



Integrated Front Door Operational Guidance

MASH

Multi - Agency Safeguarding Hub

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This document provides a simple guide to the Wakefield Social Care, Early Help and Multi-Agency screening processes



The “Integrated Front Door”

The Integrated Front Door has within it the Social Care and Early Help Screening functions for the District as well as the Multi-Agency Screening Hub (MASH). These functions offer a single point of access for all contacts/referrals where there are concerns about a child or young person’s safety and wellbeing in line with statutory and local guidance¹. The Social Care Emergency Duty Team, also makes up a part of the Integrated Front Door – providing an “out of hours” response to urgent issues or help and harm for children in Wakefield.

Access to Help

The Integrated Front Door will provide an advice / signposting function as well as taking all referrals to Children’s Social Care and Children’s First (WMDC’s Early Help function) in the District. The service will record (in line with information sharing guidance) and screen enquiries (or “contacts”) so that decisions are made in a timely way about the level and nature of help a child / children need from the services.

The service links closely with the locality “clusters” and multi-agency working which takes place in those arrangements. The “Wakefield Families Together “Pathway to Help” shows how the whole information sharing and intervention process in Wakefield works.²

The MASH

The MASH is the multi-agency arrangement to support the Integrated Front Door. The MASH is contributed to by a range of partner agencies (Education, Health, Police, Housing, with virtual links to Probation, Mental Health Service and WADDAS) such that where necessary, a range of information relating to the issues being raised for individual children, can be explored and shared at the screening stage in order to determine the right level and nature of safeguarding intervention.

Not all “contacts” to the Integrated Front Door will be screened by the MASH, but those which require a range of information from partners to enable decision making will be.

Making a “Contact”

The Wakefield Safeguarding Partnership prefer that wherever possible / practicable issues concerning children raised by way of a discussion. Our Integrated Front Door is arranged so that Early Help Screening and Social Care staff are available for telephone discussions throughout the working day. If the concerns raised need to be

¹ Working Together to Safeguard Children (DFE 2018); Wakefield Continuum of Need

² Appendix 1



addressed by either the Children's First Hubs or Children's Social Care intervention then any additional information / evidence can then be provided the relevant documentation (MARF/ Early Help Assessment) thereafter.

It is important to remember that if a child is in immediate danger, that an emergency call should be made (999 on the telephone).

To contact the Integrated Front Door call **0345850350** and select option 2, then select from either:

- 1 Open Case
- 2 New Referral
- 3 Early Help

Or email: Social_Care_Direct_Children@wakefield.gov.uk

To contact the Emergency Duty Team call **03458503503**, or email as above.

The MASH provides a service between 8.30am and 5pm Monday to Thursday and 8.30am to 4.30pm on a Friday. Children's Social Care operates an **emergency only** service between 4.30pm and 8.30am Monday to Friday and 24hr Saturday, Sunday and Bank Holidays via the Out of Hours service, (EDT). Any non-emergency calls or contacts received outside of normal working hours will not be dealt with the next working day.

We understand that the decisions made by the Integrated Front Door act as a foundation for the whole of the rest of the child's journey through children's services. They are also crucially important in enabling services across Wakefield to work effectively, so that children receive the right help at the right time and teams are prevented from becoming overwhelmed with unnecessary volume.

“Screening” by the Integrated Front Door

“Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding”.³

When information about a child concern is shared with the Integrated Front Door, the Social Worker / Early Help practitioner will make proportionate enquiries to seek relevant information to enable a decision about the level / type of intervention needed. Information will be shared and sought, collated, analysed and risk assessed, sometimes this will involve accessing a range of databases directly and in consultation with partner agencies outside the MASH, where appropriate⁴.

³ Working Together to Safeguard Children (2018)

⁴ See Appendix 1



All decisions in relation to screening contacts received by MASH are overseen by a qualified Social Work Manager or Advanced Social Work Practitioner, in Early Help, decisions are overseen by the Early Help Team Manager.

On receipt of a contact/referral the responsible practitioner will;

- Determine whether consent has been secured or whether this can be overridden due to the nature of the concern being shared. If consent is required – confirm that this has been gained by the ‘referrer’ and is sufficient to seek information⁵.
- Review all historical information including all relevant previous social care / early help records, to ensure the current issue is assessed in the context of any previous concerns.
- Contact parents / carers to discuss referral that has been received, where it is appropriate to do so.
- Create a record of the current concern, outlining clearly the reason for the current referral.
- Summarise action(s) completed within the screening process; analysing the information obtained and setting out a recommendation as to next steps.
- Complete a chronological summary to evidence scrutiny of available information.

