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CHILDREN'S SERVICES OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 27TH JANUARY, 2016

At 6.30 pm

in the

COUNCIL CHAMBER - TOWN HALL,

SUPPLEMENTARY AGENDA

PART I

ITEM	SUBJECT	PAGE NO
7.	MASH UPDATE To consider the report.	3 - 84

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Report for: INFORMATION

Contains Confidential or Exempt Information	NO
Title	MASH
Responsible Officer(s)	Alison Alexander, Managing Director and Strategic Director for Adult, Children and Health Directorate
Contact officer, job title and phone number	Theresa Leavy, Deputy Director Health, Early Help and Safeguarding
Member reporting	Officer report
For Consideration By	Children's Services Overview and Scrutiny
Date to be Considered	27 January 2016
Implementation Date if Not Called In	Immediately
Affected Wards	All

REPORT SUMMARY

1. This report deals with The Multi-Agency Safeguarding Hub (MASH)and Early Help Hub (EHH).

2. It recommends Overview and Scrutiny Panel notes progress.

If recommendations are adopted, how will residents benefit?	
Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
1. An increasingly secure multiagency response to safeguarding issues within the Borough.	25/1/16

1. DETAILS OF RECOMMENDATIONS

RECOMMENDATION: That members note progress in developing and launching the MASH and EHH.

2. REASON FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

2.1 The Multi-Agency Safeguarding Hub (MASH) and Early Help Hub is the single point of contact for all safeguarding and well being concerns regarding children

and young people in the Royal Borough of Windsor and Maidenhead. It does this by:

- Acting as a 'front door' to manage all safeguarding referrals including the undertaking of Child Protection investigations where required.
- Acting as a 'front door' to Early Help Hub.

2.2 The MASH and Early Help Hub are designed to meet the two key principles of effective safeguarding as defined by Working Together 2015. (Working Together 2015 Department of Education.)

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part.
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

WAMLSCB Threshold Document

2.3 The WAMLSCB Threshold Guidance, see appendix 1, has been reviewed and revised by members of Windsor and Maidenhead LSCB to consolidate and develop the broad cross agency ownership of responsibilities for safeguarding children and promoting their well being. The Threshold Guidance has been revised as a three band windscreen spectrum to describe how local services provide support for children along a continuum. Services providing support become increasingly targeted and specialist as the child's level of need increases and that consultation is available across all levels of need.

2.4 The LSCB Threshold Guidance is based on the principles of improving multi-agency working to provide appropriate support to children and their families, by putting the child's needs at the centre and by overcoming individual service boundaries.

Workforce development

2.5 Simply having a MASH model does not guarantee a good safeguarding response. The label of a MASH will not deliver any benefits unless each agency effectively discharges its own safeguarding duties. In this way a MASH is not a panacea for poor inter agency working, but will instead enhance good inter agency working if effective cultures and processes are developed. Throughout January 2016, workshops have been delivered to the MASH team and partners on team effectiveness, information sharing and risk assessment

2.6 MASH and Early Help Hub workshops have been delivered to the wider children's workforce. Sessions have been held in Altwood School, Holyport College and Maidenhead Town Hall. Nearly 400 participants have attended the eight workshops. Workshops will continue to be delivered in February and March at venues such as Windsor School for Girls. An evening workshop is also being offered to voluntary sector organisations, child minders and foster carers.

Table 1: Agency representations in the MASH are set out in Table 1

Post	FTE	No. staff	In post	MASH/Virtual
MASH Manager	1 FTE	1	Yes	MASH
MASH & First Response ATM	2 FTE	2	Yes	MASH
Social Work Navigators	3 FTE	3	Yes	MASH
First Response Social Workers	3 FTE	3	Yes	MASH
Health Navigator	1 FTE	4	Yes	MASH

Post	FTE	No. staff	In post	MASH/Virtual
Health Support Navigator	0.6 FTE	1	No	Virtual
Police DS	1 FTE	1	Yes	MASH
Police researcher	1 FTE	1	Yes	MASH
Police staff	1 FTE	1	Yes	MASH
DASH	1 FTE			
Education Navigator	1 FTE	2	Yes	MASH
Early Years	1 FTE	1	Yes	MASH
Early Help Navigator	1 FTE	2	Yes	MASH
CSE Coordinator	1FTE	1	Yes	MASH
MASH Housing Navigator	1FTE	3	Yes	Virtual
Probation Navigator	1 FTE		Yes	Virtual
Adult Safeguarding Navigator	1 FTE	2	Mar-16	
Adult Mental Health Navigator	1FTE	2	Mar-16	

2.7 All navigators are co-located in MASH, other than Probation and Housing, although discussions are taking place to explore how this can be achieved in the near future. Arrangements are in place with Probation and Housing which ensures the MASH requests are prioritised and information is shared accordingly and within expected timeframes. Similar arrangements are being established by BHFT within the health economy so that the Health Navigator is responded to effectively e.g. by GP's, Hospital, Ambulance Service etc.

MASH and Early Help documentation and electronic records

2.8 A single form, see appendix 2, has been designed for all requests for MASH and Early Help Hub. This form replaces the MARF and CAF and forms part 1 of the suite of Early Help Assessment, Plan, Review documentation. Having a single form that is able to fulfill all these functions means that we have a simple process that ensures our children access the right service at the right time. The form has been built into the child's record system, Paris, and contains key performance and data fields which are mandatory fields and will be reported on as part of the MASH Data Set.

