high quality assessments.



West Sussex  
**SCP**  
 Safeguarding  
 Children Partnership



Need, harm and risk identification at the front door and as part of the MASH process

# EVOLUTION Prompts

**What good looks like for children and young people**

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# Scenario 1

Tim is an eight year pupil at a primary school and appears to be doing well and the school have no concerns about him. However, recently Tim's mum spoke to the Head Teacher because she is worried about Tim. Tim's mum said she is struggling to get Tim up for school in the morning. Initially, she thought that this was because he was being lazy; however, recently Tim has told her that another pupil at the school had started to call him names because his dad is disabled and uses a wheelchair. Mum asked the school for help in giving her some ideas about how to encourage Tim to get into school in the morning and to deal with the issue of the name-calling. Tim has asked his mum not to talk to school about this issue as he is worried that he might get bullied for telling tales

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# Scenario 2

Sophie is 22 years old and she lives with Billy, her partner who is 33 years old, and their three children: Bethany, three years old, Lucas, two years old and Jack, who is four months old. Sophie has told her Health Visitor that she has little support from her family in helping her care for the children. Sophie's days are filled with meeting the needs of her children throughout the day.

She says she feels isolated and she struggles to go out with the children on her own as she worries that one of the older children may run off and she won't be able to run after them without leaving the other two alone. Her third pregnancy was unplanned.

Sophie is struggling to manage Bethany's behaviour, as she constantly demands attention, especially when she is trying to feed Jack. Billy works shifts in a low paid job and he is often out of the house for 12 hour periods and sometimes he needs to sleep during the day. Billy says this can prove difficult for him if the children are 'playing up'. Billy does his share of household tasks and has offered to care for the children if Sophie wants to go out and meet with friends but she has not taken him up on this offer. Bethany attends pre-school in the mornings. Over the past few months Bethany has been late once or twice a week. The Health Visitor is concerned that Bethany's speech is noticeably delayed. Sophie says Lucas has always been a placid child, however, over the past few weeks he has had several temper tantrums. She is uncertain if this is because Lucas may now be going through the "terrible twos", or whether it is because of the home situation. Jack currently sleeps in his parent's room in a cot and there is damp in the room which Sophie and Billy are worried may affect his health. Sophie and Billy have contacted the Housing Association due to their concerns about the damp in the property but there is yet to be an assessment of the housing issues and whether any remedial work needs to be undertaken.

# Scenario 3

Maddison is 14 years of age and her attendance at school is less than 40%. She is quite often in trouble with the Police, has changed schools because of her behaviour and is a regular missing young person. Maddison had been referred to Children's Social Care several times in the preceding year and by her mother or professionals.

Her mother has recently shared she can no longer look after Maddison and the family feel they are at breaking point.

Professionals had tried many different approaches to support Maddison and her family and nothing seemed to be helping, in fact the risks she was facing were increasing.

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