

Northamptonshire Children’s Trust

MASH MANUAL Version 9 December 2021

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1. **Introduction**

The purpose of this document is to describe the key principles and operational arrangements in respect of the Northamptonshire Multi Agency Safeguarding Hub (MASH).

The Multi-Agency Safeguarding Hub has been developed by Children’s services, Northamptonshire Police, and the Clinical Commissioning Group, in order to improve multi-agency information sharing, decision making and responses to child safeguarding concerns, and to identify the right support to meet the needs of children.

A MASH is a team of co-located multi-agency safeguarding partners, operating in a secure fire-walled environment with access to their agency’s electronic data, who research, interpret and determine appropriate information sharing in relation to children, young people potentially or at risk of immediate and/or serious harm, and reduce the escalation of concerns.

The Northamptonshire MASH receives child safeguarding referrals via the integrated Partnership Support and Social Work Triage team and has been designed to improve information sharing, support better decision-making and assist in providing a coordinated and timely response to child safeguarding concerns.

Effective safeguarding arrangements in every local area should be underpinned by two key principles (Working together, 2018).

* *Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should take responsibility for their contribution.*
* *A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.*

**2. MASH Background**

There continue to be many local and national drivers for change designed to strengthen and improve the ability of all safeguarding partnerships to protect the most vulnerable within our communities. The importance of information sharing and communication and the deficiencies that continue to present in this regard, are regrettably recurring themes in most serious case reviews.

Some of the challenges associated with sharing safeguarding information can result from information being held by different agencies in various different teams and services. It is often difficult to gather this information and bring it together in one place at one time. This can make the analysis of risk notoriously difficult and can threaten the safety of the vulnerable and those most in need of protection.

The creation of the first MASH, which brought safeguarding partners together in one place to share information, occurred in Devon in 2010. This approach was subsequently reviewed by Professor Eileen Munro as part of her review of the country’s child protection system in 2012. Professor Munro identified MASH as a model of best practice. The MASH model was never created to just deal with safeguarding concerns.

There are now many MASH models in place throughout the UK, all of which have slightly different ways of working to safeguard and support children, however, the fundamental Core Elements for all MASH‘s remain the same.

**3. MASH Core Elements**

A MASH has five core elements which are standard in any MASH in the country but the implementation and individual arrangements of each MASH at a local level is influenced by relevant features and factors agreed by local safeguarding partners. The five core elements are outlined below:

**i) NOTIFICATIONS RELATING TO SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN GO THROUGH TO THE HUB**

* Safeguarding and child welfare notifications are routed into the MASH to enable a single, cohesive ‘front door’ for the submission and sharing of concerns related to children and their families.
* This should prevent concerns being masked within volume, alternative referral routes confusing the landscape or bureaucratic, time consuming processes delaying support.
* This should enable the identification and shared analysis of low level repeat concerns held by a variety of partners.
* This will enhance the appropriate application of thresholds.
* This will promote access to effective interventions at the earliest opportunity to reduce the likelihood of problems getting worse.
* This ensures one standard decision making and assessment process.
* This allows a practice and performance baseline to be established so that regular auditing processes can be undertaken and to support a shared performance culture in relation to the impact of the support that is provided to children and their families.

**ii) A CO-LOCATED TEAM OF PROFESSIONALS FROM CORE AGENCIES DELIVER AN INTEGRATED SERVICE WITH THE AIM OF RESEARCHING, INTERPRETING & DETERMINING WHAT IS PROPORTIONATE AND RELEVANT TO SHARE**

* This colocation of traditionally separate services acknowledges the importance of collaboration and enables increased confidence and trust amongst safeguarding partners in order to engage and work effectively together to improve our response to supporting children and families.
* The duty of care for host agency information remains with the “owner” of the data (data controller).
* Decisions to share information are made on a case by case basis with the statutory framework by each partner agency.
* All multi agency information is shared within the security of the hub to confirm the agreed outcome.

**iii) THE HUB IS FIRE WALLED, KEEPING MASH ACTIVITY CONFIDENTIAL AND SEPARATE FROM OPERATIONAL ACTIVITY, AND PROVIDES A CONFIDENTIAL RECORD TO SUPPORT THIS**

* This ensures that sensitive information is kept within a confidential environment.
* Information is shared on a strict “need to know” basis.
* Only those that have a need to know the information are permitted to see it
* There is a MASH premises checklist which sets out the acceptable standards for establishing a secure fire-walled environment.

**iv) AN AGREED PROCESS FOR ANALYSING AND ASSESSING RISK IS BASED ON PROVIDING THE FULLEST INFORMATION PICTURE AND DISSEMINATING THIS TO THE MOST APPROPRIATE SERVICE/AGENCY FOR NECESSARY ACTION**

* The partnership gives itself the best opportunity to make effective and efficient multi agency decisions about children.
* Partners gather the most complete information at the earliest opportunity.
* Consistency and clarity of decisions are achieved by utilising a standardised risk assessment and threshold model.
* Information that is shared is proportionate and relevant to the nature and level of the original concern.

**v) THIS PROCESS HELPS TO IDENTIFY VICTIMS AND EMERGING HARM THROUGH RESEARCH AND ANALYSIS**

* The MASH enables the identification of victims, perpetrators and as a result, patterns of behaviour can be predicted through better analysis and understanding of repeat notifications and the identification of individuals who may be suffering increasing levels of harm.
* Developing skills in predictive analysis will enable services to intervene earlier to reduce harm and long term costs.
* This analysis will enable shared understanding of need and support, joint commissioning and the intelligent prioritisation/distribution of resources.

**4. MASH Remit**

The MASH is a screening, information sharing and decision making process. The MASH is **not** a case holding team, so when the decision has been made on the most appropriate outcome for a child/children, the case is submitted to the relevant operational case-holding team to progress.

The MASH receives child safeguarding referrals via telephone and electronic referral forms, and police, A & E and ambulance e-mail notifications. The multi-agency partners can add value by researching, interpreting and sharing additional information to provide the fullest picture possible to support the decision making process as required, to ensure that the child/family receives statutory services if social care intervention is required or Partnership Support if support services are needed to reduce escalation of concerns.

There is a clear expectation that referral agencies will obtain consent prior to making contact about individual children and families, unless it is not appropriate to do so in the event that it would place a child at increased risk of harm, prejudice the prevention, detection or prosecution of a serious crime or lead to an unjustified delay in making enquiries about allegations of harm. There is an obligation to consider, on all occasions and on a case by case basis, whether information will be shared with or without consent. This determination must always be based on what is reasonable, necessary and proportionate.

In an effective system, it is important to ensure that the right support is offered to children and families as they require it and the embedding of an effective early help offer is vital to reduce the incidence of accumulative concern and re-referrals into statutory services. The integration of the Children’s Social Care and Partnership Support triage functions within the MASH will reduce duplicative and parallel processes within the system which is important when managing demand in an intelligent way.

Clear social care oversight is paramount in this process and the integration of the two functions allows timely conversations and the swift allocation of cases to appropriate early help support where the threshold for social care intervention is not met. This is important to stop them from getting worse and escalating into the statutory arena. Similarly, better understanding of previous early help involvement at this stage supports and informs the statutory decision making process.