2.9 A MASH risk assessment record has been built on the child's record, PARIS which is locked down to the MASH. This provides a confidential record in which proportionate and relevant disclosable multi-agency information is recorded to inform the best outcome for the child. At any point one is able to track where a child is in the MASH process which ensures that children remain visible throughout and allows for re-prioritising where appropriate.

2.10 The new MASH Paris process has been tested by members of the MASH Team and training has been undertaken to embed with all MASH members which includes the safe transfer of children from MASH to receiving services.

Work Flow process

2.11 MASH and Early Help Hub work flow process is described in Appendix 3

Communication

2.12 MASH and Early Help Hub web pages have been built on the RBWM website. The Request for MASH and Early Help Hub form will be available on the website via hyperlink.

2.13 Multiagency MASH and Early Help Hub workshops are being delivered in

January, February and March 2016. An article has been written for the schools forum newsletter and the Borough Newsletter

Information Sharing Agreement

2.14 the information sharing agreement, see appendix 4, has been signed by all agencies and will be uploaded on to WAM LSCB and RBWM website as a published document.

Accommodation

2.15 MASH is located on the 2nd Floor of Maidenhead Town Hall. It is a secure environment with a PIN and swipe being required in order to gain access. The room holds 24 desks for all partners and is future proofed to accommodate Adults and Children's MASH.

MASH Data Set

2.16 The MASH and Early Help Hub dataset, see appendix 5, has been developed to take account of activity data, performance data and data qualitative data that is gained from feedback from children and their families and staff working in the MASH and Early help Hub. Work is underway to engage with our young people to be our secret shoppers and our young inspectors.

3 KEY IMPLICATIONS

Defined Outcomes	Unmet	Met	Excee ded	Significantly Exceeded	Date they should be delivered by
Reduction in re-referrals to Children's safeguarding services.	<4%	4-6%	6-8%	> 8%	1 April 2017
Increase the pace at which families receive a service.	70% or more	80%	90%	100%	1 April 2016
Cost saving to Children's Social Care	<2%	2-5%	6-10%	>10%	1 April 2017
Increase in the number of families receiving Early Help provision	<5%	5-10%	11-15%	>15%	1 October 2016

4. FINANCIAL DETAILS

4.1 The RBWM workforce will be provided from existing Children's Services staffing.

4.2 The approved capital budget, £60,000 in 2015/16, will fund alterations to the accommodation in Zone E of the Town Hall, see table 5.

Table 4: Revenue implications

	2015/16	2016/17	2017/18
	Revenue £'000	Revenue £'000	Revenue £'000
Addition	£0	£0	£0
Reduction	£0	£0	£0

Table 5: Capital implications

	2015/16	2016/17	2017/18
	Capital £'000	Capital £'000	Capital £'000
Addition	£60,000	£0	£0
Reduction	£0	£0	£0

5. LEGAL IMPLICATIONS

5.1 Section 10 of the Children Act 2004 states a requirement for Local Authority Children's Services to make suitable arrangements for co-operation between the relevant partners in order to improve the wellbeing of children/young people in the authority's area. This was amended in the Apprenticeship, Skills, Children and Learning Act 2009 to increase responsibility for education providers to co-operate.

5.2 Statutory guidance, from the Department for Education, in relation to Section 10 of the Children Act 2004, states good information sharing is necessary for successful collaborative working. It stipulates the need for agencies to share information for strategic planning purposes; to support effective service delivery; and to protect and safeguard children and young people. All agencies involved in the MASH can use the Children's Act 2004, Section 10, to legitimise their collaborative working and information sharing.

5.3 Section 13 of the Children Act stipulates that Local Safeguarding Children Boards must be created to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority. The Board, therefore, has a role to play in ensuring the effectiveness of safeguarding practice in the Borough, including the MASH.

6. VALUE FOR MONEY

6.1 A MASH has the potential to offer better value for money. By ensuring the right people receive initial interventions and more intensive targeted services, at the right time, by the right agency; the high level of resource invested in a small number of families will reduce. These costs could include children going into care, homelessness, nuisance behaviour, juvenile criminality, truancy, alternative education placements, vandalism and evictions due to anti-social behaviour.

7. SUSTAINABILITY IMPACT APPRAISAL

7.1 None

8. RISK MANAGEMENT

Risks	Uncontrolled Risk	Controls	Controlled Risk
Potential data breaches due to lack of appropriate	High	• Accommodation built to Home Office principles and Thames Valley Police specifications.	Low
Lack of engagement of partners in the MASH	High	• MASH Strategic Board meets on a regular basis to secure strategic engagement of partners. • LSCB role to hold agencies to account for their safeguarding responsibilities. • Training to ensure appropriate reskilling of staff to meet the requirements and aims of the MASH	Low

9. LINKS TO STRATEGIC OBJECTIVES

9.1 The delivery of the MASH predominantly links to the Strategic Objectives around Residents First, Delivering Together and Equipping Ourselves for the Future. Specifically, it will:

- Support Children and Young People.
- Work for safer and stronger communities.
- Enhance customer services.
- Strengthen partnerships.
- Develop our systems and structures.
- Change our culture.

10. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION

10.1 The decision maker must have due regard to the equality duties before making a decision. You should therefore indicate whether an Equality Impact Assessment (EQIA) was completed, and if, following the initial screening, a full EQIA was required. If an EQIA has been carried out it should be available as a background paper, alternatively the equalities implications can be explained in this paragraph. If an EIA requires completion it should be (1) added to the appendices list (2) put on the corporate area in the Hyperwave for publication as part of transparency**. If an EQIA is required it must be submitted with the report to DMT.**

11. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS

11.1 If none, say so. Please keep to one paragraph.

12. PROPERTY AND ASSETS

12.1 If none, say so. Please keep to one paragraph.

13. ANY OTHER IMPLICATIONS

13.1 Anything else that seems appropriate, including impact on front line services. Please keep to one paragraph.

14. CONSULTATION

14.1 The report will be considered by Adult, Children and Health Services Overview and Scrutiny Panel on 27 January 2016.

15. TIMETABLE FOR IMPLEMENTATION

15.1 To show the stages and deadlines for implementing the recommendations

Activity	Timescale	Responsibility
Building works to Zone E	10 December 2015 to 21 January 2016	Project Manager
MASH staff training on procedures	December 2015 – January 2016	Deputy Director Early Help and Safeguarding
MASH fully operational	28 January 2016	Deputy Director Early Help and Safeguarding

16. APPENDICES

16.1 Appendix 1: WAMLSCB Threshold Document
Appendix 2: MASH and Early Help documentation and electronic records
Appendix 3: Work Flow process
Appendix 4: Information Sharing Agreement
Appendix 5: MASH Data Set

17. BACKGROUND INFORMATION

17.1 This is a statutory requirement - please include details of public documents referred to in writing the report, an EQIA if relevant, any officer research and advice documents which Members or Members of the Public may request from the report author. Do not list any Part II documents here, otherwise they become publically accessible.

18. CONSULTATION (MANDATORY)

18.1 Consultation has taken place with the partners who will be part of the MASH:

- Thames Valley Police.
- Windsor and Maidenhead Clinical Commissioning Group.

- Berkshire Healthcare Foundation Trust.
- The DASH Charity.

17.2 Consultation has also taken place with the Children's Services workforce as part of the 2015 restructure proposals.

17.3 This report will also be considered by the Children's Services Overview and Scrutiny Panel in line with the usual Cabinet report process.

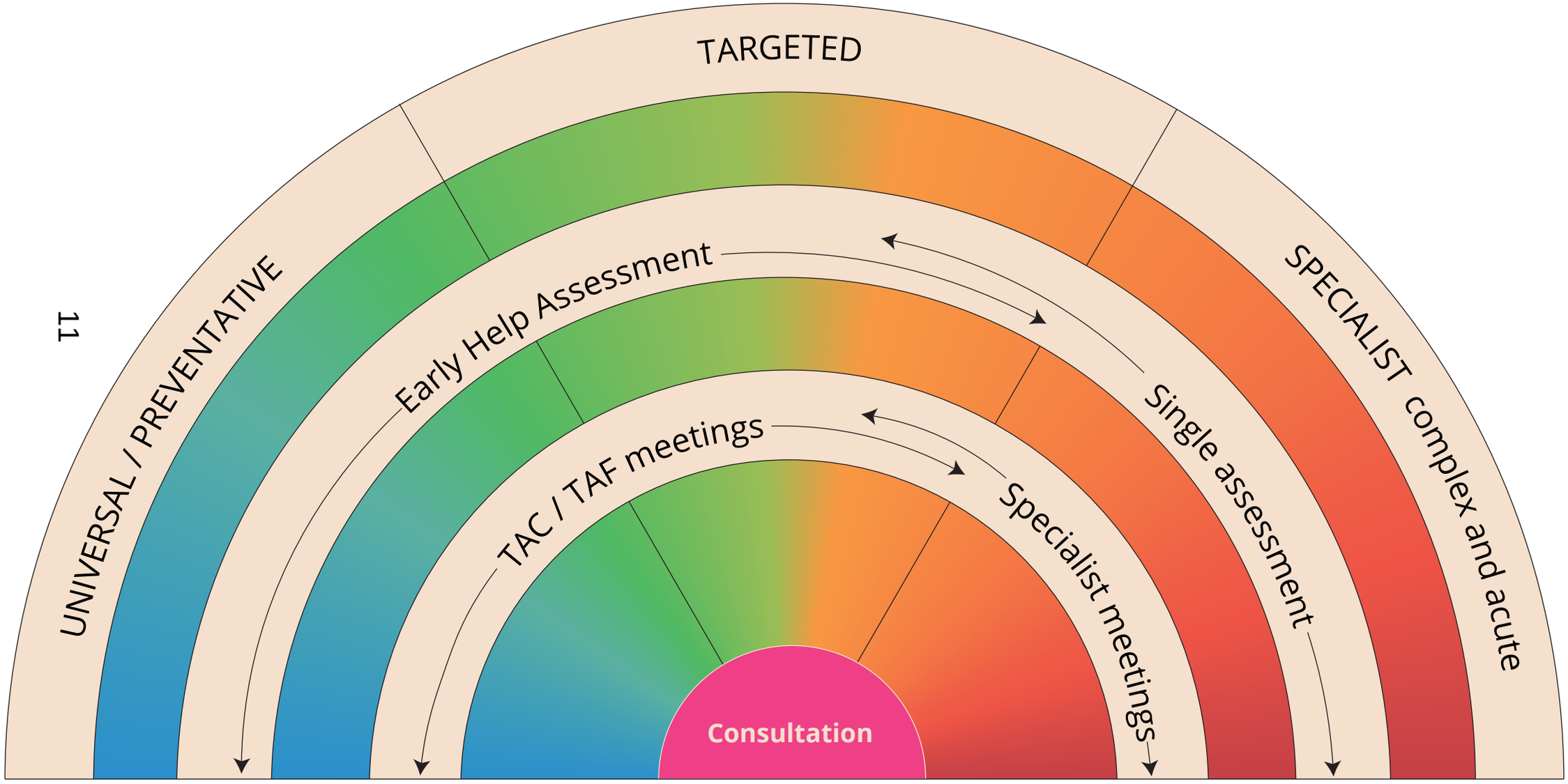
Name of consultee	**Post held and Department**	**Date sent**	**Date received**	**See comments in paragraph:**
Internal				
Cllr Burbage	Leader of the Council			Throughout
Councillor Airey	Lead Member			Throughout
Alison Alexander	MD			Throughout
	Head of Legal Services			
Alison Alexander	Director			Throughout
Edmund Bradley	Finance partner			Throughout
Cabinet Policy Office				
External				
	Police, voluntary Organisation, AN Other etc			Throughout

