

# SAFEGUARDING

Multi-Agency Safeguarding Hub (MASH) and Assessment  
Cambridgeshire

# What happens when you make a contact/referral to children's services?

- When you complete an online referral form this is sent to the Customer Services Centre (CSC) **Not MASH**
- This is reviewed by Senior Practitioner who is a qualified social worker.
- Threshold decision is made, and the referral is progressed to the appropriate part of the service.



# Consent – Why this is needed.

- Consent is always required when making a contact/referral as it is a principle of working together. ***It is contained within Working Together 2018, are intended to underpin good practice and to increase the likelihood of support being offered to families being successful in securing improved outcomes for children:***
- It is also usually in the best long term interests of children and young people to discuss concerns and issues with parents or carers and/or the young person before making a contact/ referral to Children's Social Care –
- Parents may feel undermined or threatened whenever it is suggested that they may need additional help and support. Research also indicates that the way in which services engage with families can be a significant factor in how well support is accepted.
- ***If consent is not sought Children's Social Care will be unable to progress your contact/ referral and referral will NOT be recorded on our system if it not progressed.***

# Consent – Why this is needed continued

- A parents saying NO to prevention or early help services DOES NOT MEAN that specialist safeguarding services will become involved except where there is a risk of significant harm.
- Risks need to be immediate or be present within a short timeframe for specialist safeguarding services to become involved with no consent.

# What happens to your contact /referral

- **ASSESSMENT - Red** – referrals that will require immediate safeguarding action such as a Strategy Meeting and a S47 Enquiry (Consent not required where it will place a child at significant risk)
- **MASH – Amber** – referrals where it is unclear what level of intervention if any is required (Should have consent or clear reasons why not)
- **EARLY HELP- Green** – referrals completed with family where consent is given to seek support (Consent based service only)
- **BLUE - closure** – information provided /signposting/recommendation for referrer to undertake an Early Help Assessment

# What makes a good referral

- **Good description of concerns**

- What are you worried about?
- What do you think are the risks to the child and why?
- What has prompted you to make this referral now?
- what intervention has been undertaken so far. Has EHA been offered and a record of the EHA would help inform the decision making.

- **Full family details, and ARE parents aware, Referrer details and contact numbers.**

- seek consent from the parents if it is safe to do so, we need a record that consent has been sort or not.

- **Good analysis and clarity of reason for referral**



# What a good contact referral looks like?

- Quality of the information
- Basic information gathered – i.e all families details, contact numbers, addresses, ethnicity, relevant siblings, relevant adults
- Voice of the child (if siblings in your school what they saying, what do the children want to happen)
- ***Where a child is Gillick Competent concerns about their wellbeing should also be discussed directly with them before any referral is made. Gillick competency essentially says that a child or young person of sufficient age and understanding is able to decide about what happens to them, and the right of a parent 'yields to the child's right to make his/her own decisions when he/she reaches sufficient understanding and intelligence to be capable of making up their own mind on the matter requiring decision'.***
- Voice of the parents/carers
- What actions have **YOU** as the referrer taken i.e. the answer is not referred to children's services, has an Early Help Assessment been undertaken with a robust Early Help Plan, have you spoken to other agencies working with the family as part of your assessment ? Why is the plan not working ?
- Identify what support this family require.