Additionally, if a concern relates to a child who is already ‘open’ to social care, this case information will be sent to the allocated Social Worker and Team Manager to inform them of the additional concerns and allow them to take appropriate action. Similarly, if a concern is submitted and there is an existing, open, early help assessment, and the new concern hasn’t met statutory thresholds, the lead professional is alerted to the new concern in order to support the family within the team around the family process.

The contacts received that are not already open to social care and the details enclosed in the contact suggest complex/potential safeguarding concerns will be subject to MASH information sharing to ensure that a fully informed multi-agency decision is made.

Therefore, the following summarises the remit of the MASH within the context of the Northamptonshire front door service:

1. All new incoming contacts will be directed to the MASH Officers (MASHOs), so that information can be received, clarified and recorded, including ensuring consent has been gained, and if not, a clear understanding of why not. The MASHOs will receive and handle all initial Children’s Safeguarding and Children's Social Care contacts and queries entering the MASH via telephone and written communication. They will prioritise the most vulnerable and at risk children and recommend appropriate advice and action, escalating to Decision Makers (Social Workers) for triage as necessary, to ensure that all contacts are signposted to or handed over to appropriate staff and services for required action to Safeguard and protect children.

See SOS MASHO template Appendix A

1. If a concern relates to a child who is already ‘open’ to social care, this will be transferred immediately to the named allocated Social Worker. If the allocated worker is not available then the duty worker for that team is advised of the contact/concern. If the concerns are RED and action is required on the day then the Team manager of the social worker is also alerted to ensure action is taken on the day.

All contacts will be subject to a triage process so that any previous early help or social care involvement, needs, risks and circumstances can be considered in the context of the current information being reported.

The triage process completed by Decision Makers applies appropriate screening to determine social care threshold; in order to make informed decisions about next steps and the appropriate levels of support required in line with Northamptonshire Safeguarding Children’s Partnership (NSCP) Thresholds Guidance 2018, the link to which can be found [here](https://www3.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/protecting-children-information-for-professionals/Documents/NSCB%20Thresholds%20Guidance%202018.pdf).

1. If a concern clearly does not meet the “in need” threshold for social care intervention it will be screened and the referrer will be signposted to the appropriate Partnership Support pathway or will be transferred to our Partnership Support Coordinators in the MASH team to follow up and provide advice and guidance.
2. If a contact concern clearly meets the threshold for Child Protection enquiries (s47 Children Act 1989) or a Child in Need assessment (s17 Children Act 1989) where MASH information sharing is not additionally beneficial or required to help make a decision about next steps, the matter will be transferred immediately to the relevant social care team and the multi-agency information sharing will be gathered as part of the assessment by the allocated Social Worker.
3. In respect of s47 enquiries a Child Protection Strategy Discussion / Meeting will be arranged by the receiving Social care team and multi-agency information sharing.
4. If information received does not clearly indicate whether the threshold for a single assessment is met, but it is evident that there are complex/complicated issues then information sharing will be required within the MASH to gain an accurate picture of the child and family to ensure that the correct threshold for intervention is identified.
5. The front door workflow for Northamptonshire MASH shows all the elements of responsibility for receiving, triaging and deciding appropriate responses for new contacts and referrals, including:

* The MASH Officer function
* The Decision Making and Early Help function.
* The Team Managers function.

The referral pathways to:

* Partnership Support input
* Multi Agency Safeguarding Hub information sharing (MASH)
* Transfer to Children’s Social Care Services

See Appendix B

**5. MASH BENEFITS**

The MASH model proves beneficial in a number of ways including:

* Serious Case Reviews (SCR) have highlighted that missing opportunities to record, share and understand the significance of information in a timely manner can have severe consequences for the safety and welfare of children.
* MASH addresses the serious and sustained deficiencies in the way organisations and individuals use information to protect and safeguard vulnerable children.
* A faster, more coordinated and consistent response to safeguarding concerns and welfare needs about children and families – measured by compliance with the Working Together 2018 and MASH rag rating regarding processes and timescales (quantitative data).
* An improved ‘journey’ for the child with greater emphasis on early intervention and better informed services provided at the right time; measured through a combination of quantitative data and qualitative analysis gained from review, audit and service user feedback, as well as learning from comments and complaints.
* Greater ability to identify potential vulnerability, enabling more preventative action to be taken, supporting families with issues before they escalate – measured by qualitative analysis of the multi-agency partnership’s ability to research, interpret data and intelligence to intervene and respond promptly. This is also measured by the effectiveness of early help within the system.
* Closer partnership working, clearer accountability and less duplication of effort – through effective governance arrangements whereby all multi-agency partners working collaboratively in accordance with agreed operating protocols.
* A reduction in the number of inappropriate referrals and re-referrals to children’s social care through earlier intervention and robust risk assessment at earlier stage. This reinforces the established approach of the Early Help offer, so that when contacts/referrals do not meet the CSC “in need” threshold there is still the possibility of an early help response, or alternatively a recommendation back to the referrer to begin (with consent from parents) the Early Help assessment process in order to coordinate support for the child and family.
* Quantitative data and trend analysis of the referrals and re-referrals to early help and children’s social care is expected to show reduced demand on high level statutory intervention as this process becomes fully embedded and families receive support earlier in the dvelopment of a problem.

**6. CONSENT**

All practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why.

*Working Together to Safeguard children.*

Within the MASH it is the MASH Team Manager who should record a rationale on a child’s file to clarify why consent was overridden.

Where a referral is received in the MASH without parental consent to share information and the safeguarding threshold is not met, the referrer will be informed of this and will be signposted to other services who could support.

**7. MASH Partners**

In Northamptonshire, Northamptonshire Children’s Trust and its partner agencies established a MASH in January 2013. The MASH staffing complement comprises of multi-agency staff from different agencies and services, some of which are physically based within the MASH and others are classed as virtual partners.

The following are deemed Northamptonshire’s MASH Partner agencies:

Children’s Social Care

Northamptonshire Police

Youth Offending Service

Probation

Health

Education

Partnership Support Services

Housing

NDAS

Community Health and Midwifery

Mental Health Services

Substance to Solutions (S2S)

Children’s Centres/Early Years Provider

Some of these partners are virtual, however, key partners are co-located, these are:

Northamptonshire Children’s Trust

Northamptonshire Police

PVP (Public Protection)

MASH Health

MASH Education Leads

Partnership Support Services

**8. MASH operating hours and how to make contact**

The MASH is located at the Criminal Justice Centre, 700 Pavilion Drive, Brackmills,

Northampton, NN4 7SL.

Any child, parent, family member, professional partner or member of the public can

contact the MASH on **0300 126 7000.**The call will initially go through to the Customer

Service Centre, who will determine whether this is an open case to social care or early help and divert you to the correct team if so. If the child is not open they will transfer the call to the MASH Team where they will talk to our highly skilled MASH Officers, who will take the concerns from the caller.

The MASH phone lines are open between 09:00 – 17:00 Monday to Friday.

Outside of these hours, if the matter is urgent and cannot wait until the next working

day, referrals can be made by phoning to the out of hours social work team on **01604**

**626938.** The MASH function will not be available out of hours.

If an immediate response is required to protect a child, a telephone call should be

made to Northamptonshire Police on **999** in an emergency.

