



Swindon Multi Agency Safeguarding Hub Protocol

Children, Families and Community Health

Updated by: Justine Davies and Rob Mills
Dated: August 2020

This protocol should be considered with reference to [The Right Help @ Right Time](#) document, and the [Swindon Safeguarding Partnership Standards](#).

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Version and Approval History

1. Policy	Multi Agency Safeguarding Hub Protocol
Policy Statement	The purpose of this protocol and aim of a MASH (Multi Agency Safeguarding Hub) is to improve safeguarding and promote the welfare of children and young people in Swindon Borough Council through the timely exchange of proportionate and accurate information following an enquiry by any professional or member of the public.
Version Number	0.1
Version Date	26.08.2020
Review Date	01.08.2022
Author	Justine Davies
Responsible Owner	Swindon Safeguarding Partnership
Approving Body	Swindon Safeguarding Partnership

Document Control

Reviewers & Approvals

This document requires the following reviews and approvals

Name	Group	Version Approved	Date Approved

Revision History

Version	Revision Date	Details of Changes	Author
0.1			
0.2			

Acknowledgement of External Sources

List any policies or procedures from external institutions that have been used to inform the writing of this policy.

Title/Author	Institution	Comment / Link

Links or overlaps with other key documents & strategies

Document Title	Version and Issue Date	Link/Document

Distribution & Consultation

This document has been distributed to the following people

Name	Date of Issue	Version
MASH Steering Group	March 2020	
MASH Strategic Group	April 2020	
Swindon Safeguarding Partnership	August 2020	

Document Version Numbering

Document versions numbered “0.1, 0.2, 2.4”, are draft status and therefore can be changed without formal change control. Once a document has been formally approved and issued it is version numbered “Issue 1.0” and subsequent releases will be consecutively numbered 2.0, 3.0, etc., following formal change control.

2. Purpose

1.1. Introduction

The primary aim of the Multi Agency Safeguarding Hub (MASH) is to receive all contacts made to Children and Families Service at Swindon Borough Council and gather information that enables robust decisions within agreed timescales. The MASH aims to provide a rapid, effective and responsive screening service to all contacts received in relation to vulnerable children. The service acts as an initial point of contact to assess children's needs and signpost to appropriate services to address them at the earliest opportunity.

The MASH has been in operation since September 2013, consisting of a core team of a Manager, Assistant Team Managers, Social Workers and Advice & Information Officers. Business Support Officers also support the Team. In order to improve the quality and responsiveness of the service, the MASH restructured in January 2016 to incorporate dedicated resources from the Police, Early Help, Housing, Education and Health professionals. Further consultations in relation to incorporating more partner agencies into the MASH are underway. There is limited representation from CE/Missing and Children with Disability Team.

Representation from additional services would strengthen the functionality of MASH currently the following are being consulted with CAMHS, Probation and NSPCC. If any of these services or other services become part of the core MASH arrangement, this document will be updated to reflect the changes. Services not included within the core MASH will be within the virtual partner list where there is a SPOC for information requests.

1.2 Primary Aims of the MASH

The MASH aims to keep Swindon's children and young people safe through excellent practice by providing [The Right Help @ The Right Time](#). We will achieve this by:

- Outcome focussed practice
- Child centred decisions underpinned by robust risk assessment
- Timely and effective communication with all partners and agencies involved
- Use and sharing of information between partner agencies
- Continuous improvement and debate achieved through challenge and reflections on the way in which we deliver services.

We will safeguard children by:

- Improving our partnership working, information sharing and joint decision making
- Providing a consistent and timely response to the needs of children to improve their outcomes
- Ensuring that children and their families receive the right level of support appropriate to their level of need.

We will improve outcomes for children and young people by:

- Ensuring that early decisions are made on whether and how a child and family may need support/interventions from a range of services and agencies
- Enabling robust and thorough information gathering, assessment and analysis in order to evidence children's needs and to protect them from harm
- Improving the timeliness and quality of decision making
- Sharing of information by partners agencies
- Providing appropriate advice to professionals following multi-agency information sharing and decision making

- Assisting in the identification of networks or groups of vulnerable children and young people
- Raising awareness and understanding of multi-agency roles, responsibilities and practice.
- Provision of training on thresholds to partner agencies in order to achieve consistency in understanding the levels of risk

1.3. Values that underpin the service

- A central focus on listening to and understanding the lived experience of children, young people and parents/carers, including the gathering of feedback on services received
- The right support being identified for the child or young person at the right time and at key points along their continuum of needs
- Excellent safeguarding practice and effective partnership working by all agencies throughout the child's journey, with strong and effective leadership
- A robust responsive process for professionals and members of the public raising a concern including having access to appropriately qualified staff
- Quick and effective signposting and the provision of quality advice
- Providing early help support to children and families that do not require statutory intervention
- Timely, co-ordinated and consistent responses to reported concerns
- Evidenced risk assessment balanced with professional judgement
- Effective information sharing under agreed principles, formal agreement and statutory guidance/policy
- Clear, concise and high quality case recording
- Actively managed, seamless step-up and step-down of cases across the thresholds of need.

1.4. How MASH staff work together to safeguard children and young people

Through operating a screening and triage function, contacts are considered depending on the information provided. All contacts go through a 'Screening' process by a MASH Manager and therefore they have management oversight before progressing through the MASH process. Where there is a MASH enquiry, qualified social care, health, education and police workers will have oversight of reported concerns and will make judgements as required on levels of need and risk, and come up with appropriate decisions.

At any stage during the consideration of a contact, one of the following actions or recommendations will be identified:-

- Provide the caller with information and advice
- Signpost the caller to specific agencies/resources
- Recommend the engagement of Early Help Services
- Where threshold of significant harm is met, the contact is passed as a referral to Social Care Teams to risk assess and determine appropriate safeguarding actions within an assessment. The referral is passed immediately to the Assessment & Child Protection Team, Disabled Children's Team or the Community Social Care Teams if the file was closed within 13 week to the Team) prior to consideration of the new concern.
- Where there is immediate risk to a child identified whilst screening the contacts, a Strategy Discussion Meeting is held in the MASH to determine threshold for a S47 investigation. This is a multi agency meeting chaired by a Social Care Manager. The meetings are either face to face or via telephone. The key agencies for strategy discussion meetings are Social Care, Police, Health (health colleagues will be invited to

attend as per [Health Protocol for Attendance at Child Protection Strategy Discussions](#)), the referrer and any other relevant agencies working with the family.