Full name of report author	Job title	Full contact no:
Theresa Leavy	Deputy Director Health, Early Help and Safeguarding	01628 683177

Windsor and Maidenhead
LOCAL SAFEGUARDING CHILDREN BOARD

Appendix 1

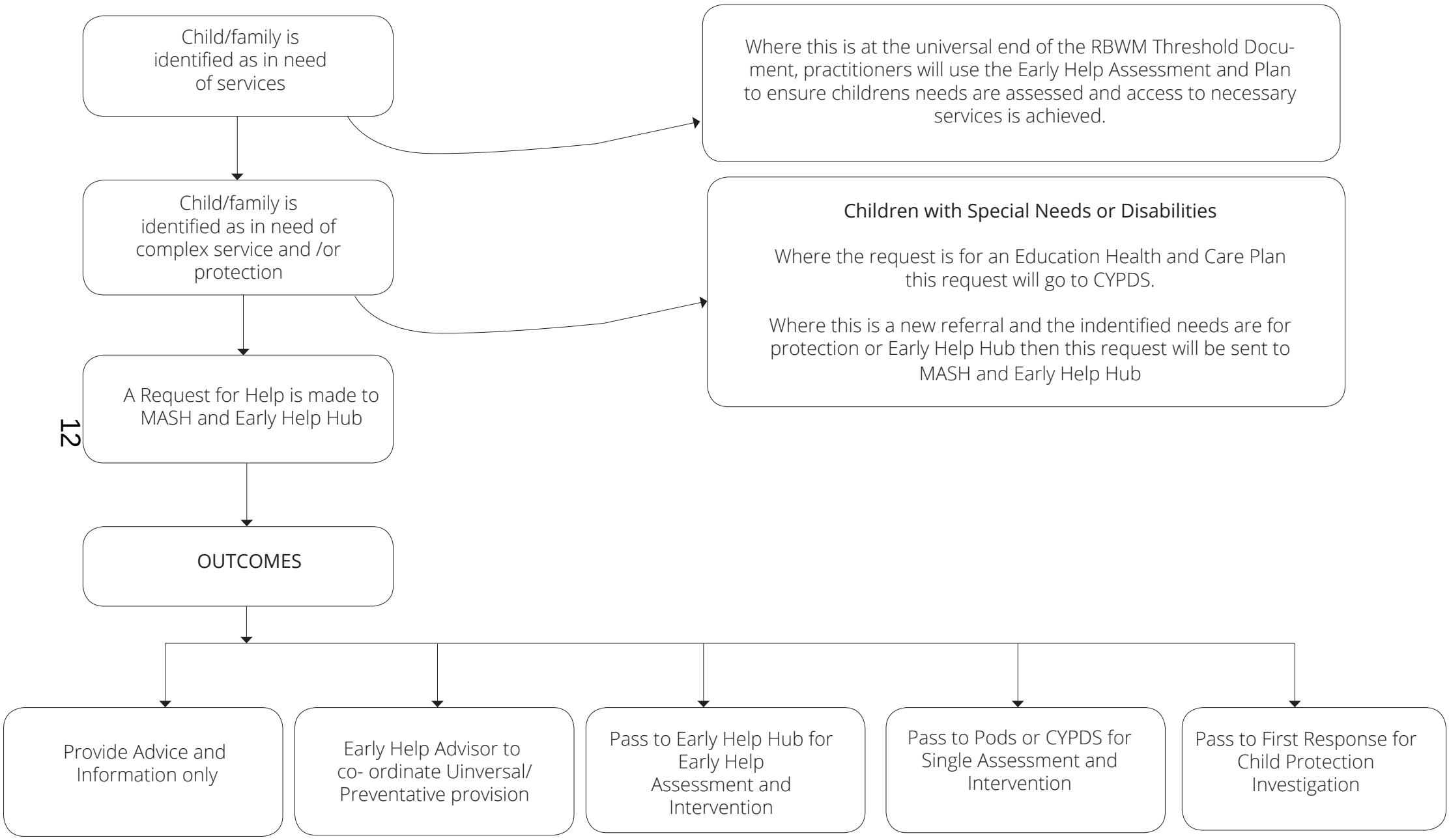
Multi-Agency Threshold Guidance



Offers services in parallel with an assessment of need

Approx two thirds of children or young people have their needs met by Universal Services