If a child is in need of support and protection but it does not require an immediate response by social care the online referral form should be completed. The online referral form can be found [here](http://www.northamptonshirescb.org.uk/social-care/how-to-make-an-online-referral).

The MASH team will triage the referral forms and determine what action needs to be taken and by whom within 24 hours. An outcome letter to advise of the course of action taken and contact details of the team/service the case may have progressed to will be sent to the referrer.

The MASH receives emergency service notifications from the Police, Ambulance, NSPCC and Accident and Emergency departments that they respond to on a daily basis.

The MASH also receives requests for Information from other Local Authorities, out of area police forces, CAFCASS, Probation and Courts direct who they respond to daily.

There are also internal council requests from other safeguarding departments that the MASH deal with daily.

**9. The MASH Process**

There are currently two stages within the MASH process:

* Stage 1 relates to the Social Care Initial Screening process
* Stage 2 relates to the MASH information sharing process

**Stage 1: Initial Triage Process**

MASH Officers and MASH Business Support create all contacts from external agencies and members of the public via telephone, referral forms, emergency notifications and requests for Information. They will gather correct basic information (name, DOB, household members, contact details), clarify if consent is gained, and record all relevant information in regards to what may constitute a potential safeguarding concern. The information is recorded at the time of the contact, if this is made by telephone, or within 24 hrs if contact received by email or via the online referral form.

These contacts are then sent to the MASH managers for allocation to a Decision Makers or Partnership Support Coordinators.

Timeliness is a critical consideration when safeguarding and protecting children. The Decision Makers will triage all contacts allocated to them by their MASH manager within 24 hours.

Based on the information received, and any pre-existing records held by Social Care, if it is not clear that the statutory “in need” threshold is met due to complex or unclear issues surrounding the child/children then multi-agency information is required to help determine the nature and level of any potential risks and the possible action required. The Decision Maker will progress the contact into the MASH information sharing Guardian to gain multi-agency partners information and analysis of risks to contribute to the decision making process. (Stage 2)

A decision regarding the action required and by which service is made by the Decision Maker within 24 hours to ensure that children receive the right service at the right time, ensuring that local practice is compliant with statutory guidance. Working Together 2018:

*“Within one working day of a referral being received, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer.*

*“The speed with which an assessment is carried out after a child’s case has been referred into local authority children’s social care should be determined by the needs of the individual child and the nature and level of any risk of harm faced by the child. This will require judgements to be made by the social worker in discussion with their manager on each individual case. Adult assessments, i.e. parent carer or non-parent carer assessments should also be carried out in a timely manner, consistent with the needs of the child*

*“For children who are in need of immediate protection, action must be taken by the social, worker, or the police or NSPCC if removal is required, as soon as possible after the referral has been made to the local authority children’s social care (sections 44 and 46 of the Children Act 1989).*

The MASH manager reviews the decision maker’s decisions and recommendations and agrees with the action required or challenges the decision maker if not in agreement. Once agreed the MASH manager directs the case to the service required.

Domestic Abuse Screening has been separated out from the main body of referrals being received into MASH via a bespoke e-mail notification box. This is in order to ensure that daily responses and multi-agency safety plans are agreed in a timely manner. Domestic Abuse screening is conducted via daily MADRA (Multi Agency Daily Risk Assessment) meetings.

The possible options are as follows;

1. The threshold for social care intervention is not met and no further action is required by either Social Care or Partnership Support; this is generally as a result of unsubstantiated concerns. The child’s contact is then closed down on CareFirst and it does not become a referral. The referrer and family will be advised of this action via a letter from the MASH.
2. The threshold for social care intervention is not met but it is identified that the family have additional needs that will benefit from support from the Partnership Support Service. The case is then transferred to the Partnership Support Service for allocation/actions and an Initial Contact is not recorded on Care First. The referrer and the family will be advised of this via a letter from the MASH.
3. The threshold for social care intervention is clearly met under section 17 of the Children Act 1989 and a statutory single assessment is required. The MASH Team will refer the matter to the Duty and Assessment Team/appropriate social care team immediately. The referrer and the family are advised via a letter from the MASH.
4. The threshold for social care intervention is clearly met under section 47 of the Children Act 1989 and a child is deemed at risk of significant harm from abuse and/or neglect. A Child Protection Strategy Discussion/Meeting will be arranged and actions are completed on that day. The Strategy discussion could take place as a meeting or by phone, and more than one strategy meeting may be required. The Strategy Discussion/Meeting is chaired by a Team Manager from the Duty and Assessment Team/area team. The case then transfers to the social care team immediately. The referrer and the family (where appropriate) are advised of this by the Decision Maker on the phone, no letters are sent from the MASH.

# **10. RAG Rating**

Referrals to the MASH will be RAG rated by the Initial triage team to determine the priority timescale for how these will be responded to.

Appendix C sets out additional guidance information about the MASH rag rating.

The MASH rag rating framework also establishes the way in which:

MASH partners prioritise their work in response to incoming referrals. Subsequently, once MASH partners have researched and shared their agency information and intelligence, the decision maker reviews the initial rag rating and revises it if necessary, to help make the final determination and next steps for transferring information to the children’s social care or early help services so that follow up action can be taken.

**The MASH rag rating framework is set out below:**

**RED: Level 4 - CHILDREN IN NEED OF PROTECTION AND CARE**

* Complex or Acute Risk/Harm. Clear injury or harm to a child identified that warrants action today.
* Relevant teams are informed immediately
* MASH Information sharing and outcome to be provided **within 4 hours**
* Agency action is taken by social care with police or social care and or specialist services

**AMBER: Level 3 - CHILDREN IN NEED OF SUPPORT**

* High or Complex Risk
* Relevant teams are informed as soon as possible
* A MASH outcome to be provided **within 1 working day**
* Agency action is taken by Social Care, police and or Specialist Services

**GREEN: Level 2 - EARLY HELP/REQUIRES FURTHER SOCIAL CARE INTERVENTION FROM PREVIOUS TEAM (12 WEEK RULE)**

* Low to Vulnerable Risk
* Relevant teams are informed as soon as possible
* A MASH outcome to be provided **within 24 hours**
* Agency action is taken by social care/early help/universal Services

**Rag rating summary:**

1. If the threshold for social care assessment/ intervention is not met and no further action is required by Children’s Social Care or the Partnership Support Service - MASH close the contact down. The referrer and family are advised of this action via a letter from the Social Work Manager. No Rag Rating is required.

1. If the threshold for social care assessment/ intervention is met and the case was closed to a Social Work team within the last 12 weeks repeated concerns submitted in relation to the case will be passed to the previous team to complete necessary follow up work. No information sharing is required within the MASH. Rag Rating is GREEN.