- Treat the concern as urgent high risk and request a fast track response through Child Protection process via a referral to the Assessment & Child Protection Team who will hold an urgent strategy discussion.
- Provide feedback to referrers in relation to the outcome of their contacts referred into the MASH within 24hrs by letter or email.
- Statutory assessment

All staff within the MASH will have knowledge of and make use of the [Escalation Policy](#) when there is a dispute over a decision (See Section 4.3).

1.5. Who is the MASH service is for

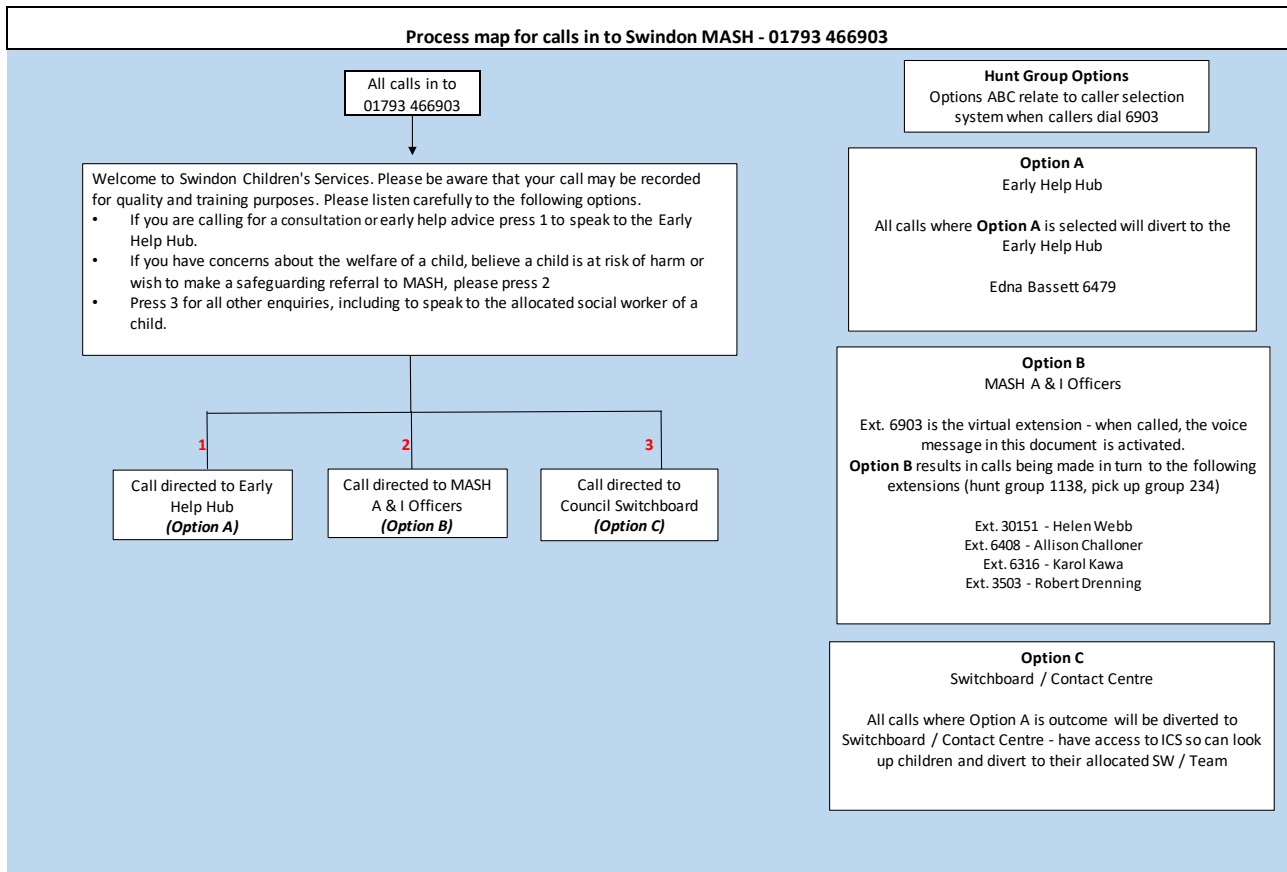
The service is available for anyone (professionals or members of the public) to report any concerns in respect of children and young people up to the age of 18 years, or 25 years if they have a disability. Any adult safeguarding concerned received into the Children's MASH, the referrer will be sign posted to [Adult Safeguarding Team](#)

1.6. Contacting the Service

By Telephone:

Members of the public and professionals can contact the MASH by telephone on 01793 466903. Calls are answered by an Advice and Information Officer in the first instance and a Social Worker is available for any consultation and advice. The office is open from Monday to Friday 8.30am to 4.30pm (4pm on a Friday).

An Emergency Duty Service (EDS) is available out of office hours, including bank holidays, by telephone on 01793 436699 and cover both safeguarding for Children and Adults. For Children, depending on the contact received, the EDS will either respond immediately to any child protection concerns, or pass the contact to MASH for further response or analysis during daytime working hours. Where a Social Care Team is already involved with an identified child and there is no immediate safeguarding concerns, EDS will pass the contact directly to the allocated Social Care Team.



By e-mail:

The MASH is contactable by email at swindonmash@swindon.gov.uk. This e-mail address is available to members of the public and professionals.

Office Visit:

If a child or adult visits the Customer Services at Swindon Borough Council, and asks to speak to a Social Worker they will be advised to telephone the MASH. Alternatively, the Reception Point at Customer Services will take a telephone number for the child or adult and will pass this on to the MASH who will arrange a call back.

Contact from Other Professionals:

Referrals by professionals are made using the [Referral Form \(RF1\)](#), which is available electronically on Swindon Safeguarding Partnership Board.

<https://swindonsafeguardingpartnership.gov.uk>

A referral may be made without a completed Referral Form under the following exceptions:

- Referrals regarding immediate child protection concerns, professionals can ring the MASH for immediate response (professionals will be required to complete the referral form within 48 hours following contact with the service)
- Notifications or enquiries from the police (these are received via secure e-mail)
- Legal notifications or instructions from Solicitors or Court in relation to private law proceedings (usually relating to contact/residence issues or special guardianship).

1.7. Service Standards for Contacts

Service Standard 1

A MASH Manager will screen contacts to assess the next course of action required on the day of receipt of the contact.

Service Standard 2

A MASH Manager will record decisions regarding contacts within the timescales of the RAG rating applied: **RED – 4 hours**, **AMBER – 24 hours**, **GREEN – 72 hours** (See Section 4.2 for RAG Rating Descriptions).

Service Standard 3

Where there is need for MASH partner agencies consultation and professional judgement, a case will proceed to a MASH enquiry.