PATHWAYS FOR THE ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD CHILDREN AND YOUNG PEOPLE



Universal /Preventative	Targeted	Specialist - complex/acute
Level of assessment Single assessment - may consider completing an Early Help Assessment with child/young person and their family	**Level of assessment** Single assessment - may consider completing an Early Help Assessment with child/young person and their family	**Level of assessment** Social care (single) assessment Other specialist assessment
Outcome of assessment Usually short term support Additional 1:1 support identified within the setting, or sought from supporting agency. Prevention programmes. Parenting early intervention projects. Positive parenting programme (Levels 1-4) Positive activities programme.	**Outcome of assessment** Multi-agency co-ordinated plan. Positive parenting programme (level 5)	**Outcome of assessment** Specialist and/or statutory intervention. Family intervention projects. Acute CAMHS.

Services/ interventions provided by:-

Family nurse partnership Health Visitors Midwifes GPs School Nursing Children's Centres Early Years Settings Schools/Colleges Family Centres Police Youth Service Housing Young People's Drug and Alcohol Services

Services/ interventions provided by:-

School and College support staff e.g. SENCO Behaviour Support Team Directions Youth Crime Prevention Services Voluntary Organisations Play Services Community Organsiations Early Inclusion Education Psychology Community Safety Team Young Carers Project Parenting Support Workers Extended Services Provision Community Paediatricians Speech and Language Therapists Berkshire Sensory Consortium Audiology Opthalmology

Services/ interventions provided by:-

Intensive Family Support Project CAMHS Family Intervention Projects Parenting Specialists

Services/ interventions provided by:-

Social Care Youth Offending Teams CAMHS Specialists Specialist Health or Children and Young People's Disabilities Services

Child Care Indicators

CHILD	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Health 15	▶ Poor, or no, pre-natal care. ▶ Baby in special care for 48+ hours after birth. ▶ Low birth weight/pre term. ▶ Baby cries constantly. ▶ Multiple births. ▶ Short-term illness or hospitalisation. ▶ Slow in reaching developmental milestones. ▶ Limited diet – no breakfast or proper school lunch. ▶ Defaulting on health appointments: immuni-sations, dentist. ▶ Not registered with GP. ▶ Mild level of disability not adequately addressed by family. ▶ Onset of Enuresis (bed-wetting) / Encopresis (soiling). ▶ Dental decay. ▶ Poor growth. ▶ Other diet concerns. ▶ Over/under weight needing further investigation.	▶ Chronic, recurring illness. ▶ Somatising (physical symptoms caused by psychological problems, with no underlying physical problem identified). ▶ Significant physical disabilities. ▶ Terminal illness. ▶ Significant Developmental Delay. ▶ Frequent illnesses. ▶ Frequent accidents. ▶ Continuing to miss routine /non-routine health appointments. ▶ Susceptible to minor health problems affecting learning / school attendance (less than 87%). ▶ Anorexic or bulimic child. ▶ At risk sexual exploitation. ▶ Suspected Fabricated Induced Illness.	▶ Health conditions or impairments which severely affect everyday life functioning, whether chronic or acute, including morbid obesity ▶ Refusing medical care endangering life/ development. ▶ Non-organic failure to thrive (under 5's) suspected as part of neglect and abuse. ▶ Suspicious non-accidental injury, especially for non-mobile child/ young person. ▶ Multiple A&E attendances causing concern. ▶ Evidence of Fabricated Induced Illness. ▶ Injuries not consistent with explanation. ▶ Disclosure of abuse from child/young person. ▶ Evidence of significant harm or neglect. ▶ At risk of female genital mutilation ▶ Involved in sexual exploitation or trafficking
Mental Health	▶ Vulnerable to mental health concerns e.g. undue anxiety, anger, defiance. ▶ Inability/unwillingness to understand or communicate feelings. ▶ Child appears regularly anxious, stressed or phobic.	▶ Some evidence of self harming. ▶ Regularly self harming. ▶ Growing concerns re mental health needs not being addressed. ▶ Evidence of severe mental health difficulties. ▶ Mental health conditions emerging requiring specilaist intervention (conduct disorder, ADHD, depression, autism, eating disorders).	▶ Acute mental health problems - active threat of suicide, suicide attempts, psychotic episode, severe depression. ▶ Life threatening self harming: inpatient admission