1. If the threshold for social care intervention is not met MASH will transfer the case to the Partnership Support Service for screening and to enable preventative support to be offered; the contact will not be recorded on Care First. The referrer and the family will be advised of this via a letter. Rag Rating GREEN

1. If the threshold for social care intervention is clearly met under section 17 of the Children Act 1989 and a “Child in Need” single assessment is required - the case will be transferred to the appropriate social care team immediately. No Information sharing will be completed. The referrer and the family will be advised via a letter. Rag Rating GREEN

1. If the threshold for social care intervention is clearly met under section 47 of the Children Act 1989 and a child is deemed at risk of significant harm - the case transfers to the Social Work team immediately, a Child Protection Strategy Discussion / Meeting is arranged and necessary protective action will be taken that day. The referrer and the family will be advised via phone **not** a letter. Rag Rating RED

1. If the child is not deemed at risk of significant harm under section 47 of the Children Act 1989 currently but action is required to prevent a situation arising whereby a child may become additionally vulnerable, and potentially at risk in the near future - these cases will be sent for MASH information sharing. (Stage 2) Rag Rating AMBER

1. If, the new contact information that has been received is complex, concerning or complicated and it is not clear whether the threshold for social care intervention is met - further information is required to determine the nature and level of any potential risk/harm. The MASH information sharing process will be followed (Stage 2) Rag Rating AMBER
2. In all cases, Children’s Social Care will provide feedback to the referrer and the family when the outcome decision has been made. Social Care will also record the outcome on the child’s case file clearly outlining the decision and the rationale for it.

# **Stage 2: Multi-Agency information sharing and decision making process**

Agencies that may hold relevant information are listed below. This is not an exhaustive list but identifies a range of key agencies, services and individuals that may hold additional relevant information:

* Health, GP’s, hospitals, specialist services.
* Social Care, Partnership Support Services and Education & Skills
* Schools – nursery, primary, junior, special, secondary, academies, PRUs & private schools, Colleges
* Private nurseries & early years providers
* Alternative education providers
* National Probation Service
* Police
* CAFCASS
* Housing Agencies/neighbourhoods
* Adult Social Care Services
* Fire Service
* Voluntary sector and community based providers
* Private sector providers
* Extended family members
* Members of the public
* Other Local Authorities

When further information is required to assess risk and determine if the threshold for intervention is met, the MASH social care staff will electronically request further information from the agencies within the MASH, and from those outside the MASH as appropriate.

MASH social work staff will have responsibility for contacting key partners if it is felt that additional information may be relevant.

The rag rating assigned to the contact will indicate a timescale for all agencies to adhere to in terms of collating and returning relevant information.

Each partner should review their databases and/or consult with the relevant services that they represent and insert relevant information into the correct sections of the Guardian. (Information sharing electronic form)

Partners will be asked to analyse the information they record and not merely state what the information is. It is important that all partners use their professional judgement based on the factual information they are presenting and analyse the relevance of this within the context of the referral concerns that have been shared. The key question that all MASH partners should ask is “so what?” – “so what does my agency’s data and intelligence mean in the context of the referral circumstances for this child/ren?”

It is also important that partners record if they have requested information from a team or service within their agency but are still awaiting a response. Again, partners need to record when they requested the information and provide relevant details including the name and designation of the individual they are awaiting a response from if this is not completed within the Rag rating timeframe.

Multi-agency partners should make a record of their activity on their own systems including the information that they have shared in response to each referral. This should include any recommendation they made.

If at any stage, a multi-agency partner identifies information that significantly heightens the concerns about the risk of harm in relation to a child/children, they should escalate this immediately verbally to the social work manager.

Upon receipt of an escalated concern about heightened risk of harm to a child/children the Social Work Manager should always consider:

* Whether immediate action is required to protect the child and if it is take action to ensure this happens without delay
* Raise the existing RAG rating to request that all multi-agency partners expedite their enquiries as a priority without delay.
* All multi-agency information shared within the MASH will be shared with the receiving social care/early help teams when an assessment is required. Sensitive/Soft information will not leave the firewall of the MASH.

**11. Sensitive/Soft Information (confidential)**

Any multi-agency information which exists that is additionally sensitive e.g. matters of national security, active surveillance operations etc. or Soft intelligence that is not factual but is relevant, e.g. reports to the police of frequent visits to the home, possible drug dealing etc. can be recorded within Guardian to inform decision making within the MASH. Sensitive/Soft information will not leave the firewall of the MASH.

The fact that additional sensitive information is available and who has access to it should be recorded on Guardian clearly by partners to enable assessment Social Workers to gain that additional information as part of their assessment from the specific professionals mentioned, not from the MASH information shared when sent out for assessment.

# **12. Repeat Referrals**

If a referral has previously been processed by the MASH at Stage 2, this will be stated in the request for multi-agency information sharing. This should include the date of the previous referral when the previous information was shared as part of the MASH process. This will allow multiagency partners to retrieve the information that was shared previously in order that this can be added to and updated with any additional information that has come to light since the last request for information. This is intended to reduce duplication of work for all multi-agency partner agencies.

**13. Review, Decision Making, Transfer and Feedback**

The information and recommendation from multi-agency partners will be collated and analysed by the decision maker. The decision maker will take all of the available multi-agency information and intelligence into account and analyse this in the context of any previous history and the current referral circumstances. The decision maker will record their analysis, provide a recommended outcome and explain the rationale for this on the child’s contact form within CareFirst for consideration by the social care Team Manager.

Upon receipt of the above information the Team Manager will:

* Ensure that the child’s record information is comprehensive and of a good standard in line with the MASH Northamptonshire practice standards. The document can be found as Appendix D.
* Ensure that the contact contains a clear analysis and rationale for the recommended outcome.
* Review the Social Worker’s recommended outcome and agree with this or take further action to challenge and reconcile any difference of opinion.
* If in agreement with the Social worker's decision, convert the CareFirst contact to a referral.
* Ensure that the referral is sent to the appropriate operational team/service for the agreed action to be taken.

Possible outcomes at this stage are as follows:

1. If the threshold for social care intervention is not met - no further action will be taken and the contact will be closed within the MASH.
2. If the threshold for social care intervention is not met but the child and family may benefit from early help support, the contact is sent to Partnership Support to enable preventative support to be offered
3. If the threshold for section 17 Children Act 1989 is met – the referral will be made to the appropriate social care field teams to undertake an assessment.
4. If the threshold for section 47 Children Act 1989 is met – the referral will be transferred to the Duty and Assessment Team or Safeguarding Team (12 week rule) Team so that a Child Protection Strategy Discussion / Meeting can be convened to decide on the details of the enquiries/investigation.

# **14. Escalation of Decision Making**

All multi-agency partners are expected to work together in a collaborative manner to seek agreement about the outcome for the child.

The MASH Team Manager will coordinate and manage daily activity in the MASH and hold partners to account for delivery. The MASH Team Manager does not have line management responsibility for any of the co-located staff from other agencies. All staff will continue to be employed and line managed by their own agency.

Should there be concerns about decisions made or conduct within the MASH, staff should seek to resolve these issues themselves, but if not able to, they should inform their line manager.

When the threshold for a Social Work single assessment is met, all social care teams are to progress the MASH recommendations. If there are disputes regarding the MASH recommendations this should be discussed and resolved by the relevant Team Managers.

If it is not possible to resolve the issues the matter should be escalated to the relevant Service managers so that consideration can be given to the relevant issues and conflicting perspectives in order that a resolution can be reached. Failure to reach a resolution at this stage should prompt an immediate escalation to the relevant Strategic Managers and if necessary the Assistant Director who will make a final decision. This escalation process should be resolved within 1 working day in order to avoid any drift or delay for the children and his/her family.