Service Standard 4

The MASH Manager will record a management oversight on the contact and quality assure information recorded on ICS.

Service Standard 5

The Manager will ensure that decisions resulting in a recommendation for a social care assessment are passed on to the Assessment and Child Protection Team on the day the decision is made.

Service Standard 6

Any recommendations for Early Help Intervention are passed on to the Team on the day the decision is made.

Service Standard 7

The Manager will ensure that decisions resulting in a recommendation for signposting to Universal Services are passed to the appropriate Service within 24 hours of the decision being made.

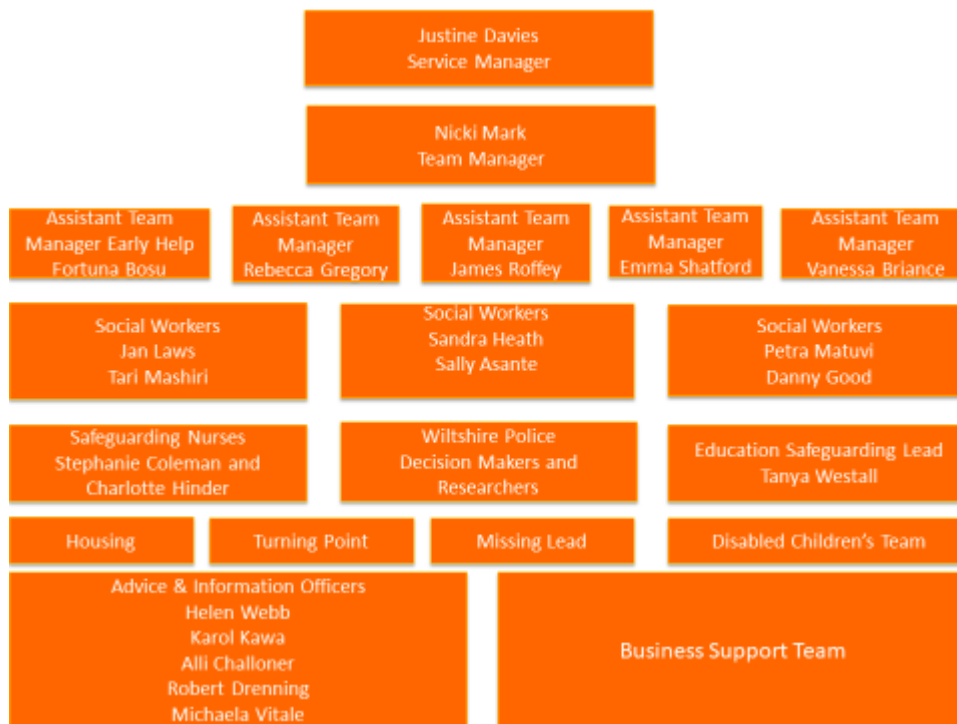
Service Standard 8

Dependent on the decision made, the MASH Manager will ensure feedback is given to the referrer on the decision taken within 24hrs of the decision being made.

2. People and Systems

2.1. Structure and Resource Arrangements

The structure of the MASH is as follows: Take out services not currently within core MASH



The Team Members share a broad range of skills and experiences and this broadens the knowledge and understanding of working with children and their families in a variety of ways. The team also provides advice and guidance to each other about the wide range of support available to children and families.

2.2. Roles and responsibilities of Swindon MASH Representatives

All agencies involved with MASH have clearly defined roles and responsibilities, and are accountable to their respective agencies and existing codes of conduct and practises for ensuring that these agreed responsibilities are carried out.

Service Manager

The Service Manager – The Children’s Social Work Service Manager has overall responsibility for the service. The Service Manager liaises with partner agencies via the MASH Steering Group to ensure they are informed of activities and work together to ensure the overall effectiveness of the service.

MASH Manager

The MASH Manager has responsibility for the operational day-to-day functioning of the service, including the ability to move resources as required to meet peaks in demand. The MASH Manager will have direct management responsibility for the Social Workers and Advice & Information Officers within the MASH, as well as matrix management responsibility for the partner agencies and business support.

Clinical supervision and responsibilities under employment legislation, including responsibilities relating to conduct and capability issues, remain with the agency employing the member of staff.

Social Workers

Social Workers will be the case holders for all contacts received during the screening, and triage process. They will ensure all information is gathered and decisions are made within

the timescales as defined by the RAG status and will arrange multi-agency discussions as appropriate.

Police Decision Maker

Police Decision Makers are responsible for the initial screening of PPD1s received into the Service from Wiltshire Police and other Police forces, and for forwarding notifications where there are concerns in relation to a child to MASH for processing. They will also contribute to the triage, MASH enquiry, process by gathering and sharing information, utilising Police IT Systems, as appropriate in order to determine the level of intervention required. As well as participating in the MASH process, the Police Decision Makers will participate in all strategy discussions within the Child Protection Process across all Social Work Teams.

Police Researcher

The Police Researchers are responsible for the researching and sharing of information in the Triage Process, utilising the Police IT Systems.

Health Safeguarding Nurses

Health Safeguarding Nurses will contribute to the triage and MASH enquiry processes, by gathering and sharing information, utilising Health systems, as appropriate in order to determine the level of intervention required.

Early Help Decision Maker

Early Help Decision Makers will contribute to the combined triage process, MASH enquiry, by gathering and sharing information, utilising Early Help systems, as appropriate in order to determine the level of intervention required.

Education Safeguarding Officer

The Education Safeguarding Officer is responsible for researching and sharing of education related information in the Triage and MASH Enquiry Process, and acts as a link with the DSL's.

Advice and Information Officers

The Advice & Information Officers will monitor the secure mailboxes on a daily basis, forwarding contacts that are open to social care to the respective teams for action, and forwarding any other contacts to Business Support for recording on ICS. They also have responsibility for being the first point of call for telephone contacts, redirecting callers as appropriate or recording contacts and referrals onto ICS. They are also responsible for carrying out research for Social Workers in the triage process.

Business Support Officers

Business Support Officers will create contacts on ICS that are forwarded to them by the Advice and Information Officers. Additionally, they will act upon any recommendations as directed by Social Workers, which could include creating Social Care Referral Records and Work flowing to ACP on ICS, (which includes updating Social Networks), forwarding information to Universal Services or creating outcome letters for referrers and clients. Business Support Officers arrange and minute Strategy discussions for all Social Care Teams.

