



People in Warwickshire are safeguarded from harm,
receiving the services they need, at the right time,
effectively and efficiently.

Standard Operating Procedures

Warwickshire Multi-agency Safeguarding Hub (MASH)

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1. Purpose of this procedure

1.1 This procedure has been developed for professionals, partner agencies and members of the public to:

- Enable professionals, partner agencies and members of the public to understand what to expect from the MASH;
- Describe the MASH roles and structures which will support the working of agencies within the MASH;
- Facilitate an effective and efficient sharing of information within existing legal powers and constraints concerning safeguarding children and adults;
- Promote co-operation between the MASH partners at an operational level.

1.2 This procedure should be read in conjunction with an agency's own MASH [Children's Practice Guidance](#) and safeguarding procedures. Please refer to the [glossary of terms](#) produced by MASH which may assist with understanding the terminology used within procedure.

2. The vision

2.1 The overall vision of the Warwickshire Multi Agency Safeguarding Hub (MASH) is to ensure:

"People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently."

3. Objectives

3.1 The MASH is a 'function' delivered by a multi-agency group of professionals who work together as a single team, but continue to be employed by their own agencies. The purpose of the MASH is to build a holistic picture from information known to agencies to inform better decision making, identify and manage risk and make decisions on appropriate responses to risk. The specific objectives of the MASH are:

- To better protect vulnerable people from harm through a joined up inter-agency approach that improves:

Timeliness:

- Speeding up safeguarding decision making;
- Ensuring users of safeguarding services are quickly directed to the right service appropriate to need.

Effectiveness:

- Reducing the number of inappropriate referrals into safeguarding functions and making the right onward referral decisions to the most appropriate agency as early as possible;
- Reducing and managing demand and dependency on traditional methods of support for safeguarding related cases;
- Ensuring a co-ordinated agency approach which allows early identification of threat, risk and harm and a focus on early intervention (preventative action) at the right level and at the right time;
- Ensuring a 'person centred' and 'think family' approach to managing individual need and improving the user experience of those receiving safeguarding services.

Understanding:

- Ensuring that the business intelligence arising from the MASH helps services work together to improve consistency, to address gaps and duplication in service provision and to improve outcomes for those in need of services;
- Creating an environment which encourages feedback and shared learning across agencies to improve service provision;
- Providing a consultation service to professionals seeking safeguarding advice about thresholds, referrals and early help assessments and advice about domestic abuse.

4. Information sharing and management

4.1 Safeguarding is everyone's business and statutory partners share that responsibility.

4.2 There are various pieces of legislation that allow the sharing of information in the MASH and these are set out in the [Information Sharing Agreement](#). Of particular relevance are:

- [Section 47 of the Children's Act 1989](#)
- [Section 10 of the Children Act 2004](#)
- [Section 6 of the Care Act 2014](#)
- [Section 115 of the Crime and Disorder Act 1998](#)
- [The Care Act 2014](#)

- 4.3 The legislation above is not the only legislation available for partners to use to share information. Partners are encouraged to take a positive approach to information sharing to prevent members of the community suffering harm or where there are concerns about their welfare.
- 4.4 In the MASH it is important everyone understands under which piece of legislation they are sharing information. Essential to the effective operation is the ethos behind MASH, to ensure staff are confident to share in partnership with one another and without creating unnecessary bureaucracy which slows information sharing down or creates barriers to sharing.
- 4.5 The MASH will adhere to [HM governments seven golden rules for information sharing](#).

5. Think family approach

- 5.1 The MASH will receive and respond to referrals relating to concerns about children and adults across Warwickshire and, therefore the MASH will take a “think family” approach. There are often numerous different situations that give rise to a need within families. The MASH will share information across children and adult services with the aim of obtaining a holistic picture of each member of a family. This will allow for better decision making and co-ordination of support. It will allow services to respond effectively to the most needy families.
- 5.2 In practice this means that there will be referrals that fall into more than one category. In which case the MASH triage process will ensure the appropriate response is made in relation to each member within a family as appropriate.

6. Support provided by MASH

6.1 MASH Consultation Service

- 6.1.1 Each agency will have its own safeguarding procedures which will detail how to identify and assess safeguarding concerns. However, further advice about thresholds and when to make a referral can be obtained from agency safeguarding leads or by calling the MASH.
- 6.1.2 The Consultation Service aims to:
- Offer quick access via the telephone to Children’s Safeguarding and Social Care advice.
 - Provide advice on Children’s Safeguarding and Social Care thresholds.

