



## **Operating Procedure for First Contact And MASH**

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### Introduction

Durham County Council's, Children's Social Care are committed to delivering a quality service to children and young people and their families in County Durham. First Contact is the Single Front Door for Children's Services with the aim to get the right help at the right time.

### Referrals and pre screening

Durham Safeguarding referrals forms are to be made by referrers when they are worried about a child/young person. This needs to be received on our Children's Services referral form via email [firstcontact@durham.gov.uk](mailto:firstcontact@durham.gov.uk). This needs to be considered and evidenced alongside Durham's [threshold](#) document for Children in Need and Safeguarding. and Consent is needed from the family to make a referral, unless to do so would place child at risk of harm. The referral form adopts Durham's Signs of Safety practice model and explores what a referrer is worried about, what's working well, strengths and safety.

Referrals are not an information gathering exercise and must evidence that a child/young person is at risk of harm or in need of a Children's Services response. Referrers will have access to a Social Worker for a conversation should they be unsure and need advice and support.

Referral forms are quality assured by a Social Work Consultant to ensure that the referral is appropriate. Feedback is given directly back to the referrer should it not be of the good quality and the appropriate partner agency quality champion is copied in to enable internal feedback and training in partner agencies. Sometimes additional information is required to inform acceptance.

Transfer in Children In Need (CIN), Child Protection requests from other Local Authorities, including requests to undertake visits on their behalf should also be made to [firstcontact@durham.gov.uk](mailto:firstcontact@durham.gov.uk) and be in line to transfer in procedures. [Link to Transfer protocol](#)

A referral form is not needed for NCPCC, CAFCASS and Ambulance (NEAS) service as they have adopted national forms which First Contact accept.

Referrals can also be received by telephone on 03000 267979 where calls are received by First Contact Officers. A script of questions is followed to ensure appropriate and relevant information is gathered in line with the Threshold Document. First Contact Officers do not make a threshold decision on a referral, and will be shared with the Social Work Consultant to action a response. Enquiries that suggest immediate risk of harm i.e. from hospitals or schools with injuries and disclosures First Contact Officers are to communicate with the identified Social Work Consultant for safeguarding advice and guidance on how this type of referral will be prioritised, or appropriately diverted or processed.

Professional callers are not able to remain anonymous however members of the public may contact First Contact to share their worries about a child/young person. These referrers should be informed that their request for anonymity will be respected. They should also be informed that they will not be informed of the outcome due to the Data Protection Act and that families can make assumptions about the identity of referrers.

First Contact Officers create the referral on Liquid Logic and progress to safeguarding trays. Calls that are not a referral but an enquiry, advice is given, or there is a private law enquiry are to be recorded on First Contact CRM.

Police can submit Vulnerable Child forms and Adult Vulnerable forms via [firstcontact@durham.gov.uk](mailto:firstcontact@durham.gov.uk). A review via pole maps and Liquid Logic checks are undertaken to ensure demographics prior to the form being created to ensure there is not a data breach and that recording is GDPR compliant. Business support will create this on Liquid logic and progress for the Social Worker to action.

Police incidents requiring notification to Children's Services on open cases will be sent directly to the allocated teams by Police. This will go directly to the team's secure boxes and will bypass First Contact.

Police domestic triage on domestic abuse cases will be triaged daily Monday to Friday on Police Red sigma system and recording will also be held on red sigma except where agreement to share is made with Children's Services. Daily Triage includes Police, a Social Worker and a Safeguarding nurse who will make a multi-agency decision on triangulating health and social care systems to determine if incident can be: -

- a) Retained on Police system only.
- b) Shared with Children's Services for further enquiries and action.
- c) Threshold is met with a significant level that all agencies agree a child/young person can progress to a statutory team and consideration is needed of a strategy discussion.
- d) Information is to be shared with another authority as jurisdiction and people involved are from out of area.
- e) A role identified for health visitor to ask a question/support parent due to the nature of information shared.
- f) Referral to Harbour <https://www.myharbour.org.uk/> to support an identified party. (Harbour representative attends triage currently, if not present Police share the SAF direct with Harbour)

When all safeguarding referral forms and Police SAF are received either by email or telephone service, including referrals to access children with disabilities, homeless protocols, contextualized safeguarding, step parent adoption, legal enquiries and transfer in requests, these will be created on liquid logic on EHM.

Emails of safeguarding referrals that are not accepted will be kept in line with our data storage policy. This will enable queries and quality assurance feedback loops. This is deleted at 6 months.