CHILD	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Learning and Education	▶ Lack of stimulation and access to safe play. ▶ Not always engaged with learning e.g. poor concentration, low motivation. ▶ Poor language stimulation environment (TV always on; soother-dummy always in use). ▶ Not thought to be reaching his/ her educational potential. ▶ Home-school link not well established /poor. ▶ Limited evidence of, or inappropriate, progression planning. ▶ Few if any achievements at KS4 and 16+. ▶ Irregular school attendance (below 90%) / poor punctuality/ collected late / first warning letter. ▶ Difficulties for services maintaining links with children educated in the home. ▶ Special educational needs - School support. ▶ Undertaking speech/ language therapy.	▶ Significant difficulties in understanding and using language for age and ability. ▶ History of long term poor attendance at school ▶ Reluctance of parents and carers to address non-attendance. ▶ Child without school place. ▶ Out of school, no appropriate specialist placement, family engaged. ▶ At risk of permanent exclusion. ▶ Education Health and Care Plan is being undertaken. ▶ Child with EHC in stable provision. ▶ In residential school or educated otherwise than in school. ▶ Accessing small amounts of education.	▶ Out of school and family not engaged. ▶ A child permanently excluded from residential school.
	▶ No support in place for child not showing engagement in play or learning opportunities ▶ No access to leisure facilities ▶ Acrimonious home-school link. ▶ Limited participation in education, employment or training post-16. ▶ NEETs (16-18 yrs) (Not in Education, Employment or Training). ▶ Fixed term exclusion from secondary school. ▶ Risk of persistent absence. ▶ Special educational needs - School support. ▶ Undertaking speech/ language therapy. Not achieving key stage benchmarks commensurate with their known abilities.	▶ Has received targeted interventions or specialist support over time with little progress. ▶ Medical/physical difficulties significantly affecting learning ▶ Very poor school attendance record / final warning letter. ▶ Permanently excluded from school or without-school place. ▶ Child/young person with EHC out of school. ▶ Interim EHC Review - breaking down; no longer meets need.	▶ Child in care out of school.

CHILD	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Identity, Self Image, Self Esteem, Social Presentation	▶ Some insecurities around identity expressed; low self-esteem. ▶ Presentation impacting on school relationships. ▶ Can be over friendly or withdrawn with strangers. ▶ May experience or perpetuate bullying or discrimination around 'difference'. ▶ May not discriminate effectively with strangers. ▶ A Victim of crime. ▶ Socially isolated and lacks appropriate role models. ▶ Child unable to discriminate and likely to put self at risk (may be disability related).	▶ Demonstrates significantly low self-esteem in a range of situations. ▶ Subject to persistent discrimination. ▶ High risk of being, or actual victim of crime. ▶ Severe social impairment with little interest in interacting with others. ▶ Chronic lack of self confidence. ▶ Emerging eating disorder. ▶ Some evidence of / regularly self harming. ▶ Extremist views that places self or others at risk. ▶ Significant eating disorder.	▶ Irrational fear of persecution by others. ▶ Mental health problems becoming seriously manifest. ▶ Demonstrates extremist views. ▶ Persistent serious self-harm, including eating disorders affecting life expectancy.
Family and Social Relationships	▶ Some inconsistencies in relationships with family and friends. ▶ Limited support from family and friends. ▶ Lack of positive role models. ▶ Lack of consistency in routine. ▶ Death of a parent/carer or significant other. ▶ Lack of friends/social network. ▶ Some difficulties sustaining relationships.	▶ Child receives inconsistent care from adult carers. ▶ Significant issues arising from parents divorce or death of parent/carer. ▶ Child is main carer for family member ▶ Family is experiencing a crisis likely to result in the breakdown of care arrangements.	▶ Relationships with family all experienced as critical and/or negative – low warmth, high criticism. ▶ Complete rejection by parents and step parents ▶ Subject to physical, emotional or sexual abuse or neglect. ▶ At risk from harmful cultural practices (forced marriage of a child; female genital mutilation). ▶ Family have abandoned the child. ▶ Child in care.
Independence and Self Care	▶ Impaired self care skills e.g. poor hygiene. ▶ Child slow to develop age-appropriate self-care skills. ▶ Over protected/unable to develop independence.	▶ Additional resources needed to develop sense of self, self care skills and ability to express needs. ▶ Disability prevents self-care and independance ▶ Young person living independently and not coping. ▶ Child lacks age appropriate sense of safety and often puts him/herself or others in danger. ▶ Homeless young person (16-18yrs). ▶ Young person leaving offending unit who is homeless.	▶ Offending / substance misuse / sexual activity prevent self-care; also impacts on vulnerability to exploitation.