MASH Core representatives are Police, Health and Early Help Hub and they have a responsibility to:

- Offer advice and guidance to staff in respect of child care and welfare concerns within their own agencies for health there is a recognition that each health provider is a separate organisation within the generic agency of Health (including supporting staff to complete and submit a RF1 as appropriate)
- Where relevant will participate in Strategy Discussion meetings in the MASH, health colleagues will be invited to attend as per Health Protocol for Attendance at Child Protection Strategy Discussions, where the relevant health organisations are unable to attend the health safeguarding nurse within MASH will attend.
- Contribute to the process of screening and information gathering in order to determine the level of intervention required

Representatives of core and virtual partners¹ have a responsibility to:

- Contribute to multi-agency information gathering in order to inform discussions and/or decision making
- Attend and contribute in Strategy Discussions as and when required.
- Disseminate feedback / information / actions to colleagues within their own organisation / department as and when required.

Representatives of core and virtual partners will also:

- Participate in on-going self-evaluation and practise review on both a single and multi-agency basis as outlined in Section 5.2
- Contribute to ongoing reviews and development of MASH processes via the MASH Steering Group.
- Identify and report any resource deficiencies to the MASH Steering Group.

Due to the need to maintain operational effectiveness in MASH and to ensure a consistent approach to safeguarding, role cover will be provided by the employing organisation of the MASH Core representative during periods of absence or training.

2.3. Systems and Security

2.3.1. Systems:

Each partner agency will be required to access their individual agencies information systems in order to securely research and share relevant information about a child. These systems are detailed below:

Agency	Organisation	System	Information Accessed	How to Access	Who has access
Swindon Borough Council	Swindon Borough Council	Capita One ICS	Social Care Records	Computer	All MASH Social Care Employees <i>Limited access for Partner Agencies to view/update the MASH Enquiry Form (Police, Health and Education only)</i>

¹ See point 5 Appendix A for list of agreed Virtual partners

		Capita One CSS	Early Help and Education Records	Computer	Early Help Staff
Health	GWH	Medway/Maternity Medway	NHS Medical Records	Computer	MASH Health Leads
	GWH	Paper Records	NHS Medical Records	Call to GWH safeguarding team	MASH Health Leads
	HV and Therapeutics	Capita One ICS	Social Care Records	Computer	MASH Health Leads
	Primary Care	NHS Spine	Name of GP surgery	Computer	MASH Health Leads and Social Workers
	Primary Care	SystemOne/EMIS	GP Medical Records	Computer or Telephone via GPs	MASH Health Leads
	AWP	Rio	Adult Mental Health Records	Telephone via Avon & Wiltshire Partnership	MASH Health Leads
	CAMHS	Paper Records(TBC)	Medical Record	Oxford Health	MASH Health leads
	SWAST		Ambulance Record	Call to	MASH Health leads
Police	Police	Niche	National Police Incident Records	Computer	MASH Police
		PNC	National Police Records	Computer	MASH Police
		PND	Database of information recorded by local police forces	Computer / Telephone (TBC)	MASH Police
		FDS	Force Data Search	Computer / Telephone (TBC)	MASH Police

2.3.2. Security

The MASH Team is situated on the 3rd Floor in Wat Tyler West Building, which is a secure building requiring swipe card access. The team has a separate secure room on the floor that requires additional permissions on the swipe card to access.

To ensure Data Protection and Information Sharing, protocols have been established and are maintained. All staff working within the MASH are required to abide by the agreements in place and these protocols and agreements are reviewed annually.

MASH Police have access to certain records and IT information for which there are license agreements. These license agreements help with the prevention of accidental breaches of data protection and security.

Their usage has to conform to certain conditions, which include

- a) no other staff may have access to screens other than the operative;
- b) no other staff may read or monitor the screens;
- c) no other staff is able to walk past and read the screens;
- d) no screens to be left on and unattended.

All MASH employees, including Business Support staff, are required to have an Enhanced DBS check.

In terms of the particular Wiltshire Police and SBC partnership arrangement within the MASH there is a requirement to ensure that, everyone working within a 'police or shared / collaborative working environment' is security cleared / vetted by the Wiltshire Police Personnel Security & Vetting Unit to an appropriate, level. This includes, those who:

- Have direct, remote or indirect access to Police information or other assets (people, equipment, infrastructure)

This requirement does not extend to security clearing / vetting all SBC staff but it does mean all those working within the applicable collaborative environments such as the MASH necessarily have to be subject to Non Police Personnel Vetting (NPPV) processes. It is vital in terms of reassuring the public that appropriate checks are made on individuals in positions of trust and those with direct or indirect access to sensitive information and operational environments are suitable in all respects. (This is under review and has not been signed off)

2.4. Consent to gather or share information

The requirement to gain consent to gather and share information is based on the Stages of Need as outlined in the Swindon Safeguarding Partnership Threshold Document. The stages are outlined below:

2.4.1. Stages of Need

Stage	Description	Summary
One	Universal	If a child's needs are being met at this level, this would indicate that the child is making good progress across all areas of their development and there would be no need for any additional supports other than those accessed through universal services.
Two	Early Identified Needs, Early Help	If a child is receiving services from universal services but there are additional needs identified at this stage, this would indicate that some needs are not being met and without intervention or support the child's health and/or wellbeing will be impaired. If these needs are ignored, issues could escalate and lead to adverse outcomes where risks increase and statutory intervention is required. These children would benefit from a coordinated multi-agency response. The Early Help Record and Plan is the common process in Swindon for supporting

		children, young people and families with additional needs. It supports early intervention and a planned, co-ordinated response. The Early Help Record is 'part one' of the Single Assessment which supports families through early help to escalating complex needs.
Three	Children with complex and multiple needs	<p>Children with complex multiple needs require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development.</p> <p>Where there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm then a children and families assessment led by a qualified social worker will be undertaken.</p> <p>This stage includes children who have suffered or are likely to suffer significant harm and may require a section 17 or 47 Enquiry.</p>

2.4.2. Requirement to Gain Consent

The referrer is required to gain consent for contacting MASH. Consent is overridden when a child is considered to be at imminent risk of harm or where seeking consent would unduly place the child at further risk of immediate harm. The MASH Manager will ask a Social Worker or Advice & Information Officer to make direct contact with a parent and/or young person to seek consent to gather and share information. For most cases at Stage 1 and 2, consent is required. The MASH Manager is responsible for clarifying that the partnership has received consent before initiating multi-agency contributions for Stage 3 cases (Section 17 or 47 of the Children's Act 1989). Following a strategy discussion and threshold for section 47 enquiry is met, consent is overridden.