Probation notices, PREVENT and MAPPA and MARAC information is kept in line with GDPR in a secure areas and deleted when not appropriate to retain.

Referrals forms are uploaded within Liquid Logic by business support.

Telephone calls and enquiries are retained on First Contact CRM data base.

### **Cases open to One Point**

When a case is open to One Point and a safeguarding referral is raised a Social Work Consultant will screen and determine if a child/young person remains appropriate to send a referral to Early Help or if additional safeguarding enquiries are required. Immediate safeguarding of child/young person disclosures and injuries will be dealt with by First Contact including incidents of risk raised by Police.

Referrals reflecting reasons of current involvement and ongoing support by Early Help will remain with One Point. Should One Point be worried about a family, have a pattern of increased worry or believe there is an increase in risk or disguised compliance these children and their families are to be discussed at the escalation and de-escalation meeting between Families First teams and One Point. These cases will move between EHM and LCS by Families First Team and One Point and will not involve First Contact.

Should Families First Team and One Point not agree children and their families are discussed in their meeting, the escalation process between One Point and Families First must be followed. First Contact will not overrule this process unless an immediate safeguarding incident occurs.

### **Screening and Timescales**

Once received, contact threshold decisions will be made about their disposal within one working day. (**Note:** This should be as soon as possible where it is evident the child/young person is seen as requiring immediate protection/urgent action).

Qualified Social workers will look at the referral and make a recommendation about the type of response that is required. The process includes screening against: -

- The **Threshold of Need Document** and Level of risk.
- Consent- Data Protection Act should never be a barrier to 'sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm' or indeed on those occasions where seeking consent might increase the risk of harm;
- Quality of the evidential information presented.
- Social care history and review what if any safety plan is currently in place.
- Speak to referrer if appropriate.
- Speak to the parent/ holder of Parental Responsibility and child/young person if appropriate.

- Identify if there is any need for urgent action to protect the child/young person or any children/young people in the household.
- Communicate and liaise with other Local Authorities if family history suggests significant social care history elsewhere.
- Cross check information with partner agencies as appropriate and in accordance with **Information Sharing: Advice for Safeguarding Practitioners, DfE:**
- Decide if referral needs to be considered within the MASH dynamic.(see MASH Section)
- Signs of safety approach adopted to look at worries, strengths and existing safety to inform decision making.
- Letters of enquiry can be sent to families where there is insufficient evidence to threshold significant harm, or to inform them that information has been shared and a social care record has been created.

### **When MASH is not required**

- Child/young person identified at risk of immediate harm – ie disclosure of physical or sexual harm, child/young person with injury or left in care of unsafe adult.
- Child/young person currently subject to medical enquiries, Powers Police Protection have been taken, child/young person staying in a temporary emergency situation.
- Child/young person who will/may be contact with a person who is identified as having a sexual interest in children, i.e. Registered Sex Offender, currently arrested and being investigated for child pornography, grooming etc or had children previously removed from their care, or their children subject to CP etc.
- Transfer in Child Protection and Children In Need.
- Incidents of Domestic Abuse that have been discussed at daily multi agency triage
- Domestic Abuse cases that are to be heard at MARAC.
- Homeless Young People and Joint Protocol Meeting
- Post Adoption Support/ Full Circle requests.
- Step parent adoptions
- Special Guardianship Order requests
- Cases recently been in MASH (last 3 months)
- Cases recently closed to Families First teams if same/similar worries. If unrelated or different worries these are to be considered and discussed with the Social Work Consultant.
- Private Fostering
- Unaccompanied Asylum Seeker
- Child/young person with disability
- S7/37 requests
- Child/young person in hospital for over 3 months needing assessment of need.
- Fabricated Induced Illness when accompanied by a health chronology.

## When MASH is required

MASH partners consist of Children's Services, Health, Durham Police, Education and Harbour. SPOC arrangements are in place with CDDHTF, a Social Work Consultant is the coordinator for agreement to go into the MASH, delegation is undertaken via the Liquid Logic MASH module., Adherence to timescales, multi-agency liaison and information sharing agreements are adhered to at all times.

- Initial referral and Social Work enquiries suggest the child/young person may be at risk of harm.
- There have been multiple referrals of low level but similar presenting worrying factors that if substantiated potentially leave a child/young person at risk of harm.
- Evidence of neglect and a pattern of child/young person having unmet needs.
- Where child/young person is not brought medical appointments on a consistent basis.
- Indicators of parental mental health, alcohol or substance misuse which is impacting upon parenting capacity to determine impact on the child/young person.
- Sexually harmful behaviours towards others
- Indicators that a child/young person is displaying emotional trauma or patterns of behaviour that they may have been subject to abusive behaviours.