A monthly review meeting will be held by the MASH Service Manager to review all decision making disputes to ensure any learning is considered and shared with all the relevant services both within and external to the MASH.

For further information about resolving disputes, the NSCP ‘Practice Resolution Protocol: Resolving differences of opinion in relation to Multi-Agency working with Children and their Families.’ The link to the NSCP’s Conflict Resolution page can be found [here.](http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-partnership/policies/case-conflict-resolution-protocol/)

# **15. The range of safeguarding concerns**

In addition to identifying and responding to risk indicators in respect of physical, sexual, emotional abuse and neglect and the potential harm suffered as a result of parental Domestic Abuse, Substance Misuse and Mental Ill Health there are a number of other specific safeguarding considerations that need to be managed and responded to in accordance with national, local and best practice guidance. These safeguarding considerations include, but are not necessarily restricted to, the following: and a tool kit will be available to provide additional information, guidance and support to all staff and multi-agency partners, who are engaged in triage, information sharing and decision making activity:

* Child Exploitation
* Organised and Complex Abuse
* Information and Communication (ICT) Based Forms of Abuse
* Children Missing from Care, Home and Education
* Missing Families where there are concerns about Children & Unborn Babies
* Trafficked and Exploited Children
* Female Genital Mutilation
* Children Exposed to Extremist Ideology Fabricated and Induced Illness
* Gang Activity and Serious Youth Violence
* Self-Harming and Suicidal Behaviour
* Bullying
* Children Displaying Harmful Behaviour (including Sexually Harmful Behaviour) to other children
* Young Carers
* Fire Setting

# 

# **16. Managerial Oversight**

It is the responsibility of the Social Work and Partnership Support Team Manager to:

* Oversee the MASH and Triage screening processes to ensure timely responses and throughput of contacts and referrals
* Address any outstanding issues of consent
* Manage and coordinate the MASH information sharing on a daily basis
* Liaise and consult regularly with multi-agency partners, and their line managers where appropriate, and address any specific issues that may arise
* Agree initial and subsequent RAG ratings
* Make clear decisions about outcomes and next steps (e.g. NFA, Partnership Support, section 17 or section 47)
* Ensure that decisions and rationale for them are recorded on CareFirst and Capita
* Process referrals to Partnership Support Services and Children’s Social Care as necessary and appropriate
* Ensure that feedback is provided to the referrer and families
* Maintain a daily overview of caseloads, practice standards and performance measures
* Dip sample and audit one case per worker per month. 20% of NFA cases will be audited on a monthly basis by the MASH service manager. Referrals sent for an assessments resulting in NFA will be audited by the Duty and Assessment Service Managers. Feedback will be given to the strategic manager on a quarterly basis and shared within the service in order for any practice issues to be understood and learning and improvement to be facilitated.
* Front door managers will prepare for and attend performance meetings with the assistant director to reassure that service delivery targets are met.

# **17. Data sharing and Fair Processing**

All partner agencies have committed and signed up to Northamptonshire MASH Information Sharing Agreement that specifies what data can be shared in the MASH and the legal basis for doing so. All partner agencies are required to ensure that staff are fully trained and aware of their responsibilities under the Data Protection Act 2003 and General Data Protection Regulation (GDPR) 2018. Multi Agency partners and their staff are responsible for ensuring that all information sharing is undertaken in accordance with the Information Commissioner’s Data Sharing Code of Practice.

Section 10 of the Children’s Act 2004 places a duty on key agencies to cooperate to improve the safety and wellbeing of children and young people. This includes the proportionate, relevant and necessary sharing of information, where appropriate, to facilitate decision making for children and young people. It is the responsibility of all professionals to ensure they are aware of their responsibilities in this regard in order to ensure they are able to respond within the required scales so that children and young people are safeguarded and protected. A MASH information sharing guidance document is given to all members of the MASH to assist in appropriate and effective information sharing. This sits under the MASH Information sharing agreement which is agreed and signed off by senior leaders of the MASH.

**18. MASH Governance**

Individual partner agencies engaged in the Northamptonshire MASH continue to be responsible for their own staff line management and supervision. In recognition of the importance and necessity for working well together, specific governance arrangements have been established to plan, prioritise, deliver, monitor, report and assure the quality and performance of the MASH.

A MASH Steering Group meets every two weeks to discuss any operational issues.

A MASH Strategic Board meets every six weeks to ensure that the appropriate governance arrangements are in place for the Northamptonshire MASH.

The Strategic Manager will update NSCP when requested.

Last reviewed November 2021 by MASH Service Manager Alina Suditu.

**Appendix A – SOS MASHO TEMPLATE**

MULTI-AGENCY SAFEGUARDING OFFICERS SCRIPT WHEN TAKING A CONTACT.

Hello, you are through to (name) in MASH – are you calling to make a safeguarding referral?

1. **Have parents/carers been informed that you are making this referral?**
2. **Have parents/carers given consent for you to share the information and make a referral?**
3. **If parents have not given consent, please explain why?**
4. **Do your give consent for your individual details as a referrer to be provided to the family – Yes/No – if not, why not**

*Professionals reporting a concern will be expected to provide various details about themselves, the child, the family and the concern. This information will be recorded and may be shared with relevant partners.*

*Professionals are regarded as those workers employed in the fields of social care, health and education and who are working with the referral subject or their family or carers.*

1. **Is there an EHA in respect of this child – Yes/No/if not, why not**
2. **What are your safeguarding concerns and what is your evidence to support it?**
3. *Provide as much detail about the actual concern such as*

*Who/what/when/where/frequency/severity and how you know this is happening*

1. *If a child has suffered or is suffering significant harm and/or a crime has been committed against them have you contacted the Police to report this?*
2. **Are there any other worries making things more complicated for parents or anyone else to keep the child/ren safe?**
3. *Anything that isn’t the main issue that makes the problem harder, such as housing/poverty/mental health/contextual safeguarding*
4. **How are these concerns impacting on the child/ren?**
5. *What has the child said about this?*
6. *What would the child say about him/her living in this household?*
7. **Is there anyone or anything that is helping to keep the child safe?**
8. *Identify people in the personal and professional network, what they are doing and how that is keeping the child safe. Please share any safety plans if developed.*
9. *What has been working well when something of a concern happened?*

*{c} Who has been helping and how?*

1. **On a scale of 0-10, where 0 is the child is not safe at all and 10 is the child is safe and their needs are being met, what would you score?**
2. **What do you need to see happen or change to move up the scale from where you currently are?**
3. *The is the goal for whomever is calling, what needs to change for the child or family so that you would be confident he/she/they are safe*
4. *What does safety look like for this child?*

*[c] What would the child like to see happen to feel safe?*

1. **What are you worried may happen to the child/ren if nothing changes?**
2. *This is to understand what the impact on the child is now and moving forward if everything stays as it is right now*

MASH Officer/DM will apply threshold and make a decision on whether it is proportionate, appropriate and necessary to override parental consent

The referrer has not informed the family and have not gained consent to share the information

**MASH Receive information/contact from external agency or member of the public via telephone calls and email referrals**

**Referral is a PPN notification regarding DA incident, this will be screened within MADRA**

Police application of threshold and decision made that threshold is met for MADRA discussion, case to progress within MADRA framework and notification sent to MASHDomesticAbuse inbox.