When MASH checks are required, the following process will take place:

- The Social Worker will complete an information request form and circulate to partner agencies
- MASH partners will undertake a review of the information held on their respective systems and make any additional enquiries within their service
- The social worker will consider whether the referral requires additional information from other agencies (outside of the MASH)

⁵ Simple information about judgements relating to consent are contained in the Information Sharing Process Map – Appendix 1



- The Multi-Agency team will undertake a risk assessment and formulate a danger statement using the signs of safety model prior to transferring to locality team for single assessment, stepping down to Children First Hub, targeted service, CAF or closure

Arrangements for Recording Contacts and Referrals

It is important to note, that professional referrers to the Integrated Front Door should maintain their own records about concerns for a child, including how and when those concerns arose, the observations or other evidence they have in their knowledge and the help that has been offered. It is also important that professionals working with children take steps to liaise (in line with information sharing guidance) with other involved professionals, either from within or outside of their own agency, when the level of concern suggests that they will not be able to help sufficiently by working alone.

The processes at the Integrated Front Door should complement (but won't replace) partnership wide liaison and support offered at the lower levels of the continuum of need. Notwithstanding this however, the processes for recording at the Social Care Front Door are set out below.

A children's social care record will be created (a "contact") when someone (a professional or member of the public) raises a concern about a safeguarding matter for a child. This will happen in all cases (which amount to the vast majority) unless: -

- The child is not resident in the Wakefield area, in which case the relevant contact will be made with the responsible authority for the area in which the child is resident;
- The issues for the child are not significant enough (for example late school attendance in the absence of other safeguarding concerns) to consider it reasonable to create and hold the relevant records without the express consent of the child's parent(s) / carer;
- The matter is suitable for discussion at a "Team Around the School" or similar meeting, and is referred to that process (where relevant records will be created);

Where, upon contact being made with the Social Care Screening Team, the matter is immediately passed to the Early Help Screening Team, the relevant file entry ("Early Help Contact") will be made, based on the early help screening activity and decision making.



Out of Hours Arrangements

Currently, the Emergency Duty Team (EDT) operate between the hours of 5pm – 8.30am, over weekends and bank holidays. The staff team on duty at these times is limited (usually restricted to 2 members of staff) with an on call only function overnight (from 1am).

Though the general principal in Wakefield is that information sharing (wherever possible) is better done through a conversation (usually a telephone call) it is recognised that partner agencies operating at these times are often emergency service providers, who may have limited information about children they come into contact with and will have limited time to respond. Email referrals to the above inbox can be made **and are encouraged overnight**, in non-urgent situations. In the case of non-urgent situations, the staff of the Integrated Front Door will act upon any information received during evenings, weekends and bank holidays as quickly as possible, making contact directly with anyone whom they feel it is necessary to speak with. As with usual daytime arrangements, where urgent protection of a child is necessary, a call should be made to the usual EDT number to ensure, communication of the urgency of the situation and that the right immediate response is provided.

Children's EDT works predominately off a central EDT Duty Manager Email box where all work is triaged from. From the hours of 5.00pm - 7.00pm Monday to Friday EDT workers take calls direct from professionals and members of the public on both open and new cases. Outside of these hours calls are answered by customer services (SCD), information is taken, recorded on CD and a link is sent to the EDT duty manager in box. If the case is an open case, the link will also be sent to the allocated SW and TM to make them aware. The EDT worker will access the email box, read the sent case information and make a decision what action if any is needed to be taken by EDT. During 12.00am and 8.00am a SW is on call at home and customer services (SCD) will continue to take calls and if a SW is needed, the on call SW is contacted. These calls should only be **emergency calls** where a response is needed immediately, a child is considered to be a risk of harm and cannot wait until the next working day. There is an on call SM on a rota each evening who offer advice, oversight and direction when needed to EDT workers. The on call SM is made aware of serious and significant incidents and cases and when a placement for a child is needed to give authorisation.



Providing Feedback to Referrers

Feedback is an important part of the screening and decision making process, enabling referrers to understand the decisions that have been made in response to their concern, how those decisions were arrived at and, where necessary the provision of advice about next steps. In the context where discussions take place between referrers and Social Workers / Early Help Practitioners, and matters are resolved during the course of that discussion, feedback will be provided at the time of the call. In other cases, processes have been put in place to ensure that feedback is provided in response to referrals as a matter of course.

Feedback is currently provided in the following ways:-

- Telephone discussion with the referrer (usually at the time of the referral if resolved, as indicated above). Evidence of this is recorded in the “contact” document;
- Written feedback, the “contact” record allows for a copy of all letters sent to referring agencies, to be appended to it;
- The vast majority of email addresses for partner organisations and specific referrers are now held within the service and regularly updated, providing an electronic means of providing feedback, which can again be appended to the child’s “contact” record.