This is not an exhaustive list and the decision to instigate a MASH episode will be assessed by the Social Work Consultant.

## Outcomes

- Referral may be considered by MASH partners with multi agency decision making as appropriate and in accordance with **Information Sharing: Advice for Safeguarding Practitioners, DfE:**
- If a child/young person is deemed at risk of harm or in need of services, the referral will be accepted. The outcome will reflect if there is consent for a service and if not that the evidential information to suggest a child/young person may be at risk of harm Social Work analysis will identify the risks and what we are worried about, what is working well, and what needs to happen with a danger statement and then progress to a Statutory team for an assessment. (see **Durham Safeguarding Children Partnership Procedures, Child Protection Enquiries - Section 47 Children Act 1989 Procedure, Strategy Discussion / Meeting**).
- A statutory Social Work response may not be required and appropriate advice and guidance or signposting will be given to the family.
- A referral to another agency such as Early Help, Harbour, Humankind drug and alcohol service, voluntary sector, enhanced parenting support pathway, or an action for Probation or health will be required.
- No further action – when there is no threshold met for a response and no service required either through no evidence to substantiate the referral, or no identified unmet needs, or no consent with not enough evidence to substantiate a safeguarding response.

All referrals are quality assured and signed off by either the Team Manager or a Social Work Consultant. Social Work Consultant/Team Manager will then close the referral or progress to statutory services between EHM and LCS.

Should a child/young person be deemed to be at immediate risk of harm the Social Work Consultant or Team Manager will immediately highlight the child/young person to the receiving Team Manager of the relevant Families First Team to ensure the child/young person and their family is prioritised in a response and prevent any delay to safeguarding.

All referrals will receive an outcome letter which will be generated via Flite to the referrer.

### **Referrals Not on Liquid Logic**

Private law requests i.e. Section 7/37, CAFCASS and requests for Special Guardianship Orders are managed within the email system until its agreed and identified that responsibility will be held by Durham Childrens Services. Appropriate archive arrangements remain in the First Contact email

Dialog, re case responsibility and jurisdiction disputes with other Local Authorities remain and are managed within the email system until its agreed and identified that responsibility will be held by Durham Childrens Services. Appropriate archive arrangements remain in the first contact email

When complex inter agency arrangements are in place and a record is needed the child/young person form out of area's demographics will be created to enable the upload and case notes to be recorded whilst transitional arrangements are in place.

Children subject to Child Protection Plan's in another local authority or children who are looked after and placed in our area requires creation of their demographics and appropriate liquid flags. This responsibility remains with central admin and Quality Review Team who hold the appropriate system accesses.

### **Disagreements and escalations**

Receiving Team Managers may disagree with the threshold of a referral and seek a discussion. This should be within the same day that an allocation of a child/young person is received. If the Team Manager and Social Work Consultant cannot agree then Durham's escalation processes should be followed.

Referrers may not agree with the outcome of their referral and want to challenge the decision making. The referral can speak to a Social Work Consultant or Team Manager to discuss the decision making and rational of a case. Should the challenge remain, this can progress to the escalation process within the partner agencies policy and procedures and in line with our escalation pathway of Team Manager to agency lead and then to Service Manager to agency lead.

## **MAPPA**

First Contact hold the administration element of MAPPA arrangements. MAPPA correspondence goes via [MAPPA@durham.gov.uk](mailto:MAPPA@durham.gov.uk) and First Contact Officers will undertake checks re location and linked children. Invites are forwarded to the relevant teams and initials where there are no identified children will be attended by First Contact. (Wider policy and responsibilities please refer to MAPPA procedures)

## **MARAC**

First Contact hold the administration element of MARAC which is dynamic risk management held every Tuesday and Thursday at 1pm. All correspondence goes via [MARAC@durham.gov.uk](mailto:MARAC@durham.gov.uk) and first contact officers undertake checks and linked children, agendas and information requests are sent to the teams if open to them which must be returned prior to meeting. Information and dynamic risk management is correlated and fed into MARAC by a Social Work Consultant/MARAC coordinator within First Contact who remains the SPOC. Unknown and new cases are risk managed by First Contact as part of case decision making. Challenge from partner agencies re safeguarding on open cases follows the escalation process back to Family First Teams. (Wider policy and responsibilities please refer to MARAC procedures)