MASH Officer or Business Support create a contact on CF

Case discussion within MADRA meeting

**Information received where a child already has an allocated worker will be forwarded to the worker and their team for the information and action.**

**APPENDIX B - CONTACT/REFERRAL & DECISION MAKING PROCESS NORTHAMPTONSHIRE MASH**

Initial Contact is passed to MASH Team Manager for sign off.

No safeguarding concerns and so contact is finalised

Yes, consent is overridden and so an IC is recorded on CF and sent to screening

Referrer has not informed the family they are making the referral and have not gained parental consent to share information

MASH Officer will inform the referrer that the case is not progressing to either MASH or Partnership Support and will advise the referrer to seek parental consent for support to be accessed.

Referrer has informed the family they are making the referral and have gained parental consent to share information

MASH Officer will progress the information to the Partnership Support Service and a record will not be created on CareFirst

If threshold is met

**The contact received is a safeguarding referral**

Concerns within the referral are of an immediate safeguarding nature

**Social Care DECISION MAKER:** Critically analyse contact information, CSC and EH history including Multi-agency Information sharing if required.

Initial Rag rate applied. Threshold decision made in accordance with CFN threshold document to determine level of need/action required within 24 hrs.

PASSED TO SOCIAL CARE MASH TEAM MANAGER FOR SIGN OFF/SEND OUT

Alert Business Support to send out MASH outcome letter

If no, the referral will not be recorded on CF and will be progressed to support and contact the referrer and advise accordingly

If threshold is not met

If threshold is not met, Partnership Support contact the referrer and discuss the recommendations

MASHO/Decision Maker will apply threshold and decide whether the referral is received into MASH for screening or whether it progresses to Partnership Support

The referrer has informed the family that they are making a referral to MASH and have gained parental consent to share information

**The contact received is a request for support for the family**

MASH Officer or Business Support create a contact on CF

**Information**

Information requested is collated and checked by MASH Decision Maker

**Notification**

Notification is added to CF and information is sent to SQAS or relevant body

**The contact is a request for information/notification**

# **Appendix C - MASH RAG Rating Descriptors**

This document is a guide only; you are expected to use your professional judgment. Timeliness of response required and level of risk identified is the key to the rating of any Enquiry.

|  |  |  |
| --- | --- | --- |
| Information  Sharing  Timescale | **MASH RAG RATING** | Social Care  Time Scale |

|  |  |  |
| --- | --- | --- |
| RED    No MASH  information sharing,  information will be  shared at Strategy  Meeting    4 Hours at point of  request by  Social Care | High Risk Enquiries – Requiring a same day response from our operational team colleagues.  Including:   1. S47 - immediately evident serious safeguarding concerns requiring action to ensure the safety of the child and possible necessity to secure and preserve physical evidence that might otherwise be lost.      1. Enquiries that may not relate to immediate and serious safeguarding concerns but may necessitate same day action for example teenager presenting as homeless. | To be processed and passed to  Operational teams by Mash within 24 hours |

|  |  |  |
| --- | --- | --- |
| AMBER    8 Hours at point of  requesting by Social Care | Medium Risk Enquiries — There are significant concerns but immediate urgent action is not required to safeguard the child.    Including:  Enquiries where an investigation under Section 47 of the Children Act 1989 may be required. | To be processed and passed to  Early Help/Social care within 24 hours |

|  |  |  |
| --- | --- | --- |
| GREEN    No Information sharing  required/ if  information is  required 8 hours | Lower Risk Enquiries — The referrer clearly has concerns about a child's wellbeing, threshold is met, and there is no information at this stage to suggest an investigation under Section 47 of the Children Act 1989 would be required. Partnership Support Services may be relevant.  Including:  Cases that have recently been closed following social care assessment and there are reoccurring/new concerns identified that require further assessment.  (MASH Staff – Please note if cases have been closed in the past 12 weeks by children social care then it should be returned to the team that previously held it with no information sharing required if the concerns remain the same as the previous intervention. | To be processed and passed to  early help 72hrs/social  care teams within  24 hours |

|  |
| --- |
| **Contact**  24 Hour Decision made on Actions required  **Referral**  Contacts to progress to Referral in Carefirst if Threshold for social care Intervention is met within 24hours.  No contact/referral to remain in the MASH any longer than 24hours. |

**Appendix D – Practice Standards Link to Document**

[practice-standards-for-practitioners-and-managers-improving-outcomes-for-children-in-northamptonshire.pdf (proceduresonline.com)](https://proceduresonline.com/trixcms2/media/8479/practice-standards-for-practitioners-and-managers-improving-outcomes-for-children-in-northamptonshire.pdf)

**Appendix E**

**CRITERIA FOR URGENT REFERRALS**

**Criteria for possible RED cases to be brought to the MASH managers’ attention and progressed to DAAT IMMEDIATELY on the same day. (This list is not exhaustive)**

* Child(ren) found to be living in home conditions that are described/ assessed to be unsafe and the child(ren) require immediate removal. A scenario where Police Protection is likely to be used.
* Child(ren) found alone - e.g: following a home visit child(ren) are not considered to be safe and well, found alone on the street etc.
* Evidence of physical harm- i.e. child(ren) in hospital with a non-accidental / unexplainable injury or where there is inconsistent explanation for the injury
* Child has bruising / injury and has made a disclosure against parents/family member.
* Allegation/disclosure by a child that he/she is being sexually abused by someone whom they are living with or having immediate staying contact with.
* Parents detained (or remanded to custody) by police and no other person identified to care for the child(ren)
* Death of parent/carer or emergency hospital admission and no other person to care for the child(ren)
* If a Court is minded to remand a young person to the Care of the Local Authority or remand to secure accommodation – YOS will make a referral to CSC and this will be referred to LAC Team and CSTM called as an urgent response required.
* Unaccompanied asylum seeking children.
* Homeless child/family
* When a member of the Public Protection Unit of the Police (PPU) request a Strat discussion.

**The following is to be brought to the immediate attention of the MASH Team Manager and Service Manager**

* If any health professional raises concerns regarding injuries/abuse that they feel needs addressing by a Consultant Paediatrician. Including non-mobile babies with any form of injury
* Any contact received where a child has a suspicious injury. (i.e. child has a bruised eye but no disclosure)
* Where there are serious concerns regarding the risk of significant harm to an unborn baby.

Always remember this is a guide only and **“IF IN DOUBT, CHECK IT OUT”** with a MASH manager do not just send it into CareFirst.

CareFirst Process to be followed by MASH and DAAT is detailed in Appendix B

**Appendix F**

**Northamptonshire**

**MASH**

**Information**

**Sharing**

**Guidance**





**INTRODUCTION AND SCOPE**

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The goal of a MASH (Multi Agency Safeguarding Hub) is to

improve safeguarding and promote the welfare of children and

young people through the timely exchange of proportionate and

accurate information following an enquiry by any professional or

member of the public.