- Improve information sharing about universal providing early help and targeted support services.
- Allow professionals the opportunity to talk through situations that are raising concern to help determine what an appropriate response might be, without the need for formal referral.

6.1.3 See [MASH Children's Practice Guidance](#) for further information.

6.2 Child safeguarding (child protection) referrals

6.2.1 A referral should be made when a professional thinks a child or family needs support identified as complex or acute/severe need, this is often referred to as Level 3 or 4 support. More information and advice regarding thresholds is detailed in the [Warwickshire Children's Safeguarding Boards Threshold Document](#) and in the MASH Practice Guidance.

6.1.2 Upon receipt of referrals from professionals who share information which indicates a child is in immediate danger of suffering significant harm and requires urgent protective action, this information will then be passed immediately to the relevant lead agency in the MASH who will decide the action needed. The lead agency decision maker will respond within a maximum of **1 hour**.

6.3 Adult safeguarding referrals

6.3.1 The MASH recognises that it is sometimes difficult to decide when to intervene with an adult. The [Warwickshire Safeguarding Adults Board](#) offer advice on what constitutes an adult safeguarding concern.

6.3.2 See MASH Practice Guidance for further information.

6.4 Domestic abuse referrals

6.4.1 Domestic abuse identified as part of wider adult and children's safeguarding will be considered as part of the statutory safeguarding responses above and the appropriate referral pathway followed for children or adults. Concerns outside of these processes should be referred to the MASH via the domestic abuse section on the electronic MARF. Please see [MASH Domestic Abuse Practice Guidance](#) for further information on the referral process.

6.4.2 Further advice and support and when to make a referral can also be obtained from the MASH Consultation Service. The same principles will be applied to consultations regarding domestic abuse as they are to children. Please see MASH Practice Guidance for further information.

7. Joint multi-agency process within the MASH – initial screening, triage & MASH meeting

7.1 Referrals received by the MASH will be subject to three possible phases; these can be described as “initial screening”, “triage” and “MASH meeting”. Not all referrals will be subject to each stage of the process. This will be determined by need and risks identified within the referral and from completion of further intelligence checks undertaken within the MASH. Each of these phases will be explained below.

7.2 Initial screening

7.2.1 Upon receipt of a referral an initial screening will be conducted. This will be to ensure checks are completed to determine whether the child or adult is already known and open to a social worker already or has been closed within the last twelve weeks.

7.2.2 During initial screening an initial risk assessment will be completed and an initial RAG rating will be applied. This will usually be completed by child or adult social care/adult mental health. Agencies like the police who receive information or have other routes into the MASH will ensure they complete their own initial screening process which usually involves reviewing the incident, the vulnerabilities identified and any previous incidents or information the police hold to decide if a referral onto triage is needed.

7.2.3 Initial screening will also clarify that in the case of an adult the person concerned has given consent, or in the case of a child someone with parental responsibility has been informed of the referral, except where the individual concerned is considered to be at risk of significant harm and the agency believes that informing of the referral being made may increase this risk. Where possible, and in particular in cases concerning adults, the views of the person subject to the referral will be sought.

7.3 Triage

7.3.1 The triage process further screens the referral received in order to determine what response is appropriate, in line with agreed thresholds. Triage always includes an adult or child social worker, police, health and an Early Help officer, depending on the concerns raised may also include other staff from within the MASH.

7.3.2 The Triage process will usually include:

- Ensuring all relevant electronic recording systems within the MASH is checked to include previous history to determine the levels of risk or need.
- Signposting service users if appropriate to other services including diversion into Early Help.
- Ensuring application of Threshold for Services' is consistently applied.
- Where necessary, contact the referrer to discuss the case in more detail.
- Compile a short chronology and a summary of the main issues.
- Reassess the RAG rating and ensure this is accurately applied.

7.3.3 The triage process will determine whether the safeguarding threshold/criteria are met and if not ensure an appropriate outcome and response is completed. If the triage determines that the information meets the safeguarding threshold/criteria for that particular business area then it may progress to a formal MASH meeting. Usually the following cases progress to a MASH Meeting:

For adult safeguarding cases where there is a reasonable cause to suspect the adult:

- Has needs for care and support;
- Is experiencing, or is at risk of abuse and neglect and;
- Because of their care and support needs, is unable to protect themselves from abuse or neglect.