3. Legal and Policy Framework

3.1. Legislation

All organisations working with children, young people and families share a commitment to safeguard and promote their welfare. The legislation most relevant to the MASH includes:

- The Children Act 1989 - one of the main themes is the encouragement of greater cooperation between those responsible for children and statutory or voluntary agencies
- Children Act 2004 - The Act sought to emphasise the importance of inter-agency work and cooperation in meeting the needs of children and to ensure that children's views are ascertained and represented, improve outcomes for all children, as well as those defined as "in need" under the Children Act 1989, by focusing services more effectively around the needs of children, young people and families
- Education Act 2002 - The underlying aim is to place responsibilities for making child protection arrangements on a statutory footing and to provide further safeguards against child abuse
- Education Act 1996
- Information sharing guidance – Whether integrated working is through specific multi-agency structures or existing services, success for those at risk of poor outcomes depends upon effective partnership working and appropriate information sharing between services

- The Framework for the Assessment of Children in Need and their Families states that 'Professionals from a number of agencies, but in particular health and education, are a key source of referral to social services departments of children who are, or may be, in need. They may already know these children and their families well and, if so, they will be key in assisting social services departments to carry out their assessment functions under the Children Act 1989'
- The National Service Framework for Children Young People and Maternity Services 2004
- NICE Guidance CG 89 – when to suspect child maltreatment
- Working Together to Safeguard Children 2018
- Children's and Families Act 2014
- Data Protection Act 1998 (Sections 5 and 6 refer to consent)
- The Human Rights Act 1998 (Article 8 includes the right to a private and family life)
- Common Law duty of confidentiality (includes power to override to prevent harm)

3.2. Policy

MASH are guided by the 'The Right Help at the Right Time' document which is available electronically at Swindon Safeguarding Partnership website and the South West Child Protection Procedures at www.swcpp.org.uk.

Statutory guidance on inter-agency working to safeguard and promote the welfare of children is provided in the guide to inter-agency working to safeguarding and promote the welfare of children is provided Statutory standards [Working Together to safeguard children](#)

Threshold guidance is provided by the Swindon Safeguarding Partnership available electronically at <https://safeguardingpartnership.swindon.gov.uk/>

4. Process

4.1. MASH Description

The detailed processes and step action tables for MASH are included at Appendix A, but to summarise the main components are as follows:

Initial Contact

This is where contacts are received by MASH either via e-mail or telephone.

Contact Screening

At this point, contacts are either forwarded to relevant Social Care Teams if the case is already open to them, or recorded on ICS as a contact. A MASH Manager screens the contacts. Newly recorded contacts are reviewed and a decision made as to how to proceed. At this stage, the contact is RAG rated and is either passed to a Social Worker to gather further information from ICS or other professionals (this is called Triage), or a decision could be made to pass to another service or close the contact.

The MASH Manager based on information on the referral can decide that threshold is met for S17 assessment or Strategy discussion or no further enquiries are required.

Triage

It is at this stage, that the contact is passed on to the social worker to carry out further enquiries. They will contact the family to gain consent to contact other professionals for further information to help them make a decision regarding threshold. Also following Triage, a decision can be made as to whether threshold is met for S17 assessment or

Strategy or no further enquiries are required. Following the recording of outcomes of a triage by a social worker, a MASH Manager will sign off the contact.

MASH Enquiry

This is the stage at which core and/or virtual partners might be requested to share information in relation to a contact. At this point, each agency is responsible for collecting information from within their agencies and systems regarding their involvement with a family, and will share this in a joint multi agency discussion and a decision is made based on the evidence collected. Based on information received, a decision can be made as to whether threshold is met for S17 assessment or Strategy Discussion or no further enquiries are required

Whenever an outcome has been reached regarding a contact the referrer needs to be informed of the outcome of their referral within 24hrs of the decision being made.

4.2. RAG Ratings

Each Contact that progresses to Triage will be allocated a RAG rating by the MASH Manager at the Screening Stage of the process. The definitions of the RAG ratings are:

	Red	Amber	Green
Timescales	Decision to be made within 4 Hours of contact reaching Triage	Decision to be made within 24 Hours of contact reaching Triage	Decision to be made within 72 Hours of contact reaching MASH Enquiry
Risk Level	Child or young person appears to be at risk of immediate and/or serious harm or likelihood of significant risk/harm	Child or young person who is likely to require intervention from statutory or specialist services	Concerns about the wellbeing of child or young person, which if not addressed, may lead to poor outcomes
Links to Swindon LSCB Multi-Agency Threshold Guidance	Stage 3 Complex or Acute <i>Urgent/acute crisis and high priority needs</i>	Stage 3 Medium, High or Complex <i>Children with complex and long standing needs</i>	Stage 3 or 2 Vulnerable/ Complex. <i>Children with complex and long standing needs. Early identification, Early Help & Universal needs</i>
Action/MASH Response Time	Relevant teams informed immediately; decision within 4 Hours (<i>providing this does not delay the Child Protection process</i>)	As soon as possible, but within 24 hours	As soon as possible, but within 72 hours
Examples	<ul style="list-style-type: none"> • Chronic or Serious Domestic Violence • Child Trafficking • Child likely to be at risk of physical assault if returned to 	<ul style="list-style-type: none"> • Evidence of Domestic Violence • Children regularly appear dirty and clothing is inappropriate to 	<ul style="list-style-type: none"> • Truancy/Child Missing • Education • Child/young person has caring responsibilities that

	<p>the primary carer/suspect</p> <ul style="list-style-type: none"> • Parent has serious mental health condition and child subject to parental delusion • Child being sexually exploited • Very young or vulnerable child left alone • Serious self-harm 	<p>season</p> <ul style="list-style-type: none"> • Inappropriate sexual/sexualised behaviour • Emotional neglect where earlier interventions have failed to be effective • Young people experiencing current harm through their use of substance • No consent <p>No consent</p>	<p>impact upon behaviour/development</p> <ul style="list-style-type: none"> • Behavioural difficulties • Associating with anti-social or criminally active peers • Exploitation
Likely Agency to Take Action if RAG Rating remains the same	Children's Social Care with Police via section 47 enquiry	Early Help or Children's Social Care or Specialist Services or Universal Partnership Plus	Statutory intervention Universal Services or Early Help

The RAG ratings are a guide and are not prescriptive. The Swindon Safeguarding Partnership Threshold document provides more detailed information and should be used to help agencies determine a child's degree of need and appropriate response:

<http://www.swindonsafeguardingpartnership.gov.uk/procedures/Pages/Home.aspx>

4.3 Escalation Policy

Should there be a professional disagreement the Swindon Safeguarding Partnership Escalation Policy will be followed:

https://safeguardingpartnership.swindon.gov.uk/downloads/file/303/escalation_policy

The policy provides professionals with a framework within which they can raise concerns they may have about decisions made by other professionals or agencies in a way that:

- Avoids professional anxiety or disagreement that puts children at risk or potentially obscure the focus on the child
- Resolves the difficulties within and between agencies quickly and openly
- Identifies any areas of practice where there is a need to clarify or review multi-agency policies or procedures.

Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of healthy challenge, professional co-operation and joint working to safeguard children.

It is expected that most disagreements can be resolved by professionals discussing the concerns and agreeing a way forward to meet the child's needs. If professional agreement cannot be reached, then the concern should be escalated using this staged approach:

Stage One: Manager or Safeguarding Lead or Deputy/Designated Professional **within 5 working days.**

Stage Two: Agency SSP representative to Agency SSP Representative **within 5 working days.**

Stage Three: Refer to SSP Executive **within 5 working days.**

Stage Four: Refer to SSP Independent Chair **within 5 working days**

Stage 1, 2, 3 & 4 are all formal stages of the escalation process.

5. Performance and Quality Assurance

5.1. Performance Management

A report on open contacts is received daily on a four hourly basis to check the timeliness of the response to contacts received to ensure that responses do not fall outside the expected timescales.

The MASH Monthly Performance Scorecard is produced by the Data Management Team as part of the 'Children's Social Care Monthly Reports'. The MASH Team Manager will then prepare a monthly report, which details numbers of contacts received and the response generated.

5.2. Quality Assurance

5.2.1. MASH Monthly Multi Agency Audits:

A monthly report is run on all contacts received by MASH. Partner Agencies and the MASH Team Manager audit 10-15 MASH each month. The audits will be thematic based on presenting trends. A Quarterly report will be prepared with an overview of the audits undertaken, which will be submitted to the Safeguarding and Quality Assurance Service. The purpose of this is to:

- Check the quality of decision making, analysis and reasoning for decisions
- Identify areas for learning and development
- Identify opportunities to improve service delivery e.g. systems and processes.
- Equality and diversity has been considered
- Check the quality of the contact. Check for evidence of appropriate discussions and information gathering with other agencies
- Check that consent was obtained
- Where consent was not obtained, check there was management decision to override consent if relevant
- Check rationale for decisions made are clearly recorded
- Check rationale for decision made were based on the information available
- Check the threshold decision was appropriate against the SSP Threshold Document.

Areas of good practise and areas for improvement will be discussed and considered.

5.2.2. Multi Agency MASH Team Audits:

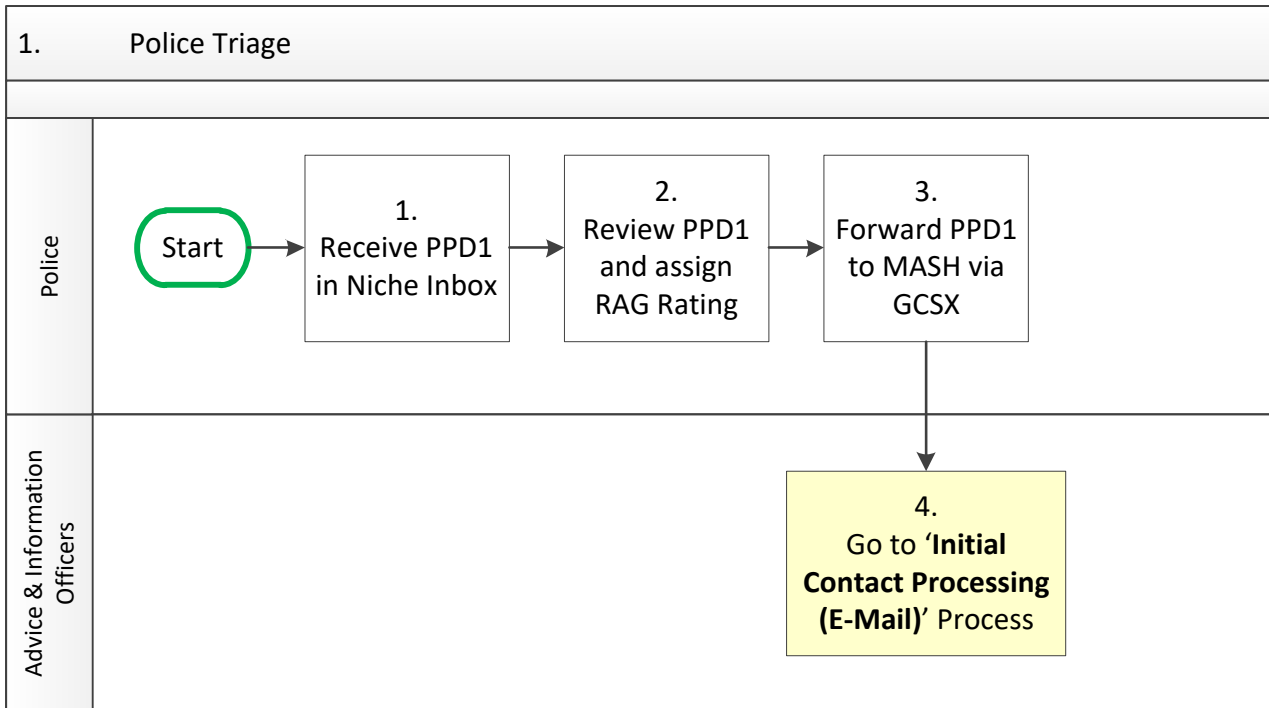
Multi-Agency MASH audits have the following core members: Police, GWH, MASH Health Rep, Turning Point and Children Social Care. Noted there will be ad-hoc membership when undertaking a themed audit.

All completed multi-agency audits undertaken within MASH are presented at the Safeguarding Partnership Performance and Quality Assurance subgroup, MASH Steering Group, MASH Strategic Group, Quality Assurance Improvement Performance Board.

