MASH referral/Contact (a referral made to MASH by a professional or member of the public)

Referral/Social Care Referral (once a contact has been passed for a statutory intervention)

**1. Initial Contacts**

An Initial Contact is made where Children's Social Care is contacted about a child, and where there is a request for general advice, information, or a service. These are received via email, or telephone if there is an immediate safeguarding concern or the caller is a member of the public.

Information regarding children who are already open to a social worker will be passed to the social worker, manager, and business support. If appropriate (depending on the referrer), the referrer will be advised the child is open to a social worker.

All contacts need to be considered against the Threshold Document (levels 1-4) and a decision made within 24 hours regarding the level of response required.

If there are safeguarding concerns, professionals should complete a MASH referral.

If the request is for Early Help, an Early Help assessment needs to be completed. This will be reviewed to ensure there are no safeguarding concerns that need to be considered.

**2. Referrals**

MASH referrals should be discussed with the safeguarding lead of the referrers service prior to being sent.

Consent should be gained unless this would put the child at risk of harm if parents were spoken with.

The referrals being complete should include:

• Full names, dates of birth and gender of children and parents

• Family addresses.

• Identity of those with parental responsibility

• Where relevant, school/nursery attended

• Ethnicity, first language and religion of children and parents

• Nationality and immigration status

• Any additional needs of the children including the means in which they communicate

• Any significant recent or past events

• Cause for concern including details of allegations, their sources, timing and location

• The child's current location and emotional and physical condition

• Whether the child needs immediate protection

• If relevant details of any alleged perpetrator

• Referrer's relationship with and knowledge of the child and their family

• Known involvement of other agencies

• Information regarding parents' knowledge of the referral and their views. Also if appropriate deepening on the child’s age and capacity, the child’s view should also be sought.

**3. Timescales**

Contacts are to reviewed within one working day.

If further enquiries are needed whereby partner agency information is required, this will progress to a MASH assessment for further review.

MASH Assessments are RAG rated RED, AMBER or GREEN depending on the level of concern.

RED – to be completed in 4 hours (usually a strategy meeting).

AMBER – to be completed within a working day (majority of AMSH assessments, no immediate risk of harm identified).

GREEN – to be completed in 3 working days (usually where Early Help is likely outcome). RAG ratings are reviewed on an ongoing basis so can change when required depending on information being received.

**4. Screening Process**

Contacts are reviewed by MASH managers and where required will be allocated to a MASH social worker for review and action.

The MASH referral information will inform what actions are required by MASH.

If there are no concerns that require immediate action, the screening process by Social Workers should include:

• A review of the social care history.

• If required, gathering more information or discussing with the referrer.

• Discussion with parents about the referral concerns. If appropriate the child can be spoken with – this will depend on the referral information and the age/capacity of the child. Consent should be obtained for gathering information from partner agencies, including obtaining the child voice.

• Gathering of partner agency information – depending on the referral concerns will inform what checks are required. These can include Police, Education, Health, Probation, other Children’s Services if the family have lived out of Torbay.

• Follow up conversations with parents and wider family if required.

• Full analysis of this information which is reviewed alongside the threshold document to inform level of support required.

If the concerns require an immediate response, where there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, a strategy meeting will be convened. A strategy meeting is a multi agency meeting where partners will share relevant information and a discussion will be held around threshold, safety planning, and actions required. Depending on the concern will depend on who is invited to the meeting. Partners should include Police, Health, Education and nursery if attending, and social care. Further partners could include Probation, SARC, and a paediatrician.

**5. Initial Disposal of Referrals**

The outcome of a contact or MASH assessment, which must be authorised by the manager, could be be:

* No further action – parent/s have been provided information, advice, sign-posting to another agency.
* Child/children are passed for a statutory assessment to be completed by a social worker.
* A strategy meeting is held and if the outcome is s17 or s47, child/children are passed for allocation to a social worker for assessment.
* Early Help support is required, where the child/children are passed to Early Help or the referrer is asked to completed an Early Help assessment (please see Early Help for more information).

Professional referrers should be advised of the outcome of their MASH referral.

Partner agencies that have provided information will receive feedback.

If the referrer id anonymous they are not provided with feedback.

Parents, and where appropriate children, are updated on the outcome by telephone and letter.

**6. Recording of Referrals**

All contacts, MASH referrals, and MASH assessments are recorded on Liquid Logic, the electronic data base for Torbay Children’s Services.