The case will progress as an adult safeguarding concern. A Warwickshire County Council adult social care decision maker will be identified as the lead to take through the MASH process, except where the conditions are met for adult mental health services to take the lead on behalf of Warwickshire County Council.

For suspected child safeguarding cases (those that meet the threshold for services guidance at level 3 and 4) a children's social care decision maker will be identified to lead the MASH meeting and a social care manager appointed to chair that meeting under [Working Together to Safeguard Children guidance](#).

For domestic abuse cases assessed as **high** risk based on the DASH risk assessment model will progress for triage and a MASH meeting, where appropriate. Those identified as **medium, where appropriate** (in line with threshold for services guidance) will progress to triage and a MASH meeting where determined after triage.

Where a case does not meet the safeguarding threshold/criteria then the following outcomes after triage are available (*lists are not exhaustive*):

Adults:

- Referral for a needs assessment under s9 of the Care Act.
- Referral for Deprivation of Liberty (DOLS) assessment.
- Referral for Mental Health Act assessment.
- Referral to other risk management processes, e.g. MARAC, MAPPA, local harm reduction processes, local service escalation processes.
- Referral or signposting to other agencies or support services, e.g. police, victim support, domestic abuse support services, counselling services, GP.
- Written information and advice on how to keep safe, or how to raise a concern in the future.
- Information about how to make a formal complaint, for example, about substandard care or treatment.
- Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns.
- Current service provider required to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity.
- Referral is passed into other incident management processes, e.g. NHS Serious Incident process.
- Referral for Safeguarding Adults Review (Care Act s44).

Children:

- Referral is passed into the Early Help Hub within the MASH for follow up and provide support.
- Referral is passed into the Family Information Service to follow up and provide advice within the MASH
- Referral or signposting to other agencies or support services, e.g. victim support, counselling services, RISE, children's centre, education provision, GP, health visitor or school nurse.

Domestic abuse:

- Share information with existing Information Sharing Pathways for e.g. with the GP and mental health.
- Local Policing Support to contact the victim.
- Refer to Victim Support
- Refer to Domestic Abuse Support Services.
- Refer to Early Help Team within the MASH
- Refer to Substance Misuse Teams
- Refer for other Third Sector support

- Share information with education providers in line with Operation Encompass pathway (when implemented)

7.3.4 The outcome of the triage should be recorded on the MASH system, the responsibility for this rests with the agency taking the lead in providing the support to the adult or the child.

7.3.5 If the outcome is other than to hold a MASH Meeting then the outcome is always clearly recorded. Where the referral has come via the MASH system, this should be recorded on the MASH system and feedback given to the referrer.

7.4 MASH strategy discussions

7.4.1 Where there are immediate concerns for a child/young person's welfare, the team manager will hold a strategy discussion with police and multi-agency partners to determine the next course of action and risk management plan. The purpose of a strategy discussion is to decide whether the threshold has been met for a single or joint agency child protection investigation, and to plan that investigation. The strategy discussion occurs when it is suspected that a child has suffered, or is likely to suffer serious harm.

7.4.2 Where there are concerns that there is a serious risk of harm to the child, strategy discussions should take place as soon as possible. Only in exceptional circumstances, where delay might place a child or young person at additional risk, should an enquiry into suspicions about serious harm be begun without a strategy discussion first being held. In such cases, a strategy discussion must take place within 24 hours of starting the investigation. In all other situations, a strategy discussion must be held before the investigation begins. In the event that the alleged abuser is under the age of eighteen a separate strategy discussion must take place to consider their needs.

7.4.3 See MASH Practice Guidance for further information relating to strategy discussions and information on convening, chairing and recording MASH meetings.

7.4. MASH meetings

7.4.1 MASH meetings are formal meetings and will constitute initial strategy meetings in relation to children under Working Together or a planning meeting under the adult safeguarding procedures or information sharing meetings for domestic abuse as part of the MARAC process. The statutory basis of the MASH meeting will always be made clear at the beginning of the meeting by the chairperson.