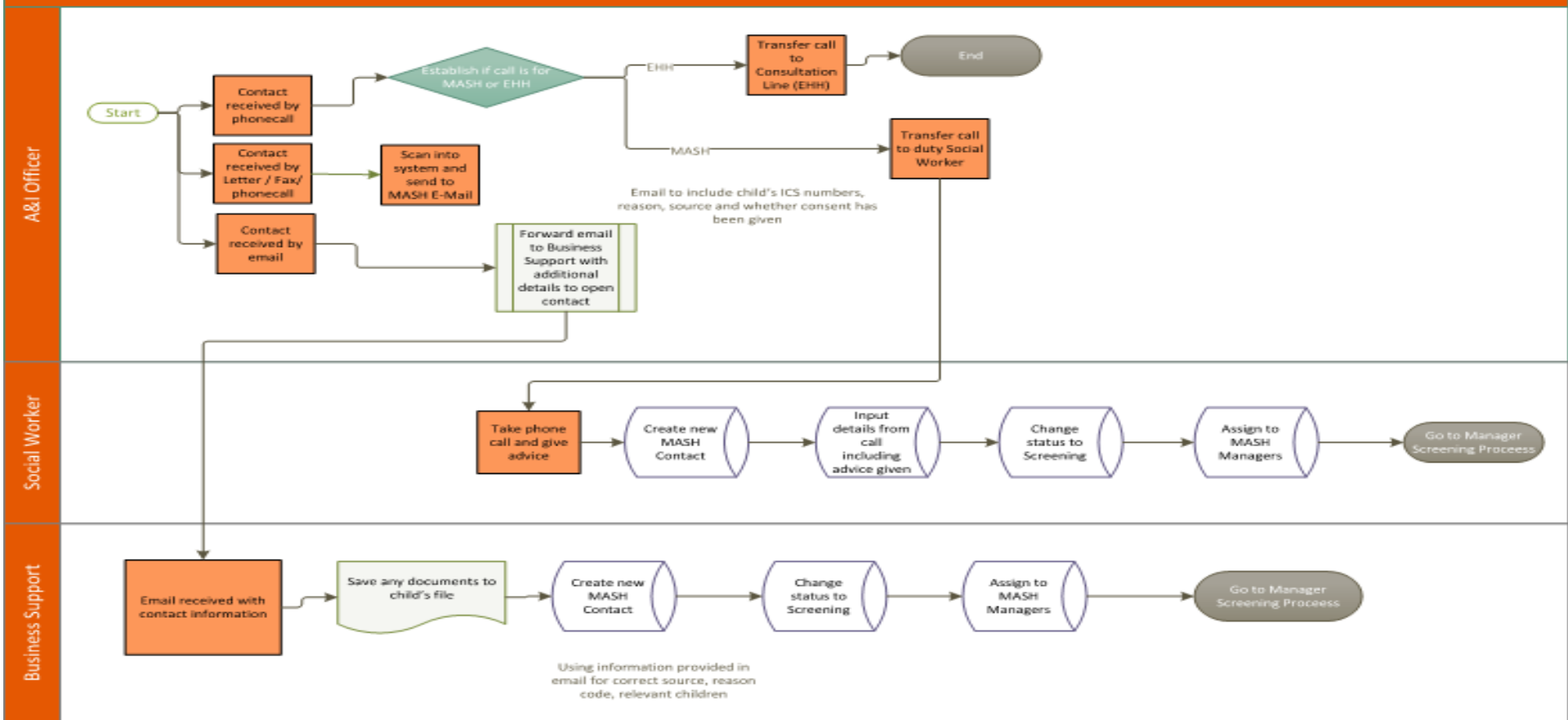
The Service requirement will be reviewed by the multi-agency operational and working group and as part of the Quality Assurance framework delivered by the Safeguarding and Quality Assurance Service.

6. Glossary of Terms

A&CP	Assessment and Child Protection
A&IO	Advice and Information Officer
ASC	Adult Social Care
BSO	Business Support Officer
CIN	Children in Need
CIR	Child Information Record
CAIT	Child Abuse Investigation Team
DA	Domestic Abuse
DV	Domestic Violence
EDS	Emergency Duty Service
EHH	Early Help Hub
EHRP	Early Help Record and Plan
FTE	Full Time Employee
IT	Information Technology
LA	Local Authority
SSP	Swindon Safeguarding Partnership
MASH	Multi-Agency Safeguarding Hub
NFA	No Further Action
OFSTED	Office for Standards in Education, Children's Services and Skills
PPD1	Public Protection Department 1
RAG	Red, Amber, Green
SBC	Swindon Borough Council
SW	Social Worker
SWCPP	South West Child Protection Procedures
TAC	Team Around the Child