The MASH environment is unique in the way it enables multiple

sources of information to be considered and shared in a secure

and safe location.

Each decision to request and share information with individual

organisations needs to be considered in terms of whether it is

necessary and proportionate. The decision to request and share information should not be an assumed process; but rather a deliberate response to the issues and concerns raised.

Information sharing in these circumstances is governed by a

legal framework that helps to balance the right of the individual

to privacy with the need to protect children and young people at

risk or who may be in need of support.

The professional holding the information must always consider

relevance and proportionality before releasing information to the

MASH.

All practitioners and managers who work with families and

children and who need to make decisions about sharing

personal and confidential information on a case-by-case basis

should be guided by

***• Information Sharing: Guidance for practitioners and***

***managers (DfES 2008)***

***• Information Sharing: Further guidance on legal issues***

***(DfES 2008)***

This guide is written for practitioners and managers who are

working within a MASH. It is intended to supplement the two

key documents above; not replace them.

**Decisions to**

**request and**

**share**

**information**

**must be**

**considered in**

**terms of**

**whether they**

**are necessary**

**and**

**proportionate.**

**THE LEGAL**

**FRAMEWORK**

The main legal framework relating to the protection of personal information and how it is exchanged in a MASH is set out in:

• The Human Rights Act 1998, which incorporates Article 8 of the European Convention on Human Rights (ECHR), including the right to a private and family life

• The Common Law Duty of Confidentiality

• The Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR), covering the protection of personal information

However, some Acts of Parliament do give statutory public bodies express or implied statutory powers to share information. There are a number of pieces of legislation. Some of these are relevant to all members of the MASH. Others relate to specific organisations.

These include:

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• The Children Act 1989

• The Children Act 2004

• Education Act 2002

• Education Act 1996

• Learning and Skills Act 2000

• Education (SEN) Regulations 2001

• Children (Leaving Care) Act 2000

• Mental Capacity Act 2005

• Mental Capacity Act Code of Practice 2005

• Immigration and Asylum Act 1999

• Local Government Act 2000

• Criminal Justice Act 2003

• Crime and Disorder Act 1998

• National Health Service Act 1977

• National Health Service Act 2006

• The Adoption and Children Act 2002

• The Localism Act 2011

• Welfare Reform Act 2012

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**GOLDEN RULES**

**OF INFORMATION**

**SHARING**

Although information sharing can appear complex and rule bound, the principles are clear and encompassed in the Seven Golden Rules for Information Sharing as defined in *Information* *Sharing: Guidance for practitioners and managers.*

These underpin all work but are particularly relevant to the work of a MASH. They have been nationally endorsed by the governing bodies of all MASH partner agencies.

Following are the seven golden rules as well as their relevance and application in MASH.

**REMEMBER THAT THE DATA PROTECTION ACT IS**

**NOT A BARRIER TO SHARING INFORMATION**

**but provides a framework to ensure that personal information about living persons is**

**shared appropriately.**

Each MASH will have an Information Sharing Agreement that commits all partners to working within the principles of the Data Protection Act.

**BE OPEN AND HONEST with the person (and/ or**

**their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement unless it is unsafe or inappropriate to do so.**

The MASH is most effective when it is a component of an integrated

multi agency safeguarding system. The starting point in relation to sharing information is that practitioners will be open and honest with families

from the onset about why, what, how and with whom information will

or could be shared.

It may be necessary and desirable to deviate from the normal approach of seeking consent in cases where practitioners have reasonable grounds

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for believing that asking for consent would be unsafe or inappropriate - for example if there is an emergency or if seeking consent could create or increase a risk of harm.

There has to be a proportionate reason for not seeking consent and the person making the decision must try to weigh up the important legal duty to seek consent and the damage that might be caused by the proposed information sharing on the one hand and balance that against whether any, and if so, what type and amount of harm might be caused or not prevented by seeking consent.

Consent can be ‘implicit’ if information sharing is integral to the agreement to a service e.g. when a parent agrees to their child’s referral to a CAMHS service the referral implies that information will be shared.

Each MASH should have a means of recording whether consent has been sought and granted before opening an enquiry.

**SEEK ADVICE IF IN ANY DOUBT, without**

**disclosing the identity of the person if possible.**

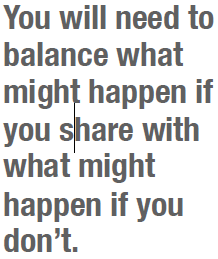
There are occasions where a practitioner may be in doubt about what is appropriate to share. It is the role of management to support them in these decisions. Because the legal exchange of information is one of the key functions of a MASH, it can often provide informed, accurate and expert advice.

**SHARE WITH CONSENT WHERE APPROPRIATE and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent, if in your judgement, that lack of consent can be overridden if it is in the public interest. You will need to base your judgement on the facts of the case.**

Even when there is a strong culture of open and honest dialogue with service users, there will be times when the MASH receives enquiries for which consent has either been refused or not sought. This would include anonymous enquiries as well as cases where the practitioner has, for whatever reason, failed to obtain consent.

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Within the MASH, the question of whether to seek consent should always be considered and dynamically reviewed. However, as outlined in Rule 5, consent is not always necessary. The key factor in making the decision is whether it is proportionate in the circumstances.

You will need to balance what might happen if you share with what might happen if you don’t.

There may be times when consent is sought and refused. This does not mean that information cannot be shared. The refusal of consent should be considered in conjunction with other concerns and if it is considered justifiable then information can and **MUST** be shared.

**CONSIDER SAFETY AND WELL-BEING; base information sharing decisions on considerations of the safety and well-being of the person and others who might be affected by their actions.**

In most cases it is appropriate to seek consent. However, there are some cases where it is not. Consent should not be sought if doing so would:

• place a person (the individual, family member, worker or a third party) at increased risk of significant harm (if a child) or serious harm (if an adult)

• prejudice the prevention, detection or prosecution of a serious crime - this is likely to cover most criminal offences relating to children

• lead to an unjustified delay in making enquiries about allegations of significant harm (to a child) or serious harm (to an adult)

When a decision to share without consent is made, the decision **MUST** be recorded along with the justification for it.

**UK GDPR PRINCIPLES: Ensure that when you share information you do so in line within the seven key principles of the GDPR**. **UK GDPR**.

For the purposes of MASH operations this means only share information with a lawful reason to do so; bear in mind that ***Consent*** is not always necessary as ***Public Task*** and ***Vital Interest*** reasons will generally be more relevant. Details passed on are not being used for other purposes and that you share the minimum amount of information possible. Details shared should be as accurate and up to date whilst ensuring the security of the information you provide. This means sending details securely if available as well as being assured that the person receiving the data is who they say they are and authorised to have the information: **if in doubt, never be afraid to ask questions**!

Even with a lawful reason to share, it may not be appropriate to share all information that is available. Based upon the type and level of concern, practitioners must make a decision about what is necessary, proportionate and relevant to share to ensure a balanced response to risk and need.

As part of that balanced response within the MASH, there may be times when it is appropriate to share information that has not been verified or is possibly hearsay or conjecture. Where this occurs it must be clearly noted in the record to ensure information that is not known to be factual is not shared inappropriately.