# Example of a good referral

- To be shared



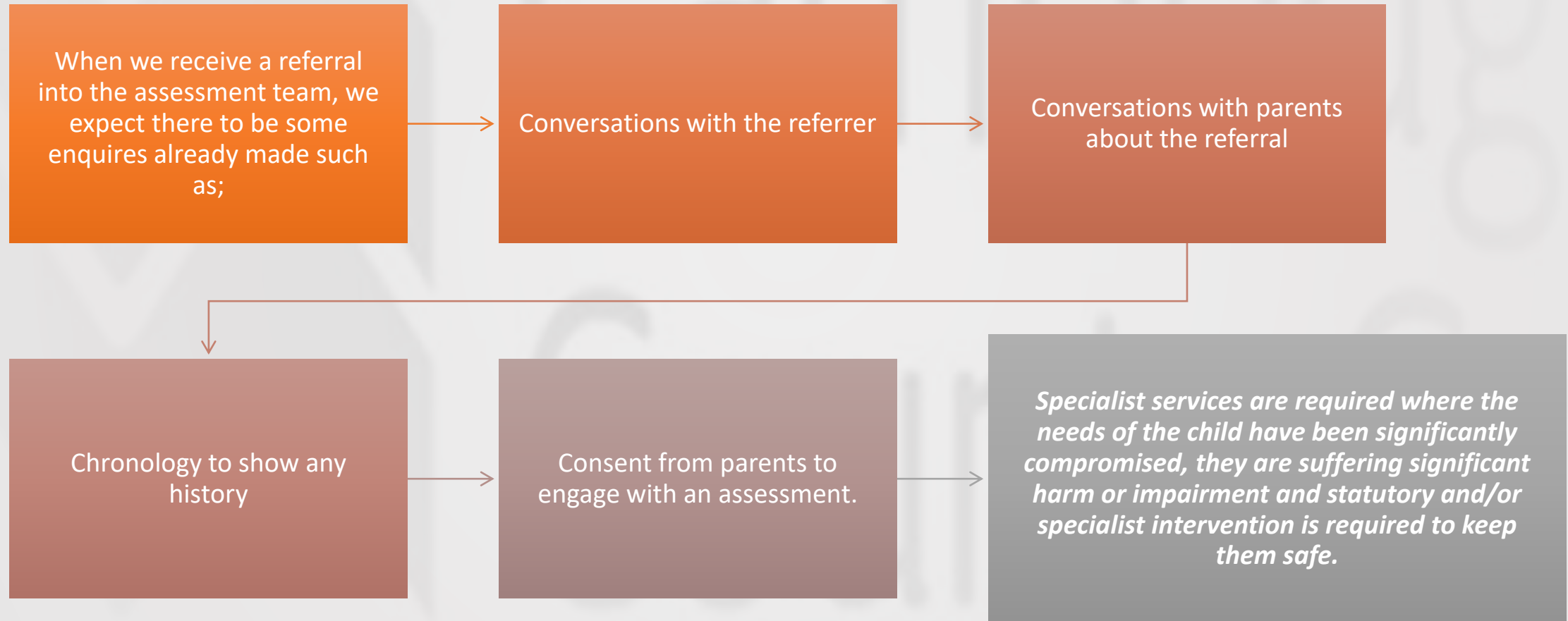


# A little bit more.....EDT

- What happens when your referrals are not in working hours?
- MASH/Assessment work 8.45am- 5.20pm or 4.20pm on a Friday
- Customer Service Centre (CSC) work 9am- 5pm Monday- Friday
- Emergency Duty Team (EDT)- 1 workers to cover the whole of Cambridgeshire & Peterborough for children and adults outside of the above hours incl bank holidays
- As they are an emergency team they focus on actions that cannot wait until the next working day.
- They sometimes have limited information on children depending on what is already known on the system and have limited access to partner agencies.
- CSC will only refer to EDT if the pathway indicates significant harm (**otherwise your referral will wait to be review the next working day**)



# Referral check before allocation.



# Assessment progressing of a referral

- The team Manager will review the referral and any above actions that have been completed. If it is clear that there is need for assessment, they will allocate into the team for an assessment to be completed
- The expectation is that the social worker will arrange a visit to the family within 5 working days of the referral being allocated and will make contact with the referrer to gain more understanding of the concerns.
- It is expected that professionals involved with the family including health and education will be contacted in a timely manner during the course of the assessment process to ensure a holistic approach to assessments and ensuring multi-agency working.
- All social workers receive 10 day management oversight and a case supervision during the course of the assessment to ensure there is management direction and oversight on the cases.



# Child protection concerns – progression

- All referral where child protection or high-level safeguarding concerns are noted – they will progress to Assessment Team for review and consideration of a strategy discussion should threshold be met.
- Once a decision has been made for a strat discussion all involved professionals will be sent an invite and a strat discussion should take place within 24 hours.
- Following the strat discussion the chair of the strat will make a decision in regard to outcome and whether the case progresses further investigation or other outcomes.



# Consideration to be made before making a referral

- If you believe that the child requires Children's Social Care intervention, you should follow your organisation's internal safeguarding policy, speak with your line manager or safeguarding lead and consider the following points:
- All children, young people and their families should have had an opportunity to engage with Early Help support, before a referral is made to Children's Social Care, and it is the expectation that an Early Help Assessment will have been considered/ completed and services put in place prior to a referral being made to Children's Social Care where there are no immediate safeguarding concerns. You can contact the Early Help Hub Cambridgeshire on 01480 376 666 to discuss your concerns and explore what support from Early Help Services may be available and appropriate to meet a family's needs.





# Questions

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