- 7.4.2 MASH Meetings will share available and relevant information, identify what agencies are appropriate to be involved in further enquiries or the response to the concern to mitigate immediate risk and identify if a criminal investigation is required.

7.5 Communication with referrers is a vital part of the MASH.

- 7.5.1 It is important that all referrers receive good communication from the MASH, making it clear how their referral is progressing and that within 24 hours a written response is sent to the referrer outlining the outcome of the referral. It will be the MASH responsibility to ensure this communication occurs. This communication will normally be completed via secure email.

7.6 RAG rating and timescales

- 7.6.1 The MASH will general use a RAG rating process for referrals received. More details are outlined in the [MASH Children's Practice Guidance \(Section12.4\)](#). RAG ratings will be applied normally at the initial screening and this will be reviewed and updated following triage. The RAG rating will also determine the timescales for completion of the referral through the MASH. The timescales applied will be measured from the time the referral is received by the MASH.

8. MASH record keeping process

- 8.1. The MASH computer system will be a multi-agency system used to track the progress of referrals through the MASH and to provide a secure collaborative space for agencies to share information in order to safeguard children and adults. HM Inspections will therefore review MASH records as part of any safeguarding inspection as part of the child/adult journey.
- 8.2 The electronic MARF submission is the start of the MASH record and subsequent triage decisions will be recorded on the MASH system, as well as collation of a multi-agency information, MASH meeting minutes where convened, along with the 'response to risk plan' and intended outcomes.
- 8.3 Information shared within the MASH will be available to partner agencies, in line with the information sharing agreements, to update to their systems in order to allow each agency to fulfil its statutory duties, unless, the providing agency specifically prohibits the wider sharing of this information.

9. Dispute resolution

9.1 Complaints and compliments

- 9.1.1 If a member of the public or professional wish to make a complaint regarding the MASH or its members they should contact the MASH Service Manager. Complaints should normally be put in writing to the MASH Service Manager, who upon receipt will determine usually within 48 hours whether the contents of the complaint relate to the MASH or if they are specific to another agency within the MASH. For example, if the complaint is regarding the process or service from a particular agency that are within the MASH it may be appropriate for the complaint to be passed to and investigated by that agency, rather than the MASH.
- 9.1.2 Complaints regarding the MASH will be investigated and responded to under [Warwickshire County Councils Complaints process](#). In summary, the complaints process will normally be led by the MASH Service Manager or in their absence a member of the MASH Management Team. Complaints will normally be investigated and responded to within ten working days.

9.2 Feedback from professionals and the escalation process

- 9.2.1 If an agency with a statutory responsibility is still unhappy with the decision relating to their complaint, they have recourse to 'escalate' within their own agency and senior management team, in line with [Warwickshire Safeguarding Children's or Adults Board Escalation Policy](#).
- 9.2.2 Where this decision suggests learning for a particular worker or agency the MASH manager will raise this with the relevant agencies MASH worker's lead professional to ensure continuous learning for that worker or agency. The MASH will actively seek feedback from agencies receiving MASH assessment and recommendations to ensure constant learning occurs.

9.3 Disagreements amongst staff within the MASH

- 9.3.1 If there is disagreement amongst staff within the MASH in relation to an outcome from a 'triage' or MASH Meeting then this will be discussed between Management Team in the MASH. If an agreement cannot be made; this will be raised to the MASH Service Manager, who will make the final decision.

10. Pathway's for specific circumstances

- 10.1 There are particular pathways into and through the MASH for other specific situations or concerns. It is also note-worthy that there are no side entrances

to the MASH. Professionals should refer using the process described above and not just go to the professional they know or who shares their discipline of work and is based within the MASH. Please refer to MASH Practice Guidance for further information relating to the pathways for the following situations or concerns:

- Requests for Information from children or adult social care;
- Person in a position of trust (POT);
- Homeless 16 & 17 year olds;
- Suspected child sexual exploitation, missing and trafficked children;
- Notifications;
- Person presenting a risk to children;
- Pathway for orders from the Family Court requesting a Section 7 or Section 37 Report on a child/ren closed to children's social care.
- Mandatory reporting of female genital mutilation (FGM).
- Adult safeguarding referrals;
- Prevent Strategy;

11. Further information and references

- [MASH Children's Practice Guidance](#)
- [MASH Recording Practice Guidance](#)