Emotional, Social and Behavioural Development Part 1 of 2

CHILD	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
	▶ Some difficulties with peer relationships and with adults – 'clingy', anxious. ▶ Can be over-friendly or withdrawn with strangers. ▶ Starting to show difficulties expressing empathy. ▶ Some difficulties in coping and adjusting following emotional upheaval e.g. DV, bereavement, family breakdown. ▶ Difficulty managing changes in routine. ▶ Some difficulties with family relationships. ▶ Play or social interaction is impaired.	▶ Significant difficulties with managing change. ▶ Finds it difficult to cope with anger/frustration ▶ Withdrawn, unwilling to engage, unresponsive ▶ Limited ability to understand how actions impact on others. ▶ Young Carer regularly needed to care for another family member, with responsibilities that may affect own development. ▶ Poor attachment to main carer. ▶ Readily attaches self to strangers. ▶ Sibling(s) in care.	▶ Severely challenging behaviour which parents unable to manage, resulting in serious risk to child or others, and high risk of family breakdown. ▶ Missing from home on regular basis
	▶ Additional resources needed to prevent isolation. ▶ Cannot maintain peer relationships – is bullied, bully, aggressive, etc. ▶ Cruelty to pets, animals. ▶ Sibling(s) in care. ▶ Privately Fostered.	▶ Behaviour demonstrates inability to cope following emotional upheaval e.g. DV, bereavement, family breakdown. ▶ Instability - DV in the home (serious arguments and physical/emotional violence witnessed by child). ▶ DV around pre-birth. ▶ Returned home to carer after period of accommodation (within last 6 months). ▶ Sibling removed in the last 12 months. ▶ Removed from Child Protection Plan (within last 6 months). ▶ Places self or others in danger. ▶ Severe attachment disorder/ separation anxiety.	▶ Children in households where parents/carer have all of the following problems: mental health, substance dependency and DV. ▶ Severe and persistent DV. ▶ Single serious incident, involving weapons/ injury ▶ Severe professional concerns – but difficulty accessing child/ young person. ▶ Unaccompanied refugee/asylum seeker. ▶ Children who disappear, or are missing from home for long periods, who are high risk. ▶ In Care with acute placement breakdown.
		▶ Fire-setting (8-12 yrs) motivated by curiosity or experimentation	
		▶ Fire-setting (13-18 yrs) as a result of psycho social conflicts and turmoil or intentional criminal behaviour	

CHILD	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Emotional, Social and Behavioural Development Part 2 of 2	▶ Changes in attitude or behaviour. ▶ Disruptive behaviour. ▶ Suffers or perpetrates bullying, discrimination or harassment. ▶ At risk of offending. ▶ Early sexual experience (under 16yrs):- knowledgeable about sex and relationships- consistent use of contraception / protection. ▶ Teenage pregnancy (16-18): (family support certain).	▶ Disruptive or victimised behaviour continues or worsens at school and/or at home. ▶ Peer group predominantly anti-social and known to law enforcement agencies. ▶ Experiences persistent discrimination. ▶ Behaviour becoming increasingly challenging. ▶ Starting to offend – criminal offence. ▶ Coming to notice of police or Community Safety on regular basis but matters not being progressed. ▶ Age inappropriate sexualised behaviour. ▶ Regularly involved in criminal activities.	▶ Severe and persistent anti-social, and challenging behaviour. ▶ Behaviour puts peers at risk. ▶ Prosecution for offences – resulting in court orders,custodial sentences. ▶ Sexually active (under 13 yrs). ▶ Teenage parent under age of 16 yrs with additional concerns that would place the unborn child/ or child at risk of signiificant harm.
	▶ Expressing wish to become pregnant or be a parent at a young age. ▶ Hostile, aggressive. ▶ Sexually active 16 -19 year olds with inconsistent use of contraception / not accessing contraceptive and sexual health advice, info and services.	▶ Sexually active teen (14-16yrs). ▶ Reprimand , Fixed Penalty Notice (FPN), Final Warning or Triage of Diversionary Action. ▶ Known to associate with young people involved in gang or group offending. ▶ Early teenage pregnancy (16 yrs or over and has had (or has caused) two or more previous pregnancies, or is already a teenage parent.) ▶ Under 16 yrs and has had previous pregnancy ending in still birth, abortion or miscarriage.	▶ Sexual or severe abuse of other children. ▶ Serious or persistent offending behaviour, involving weapons. ▶ In secure unit/ prison. ▶ Experience of sexual exploitation ▶ Under 16 and in relationship with 4 years or more age difference. ▶ Early teenage pregnancy under 16yrs without family support
Substance Misuse	▶ Occasional experimenting with drugs / substances (12yrs plus). ▶ Experimenting with tobacco or alcohol at young age.	▶ Frequent experimentation with drugs / substances - low level targeted. ▶ Experimenting with substances (12 yrs plus). ▶ Escalation of substance misuse potentially damaging to health and development. ▶ At risk of being exploited due to substance dependency.	▶ Experiencing significant harm through use of substances. ▶ Experiencing exploitation by organised crime group.