When making a decision, they key question should always be “How will providing the information help further enquiries and how will failing to provide it hinder them?”

Information sharing within the MASH is dynamic. Agencies retain the right to redact information before it leaves the fire walled environment when they determine that it is not relevant to any agreed response or that it is too sensitive.

Examples of being too sensitive may be if a person’s life would be put at risk if certain information became more widely known or if an individual is HIV positive. This ensures that the principles of security, proportionality and relevance are maintained.

If you require advice on any data protection matter you can contact the Trust’s Data Protection Officer at: [dpo@NCTrust.co.uk](mailto:dpo@NCTrust.co.uk) - no issue is to trivial or complex and it is better to ask if in doubt. Also see the resources page below for a link to the ICO’s UK GDPR guidance pages.

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**KEEP A RECORD OF YOUR DECISION AND THE REASONS FOR IT - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose**.

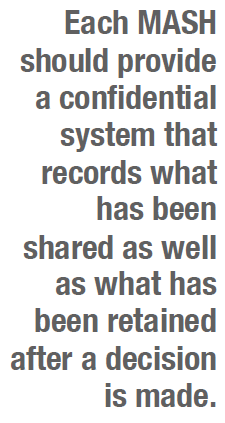
Each MASH should provide a confidential system that records what has been shared as well as what has been retained after a decision is made.

Best practice is that the MASH system should record:

• The date and time the enquiry is received

• All information both sensitive and non-sensitive shared by all partners

• All decisions and the reason for them

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**CALDICOTT**

**PRINCIPLES**

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The original Caldicott Review was published in 1997. It included six principles governing the sharing of information.

Justify the purpose for needing the information

Do not use person identifiable information unless it is absolutely necessary

Use the minimum amount necessary of person identifiable information

Access to person identifiable information should be on a strictly need to know basis

Everyone should be aware of their responsibilities

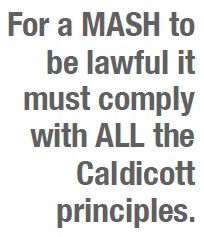
Everyone should understand and comply with the law

The government commissioned Dame Fiona Caldicott to conduct a further review in 2013. This review reinforced the six original principles and made one addition:

The duty to share information can be as important as the duty to protect patient confidentiality.

For a MASH to be lawful it must comply with ALL the Caldicott principles.

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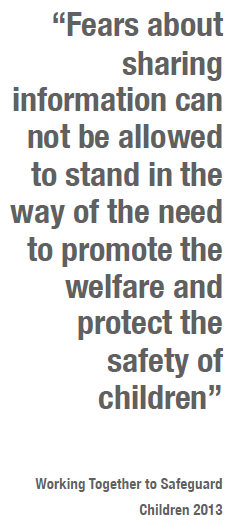
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**FREQUENTLY**

**ASKED**

**QUESTIONS**

*This guide has attempted to explain the principles that underpin the effective and legal sharing of information in MASH.*

*However, the subject is nuanced and complex and practitioners may have specific questions. Following are some of the most common.*

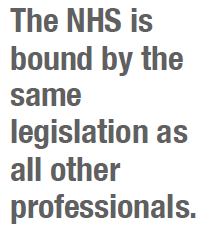
*When there is any doubt, practitioners should always consult their line manager or Caldicott Guardian.*

**Do the rules that apply to ‘medical confidentiality’ prevent me from sharing information without consent?**

No. The NHS is bound by the Caldicott Principles, the Data Protection Act and primary safeguarding children legislation – as for any other professional.

**Can I share information without consent if a poster is put on the wall of the clinic stating that information may be shared with other agencies to safeguard a child?**

No, implied consent of this nature is not sufficient. Consent, if obtained, should be informed consent. The reasons for sharing information without consent must be carefully articulated and justified on a case by case basis.

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**Should NHS professionals apply the Gillick Competency rule to determine whether to share or not share safeguarding information about a young person?**

No. A Gillick Competency assessment determines the child’s capacity to consent to treatment; not their capacity to consent for information to be shared.

**I’ve been told that I can only share information without consent if the concern reaches the threshold for a Section 47 enquiry. Is that correct?**

No. As stated in Rule 5, it is not appropriate to seek consent if to do so would prejudice the place a person at increased risk of harm, prejudice the prevention, detection or prosecution of a serious crime or lead to an unjustified delay in making enquiries about allegations of harm.

These conditions will almost certainly apply when there is a Section 47 enquiry; however, they can apply in other circumstances as well and in some cases these concerns will fall below the threshold of Section 17 and Section 47 of the Children Act 1989.

Each practitioner within the MASH will need to make a balanced judgement on a case by case basis.

**I thought that consent was not required because the MASH was a closed environment?**

This is not correct. There is an obligation to consider on all occasions and on a case by case basis whether information will be shared with or without consent. The determination must always be based on what is reasonable, necessary and proportionate.

The MASH is a relatively closed and controlled environment and this is one factor a practitioner can consider when determining what is proportionate to share with or without consent.

However, it is not and cannot be, a single overriding reason in the determination of consent.

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**Doesn’t the Haringey judgement say that we can’t share information without consent in a MASH?**

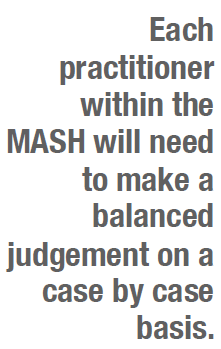
No. Judicial Review: R (AB and CD) v Haringey London Borough Council (2013) EWHC 416 was a judgement that applied to a particular incident in Haringey before the MASH was established.

The judgment reiterated the importance of considering when and whether consent is required and documenting those decisions appropriately but did not state that consent was always required.

**What do I do if I’m not sure whether and how much to share?**

Practitioners should take all available information into consideration.

Experience, professional judgement and other available information will help with the decision making process as will anonymised discussions about the case. When in doubt, you should consult your line manager or Caldicott Guardian. If there is any doubt about the wellbeing of the child and the decision is to share, the Data Protection Act should not be viewed as a barrier to proportionate sharing.

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**RESOURCES**

*Detailed guidance relating to Information Sharing is available from a range of sources. Some of the ones which may be most useful to support decision making in a MASH include:*

• **Information Sharing: Guidance for practitioners and managers (DfES 2008)**

<https://www.education.gov.uk/publications/eOrderingDownload/00807-2008BKT-EN-March09.pdf>

• **Information Sharing: Further guidance on legal issues (DfES 2008)**

<https://www.education.gov.uk/publications/eOrderingDownload/Info-Sharing_legal-issues.pdf>

• **Working Together To Safeguard Children (2013)**

<http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>

• **Information: To Share or not to Share, Government Response to the Caldicott Review (DoH, 2013)**

<https://www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response>

**When to share information: Best practice guidance for everyone working in the youth justice system (DoH, 2008)**

<https://webarchive.nationalarchives.gov.uk/20130124042708/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_084705.pdf>

**You can also visit the Information Commissioner’s Office for further guidance on the UK GDPR**

<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>

In addition, the Northamptonshire MASH has developed a range of tools to support local authorities to implement MASH. These are available at: <http://www.northamptonshirescb.org.uk>