## **Operational Level Business Continuity Plan**

First Contact is a Class1 function should business interruption to service occurs, actions are required in a recovery time 0-3 hrs

In the event of:

- Loss of power
- Loss of telephone system
- Loss of IT system
- Denial of Access
- Significant Staff absences
- Weather
- Traffic

- **Notify Strategic Managers**

Other useful numbers:

**Ruth Smith (Team Manager)** 03000 261 486 / 07920822893  
[ruth.smith@durham.gov.uk](mailto:ruth.smith@durham.gov.uk)

**Carole Lee (Team Manager Social Care Direct)** 07920073468

**Richard Proud (Communication Co-ordinator)** 03000 265395 (to alert partner agencies and internal staff)

**County Hall Help Desk** 03000 260000



**Civil Contingencies Unit (CCU) 264654 / duty officer 0345 6060365** (request to speak to Communications Duty Supervisor, then ask for CCU Duty Officer to be paged).

**IT helpdesk 03000 261100 / Property Helpdesk 03000 267890 / Corporate Communications 03000 268058**

### **1. Loss of power**

- Laptops should be used and have 3 hours battery life.
- Emergency lighting will operate.
- Consideration of heating to ensure health and safety.
- If First Contact Officers have to move to their alternative location – All First Contact Officers have the IT capability to work from home.
- If the loss of power is countywide an emergency mobile number needs to be made available to the CRU to ensure those in need of immediate protection and still served.

### **2. Loss of Telephone System.**

- Report to IT emphasising it is PRIORITY 1 (Tel: 03000 261100 / email via ICT Portal on Intranet)
- (Internal fault) If IT services cannot guarantee restoration within one hour:
- Telephone diversion and relocation is required.
- First Contact team manager alerts Social Care Direct Team Manager and diverts calls to Social Care Direct (provide First Contact Officer number).
- First Contact relocates and follows as above in 1.
- (External fault) If to last longer than one hour relocation to be considered.
- **If phones don't flip over to EDT at 5pm – Senior Practitioner gives EDT the number 03000 261886 (and another First Contact Officer number as needed) to use to get calls until the phone is fixed - EDT reports the fault to IT.**

### **3. Loss of IT Systems**

- Report to IT emphasising it is PRIORITY 1.
- Consider the relocation of First Contact Officer's.
- It is likely that only urgent referrals could be catered for, but this can only be a very short-term measure.
- Should IT failure be long term (i.e., into the next day) staff should be instructed to present for work at an alternative location where IT is available.
- Social Care Direct should be informed as assistance may be possible in some scenarios (provide First Contact Officer number).
- If IT system failure is GLOBAL then urgent information can be passed to locality teams verbally, or by text and added to the relevant system when available.

#### **4. Denial of Access to Building/Surrounding Area**

- If unable to access building for over one hour:
- Staff should attempt to come to work but if unable they proceed to the identified alternative location/work from home and they must attempt to contact Team Manager.
- Team Manager should maintain contact with staff and ensure the Service/Strategic manager are aware and alerts put onto the intranet /sent to partner agencies.
- Should the denial of access be due to Fire/Bomb Alert during office hours the EDT manager should consider relocation of staff (if denial of access is likely to be longer than one hour).
- If evacuating for 30 minutes or over – Team Manager to alert Social Care Direct to pick up calls on behalf of First Contact until staff are relocated (give First Contact Officer number).

#### **5. Staff Shortages**

- With agreement from operations/strategic manager TM should instruct staff to handle urgent enquiries only via a triage system.
- Consideration should be given to changing the telephone message to alert callers - and to alerting partner agencies.
- Strategic Manager should be contacted to investigate the possibility of securing staff from other teams to assist.
- In the event of a pandemic issue affected staff must not attend work - sickness guidelines must be followed. Affected areas avoided and alternative locations identified. Strategic Manager should contact Public health regularly. Service/Strategic manager will decide how referrals are managed.

#### **6. Severe Weather**

- Monitor severe weather via the Met Office website.
- If it is apparent that weather is becoming a major problem staff are with liaison by Team Manager/Snr officer to take laptops home in advance to ensure continuity of service.
- If no prior warning has been in place Staff are expected to make a genuine attempt to reach their place of work - car users use public transport if operational - alert Snr/TM no later than 08.30hrs or as soon as possible (leave will only be granted if all conditions have been satisfied.)

#### **7. Traffic**

- Staff should contact Team Manager to advise of any delays getting to work and the nature of the delay, to enable alternative short-term arrangements and inform other colleagues.
- Temporary telephone coverage may be required