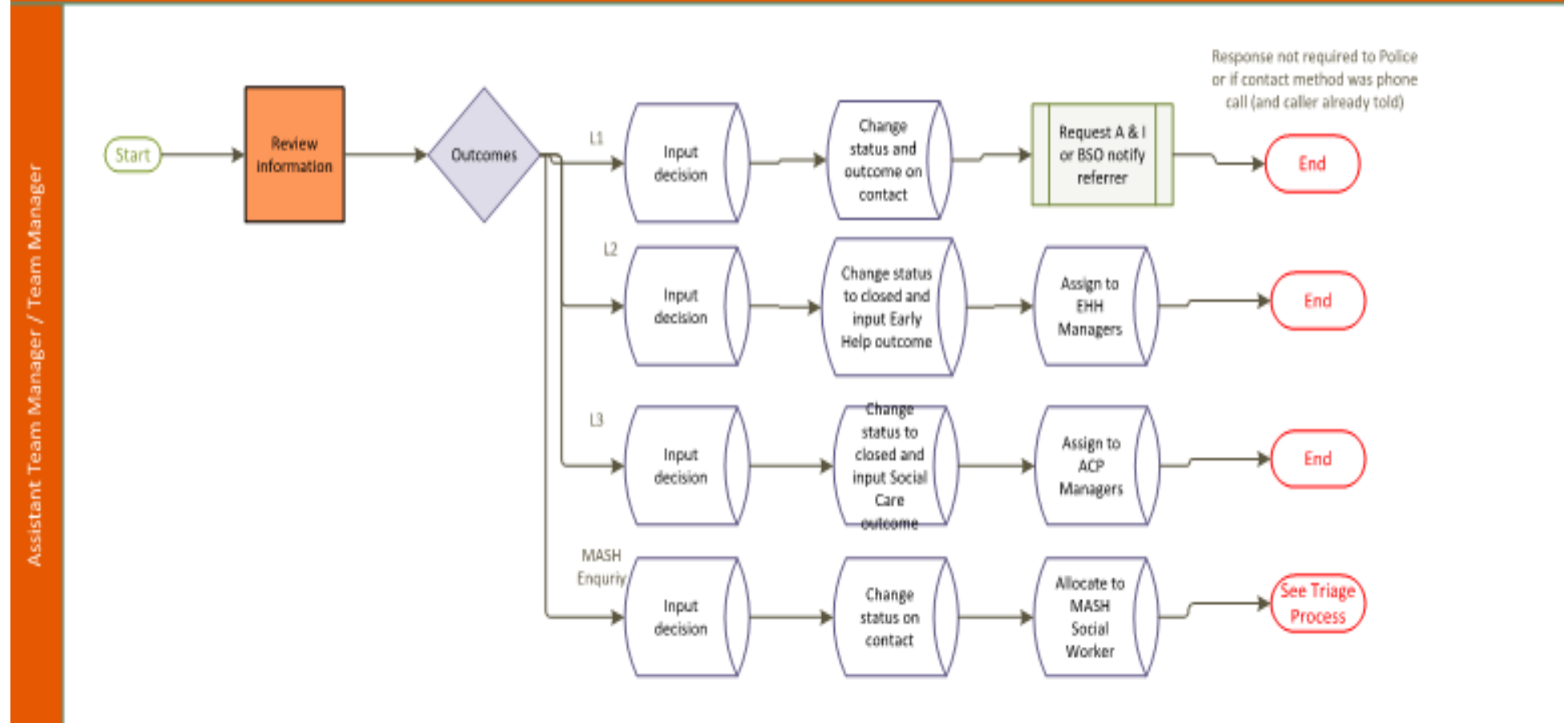


MASH Front Door – Initial Contact

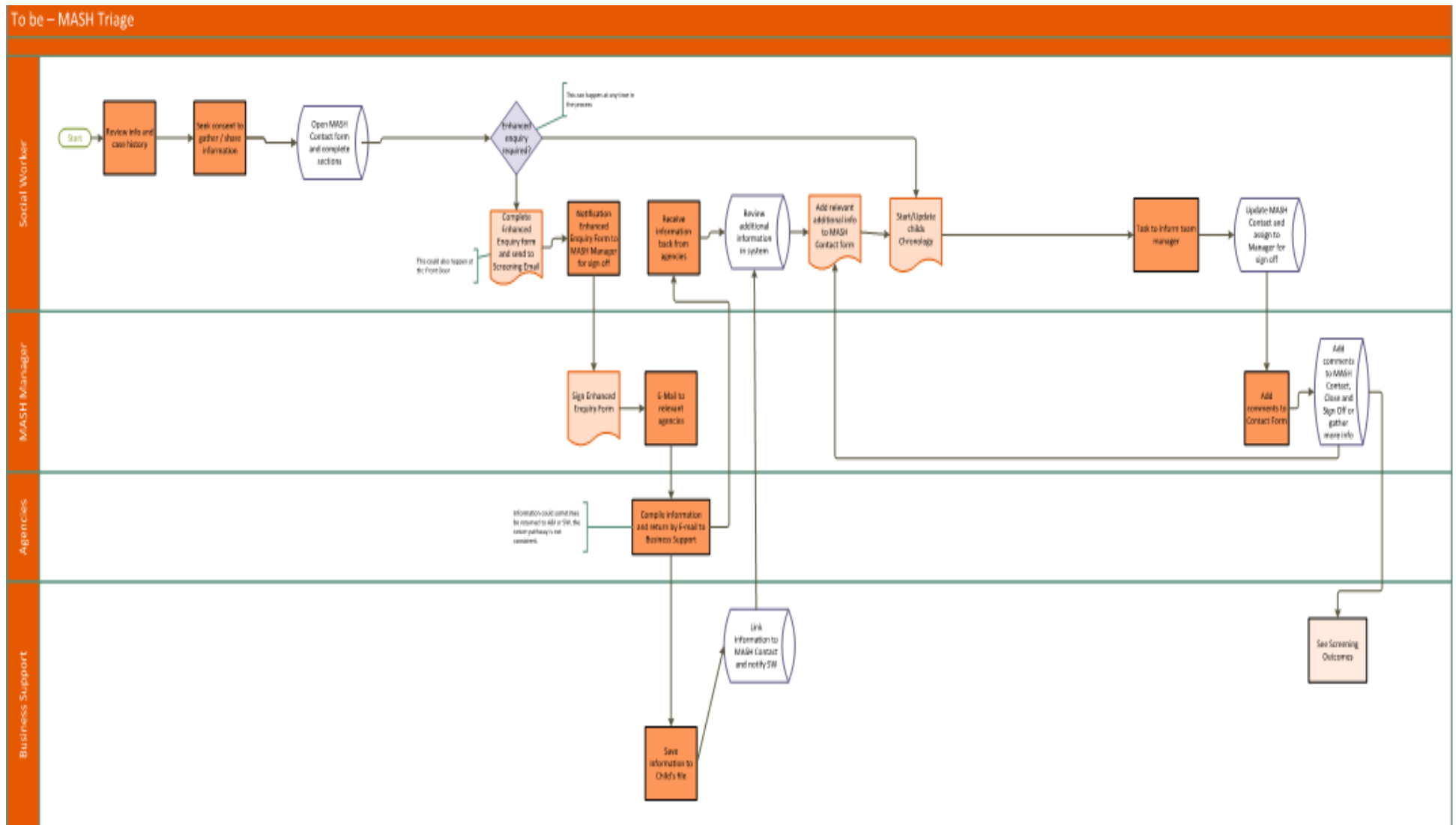


Contact Screening

To be – MASH Front Door – Manager’s Screening



Triage



Virtual partners

The following list represents the wider agency and organisational members of Swindon Safeguarding Partnership, those not routinely present within MASH but will be contacted for information to support MASH operational business.

Agency/Organisation	Agency/Organisational safeguarding lead for partnership
Avon & Wiltshire Partnership NHS Trust (AWP)	Head of Safeguarding Children
British Transport Police	Chief Inspector, Western Sub Division
CAFCASS	Senior Service Manager
CCG	Director of Nursing & Quality
Dorset & Wilts Fire & Rescue Service	Education Manager/Deputy Safeguarding Lead
GWH NHSFT	Chief Nurse
NSPCC	NSPCC Service Manager for Swindon
Oxford Health NHS Trust- CAMHS	Head of Service – Swindon, Wiltshire and BaNES
Probation CRC	Assistant Chief Probation Officer
Probation NPS	Senior Operational Support Manager, Gloucestershire/Wiltshire LDU
SBC - Children, Families & Community Health	Director of Children's Social Work
SBC - Communities & Housing	Director of Housing
SBC - Education	Safeguarding Lead
SBC - Public Health	Senior Public Health Manager – Maternity, Children and Young People
Schools - Colleges/FE	Head of Student Services & Safeguarding, New College
South Western Ambulance Service (SWAST)	Head of Safeguarding
Swindon Carers	Safeguarding Lead for Children & Young People
Voluntary Sector- Organisations	Named leads by organisation
Wiltshire Police	Detective Superintendent