Links with Early Help and the WFT Clusters

As set out above, the Social Care Front Door is collocated with the Early Help Screening Team, enabling a live time transfer of information between the 2 services, so that in cases where a Social Work service appears not to be needed based on initial discussions, this can (where appropriate) be passed to the Early Help Screening Team to provide the relevant advice / help and / or referral on for a service.

Records are created by this service in the same way as those described above, for the Social Care Front Door. Records created by the Early Help Screening Team are visible to the Social Care Teams and vice versa – so that the relevant chronological information is available to each service should matters escalate or de-escalate.



Work has taken place in line with the Wakefield Families Together developments, to clarify safeguarding referral processes across the whole continuum of need, linked to the new cluster based working arrangements. The attached draft pathway⁶ shows the proposed arrangements, linking the Social Care / Early Help screening arrangements to the “cluster” based conversations (including the “Team Around the School” processes).

Consent

In most cases it is appropriate to seek consent from parents / carers to liaise with partner agencies and to share information. However, there are some cases where it is not. Consent will not be sought if doing so would:

- Place a person the child, family member, worker or a third party at increased risk of significant harm.
- Prejudice the prevention, detection or prosecution of a serious crime – this is likely to cover most criminal offences relating to children.
- Lead to an unjustified delay in making enquiries about allegations of significant harm.

Partners will be asked about the above when contacting the Integrated Front Door and it is important that referrers take steps to discuss the issues with the parent / carer of a child before doing so, where the above do not apply. If a decision is made to share information without consent a clear management decision must be recorded on the child’s social care / early help record along with the rationale for doing so.

Confidentiality

To achieve the aspirations and goals of the Integrated Front Door, and in particular the MASH, due consideration will be given to issues of confidentiality, within this environment. This in practical terms is the confines of the MASH itself and where the trained professionals can hold discussions and view material revealed by each agency. It will enable professionals to assess an overall picture of the vulnerable individual or circumstances or incident and to make decisions on the information that goes to investigating or frontline services.

This environment will provide the agencies with the confidence that where cases are presented and taken through the MASH process that all information has been made available and that the decisions taken have been made at the time based on the best information available.

⁶ Appendix 1

Documents Containing Further Information	Page Reference
Wakefield Continuum of Need  204410 Safeguarding Conti	1
“Wakefield Families Together “Pathway  226112 Wakefield Families Together 1	1
Working Together to Safeguard Children 2018  Working_Together_ to_Safeguard-Childi	2
Contact Pathway  Contacts into MASH.docx	2
Information Sharing Process Map  Consent to Information Sharing	3
Referral Pathway  Social Care Referral Process 07.10.2020.c	7

Further Reading

Child Protection/Safeguarding	www.wakefieldscp.org.uk
Injury/harm to non-ambulant babies	 <p>p_bruise_burns.html</p>
Domestic Abuse	
Neglect	 <p>National Indicator for Hub Referrals.doc</p>  <p>Neglect Toolkit 21092017.rtf</p>
Child Sexual Exploitation	 <p>CVE referral form.docx</p>
Children Missing From Home	 <p>Wakefield Operating Guidance</p>
Homeless 16/17 year olds	 <p>16 and 17yo joint working protocol.pc</p>
Harmful Sexualised Behaviour	http://westyorkscb.proceduresonline.com/chapters/p_abuse_child_yp.html?zoom_highlight=sexual+harmful+behaviours

Female Genital Mutilation (FGM)	 <p>p_fem_gen_mut.html</p>
Unaccompanied Asylum Seekers	<p>Care of Unaccompanied Migrant Children and Child Victims of Modern Slavery (Statutory guidance for local authorities, DfE, 2017)</p> <p>Care of Unaccompanied Migrant Children and Child Victims of Modern Slavery (Statutory guidance for local authorities, DfE, 2017)</p>  <p>p_child_from_abrd.html</p>
Honour Based Violence	 <p>p_honour_based_violence.html</p>
Forced Marriage	 <p>p_force_marr.html</p>
Trafficking	<p>http://westyorkscb.proceduresonline.com/chapters/p_safeg_traff_ch.htm</p>
Radicalisation	<p>http://westyorkscb.proceduresonline.com/chapters/p_violent_extreme.html</p>
Suspected Induced or Fabricated illness	<p>http://westyorkscb.proceduresonline.com/chapters/p_fab_ind_ill.html?zoom_highlight=fabricated+illness</p>