Parent or Carers Indicators

Parent or Carer	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Basic Care	▶ Delay in seeking health care for child/young person. ▶ Parent/carer engagement with services is poor. ▶ Parent/carer requires advice on parenting issues. ▶ Concerns emerging around child's physical / emotional needs being met. ▶ Difficulties in pregnancy and/or labour. ▶ Inappropriate anxiety regarding child/young person's health. ▶ Difficult to engage parents with services: failure to sign on with GP; to attend health appointments; to make application for school place. ▶ Poor maternal health -not accessing ante/post natal care. ▶ Concealed pregnancy (e.g. due to DV fears) ▶ Basic care needs not adequately addressed: diet, clothing, hygiene concerns. ▶ Significant language/ communication difficulties. ▶ Has disability or significant health problem.	▶ Parent not engaging with professionals. ▶ Parent struggling to provide adequate care. ▶ Struggles to meet special needs without support services. ▶ Physically sick or disabled, affecting parenting. ▶ Learning difficulties affecting parenting ▶ Expects child/young person to take over caring responsibilities (for self / other siblings). ▶ Needs support to recognise health care needs for self or child person's development (including obesity). ▶ Multiple births/several children aged under 5 and family having difficulty coping. ▶ Parents unable to care for previous children. (add amber arrow.)	▶ Unable to meet significant needs, despite support. ▶ Mental health or severe substance misuse ▶ involvement affecting ability to function on daily basis and affecting majority of parenting responsibilities including child's health and development. ▶ Failure to seek appropriate health care affecting child/young person. ▶ Child is taken into care. ▶ Child is on Child Protection Plan ▶ Care proceedings are being undertaken
Emotional Warmth	▶ Parents show lack of warmth in response to child. ▶ Inconsistent responses to child/young person by parent(s). ▶ Marital / relationship difficulties that impinge on child/ young person (including contact disputes). ▶ Anxiety/ low self esteem. ▶ Erratic or inconsistent care. ▶ Limited opportunities to develop positive relationships	▶ Significant parenting difficulties with emotional warmth ▶ Parent indifferent, intolerant, critical, rejecting. ▶ Leaving child inconsistently with multiple carers - attachment issues manifesting.	▶ Deep feelings of isolation and distress caused to child/young person due to severe emotional abuse.
Stimulation	▶ Child not often exposed to new experiences; spends considerable time alone watching TV. ▶ Unable to provide constructive leisure or guided play. ▶ Unable to provide positive stimulation – lack of positive activities or experiences. ▶ Learning not supported/encouraged.	▶ Lack of response to child / young person's under achievement at school. ▶ Significant parenting difficulties with stimulation.	

Parent or Carer	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Ensuring Safety, Protection, Stability	▶ May experience some exposure to unsafe situations in the home or community. ▶ Parental stresses starting to affect ability to ensure child's safety. ▶ Taking prescribed medication for medical condition(s) that could impair parenting ability. ▶ Post natal depression. ▶ Difficulties with managing child's sleeping, feeding, or crying. ▶ Regular exposure to dangerous situations in the home or community. ▶ DV incident. ▶ Unsupported parent. ▶ Parent less than 19 years old. ▶ Child's key relationships with family members not always kept up. ▶ Sense of helplessness. ▶ Parental instability affects capacity to nurture. ▶ Previous child death. ▶ Supported in the community by substance misuse team.	▶ Child has different carers leading to attachment concerns. ▶ Substance &/or alcohol misuse affecting parenting. ▶ Criminal or anti social behaviour affecting parenting. ▶ Concerns about parenting of a child/young person who has been looked after. ▶ Inability to manage severe challenging behaviour without support – resulting in high risk of family breakdown. Child perceived to be a problem by parents. ▶ Requesting young person be accommodated. ▶ Physical care or supervision of the child/young person inadequate or erratic. ▶ Recent experience of serious loss or trauma affecting parenting ability. ▶ Mental illness affecting parenting.	▶ Child/young person beyond parental control. ▶ Concerns about parenting of a child/young person who is at risk of becoming looked after. ▶ Unable to protect child/young person from harm. ▶ Domestic Abuse - stalking mother/children. ▶ Evidence of, or suspected, Fabricated or Induced illness. ▶ DV where abuser violates protective legal orders to commit acts of violence or abuse. ▶ Significantly harms child/ young person. ▶ Allegation or reasonable suspicion of serious injury, abuse or neglect. ▶ Child/young person rejected from home ▶ Persistent, serious Domestic Violence.
Guidance &Boundaries	▶ Lack of consistent boundaries and guidance. ▶ Condoned absence from school. ▶ Child allowed to behave in an anti-social way in the neighbourhood e.g. petty crime. ▶ Lack of routine in the home. ▶ Boundaries are too loose/tight/physical. ▶ Parent does not offer a good role model e.g. behaving in an anti-social way.	▶ Significant parenting difficulties with boundaries. ▶ Chaotic, inconsistent, insecure parenting.	▶ Very young child left at home alone or with school age young carers. ▶ Inability to judge dangerous or risky situations.

2B Family and Environment Indicators

Family & Environment	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Family History and Functioning	▶ Parent, sibling or family involved in petty criminal activity. ▶ Sibling with disability or significant health problem. ▶ Family history of parenting difficulties. ▶ Stress/conflict in family relationships. ▶ Acrimonious divorce/ separation. ▶ Daughter of a teenage mother or other teenage parents in family. ▶ Early parenthood accepted in family and wider social network. ▶ Significant ongoing relationship issues between siblings. ▶ Family is socially isolated. ▶ Life limiting illness within the family.	▶ Family have serious physical/ mental health difficulties. ▶ DV suspected or apparent within the household. ▶ Criminal activity or offending behaviour in family.	▶ Person defined as 'Risk to Children' in vicinity and frequents household ▶ Family home used for drug taking, sexual exploitation, illegal activities. ▶ Person defined as 'Risk to Children' living in home. ▶ Imminent family breakdown and risk of child becoming looked after. ▶ Escalating or persistent serious domestic violence.
Wider Family	▶ Limited support from friends and extended family. ▶ Lack of support networks. ▶ Family under stress without extended network of support. ▶ Family has poor relationship with extended family or little communication		
Housing	▶ Overcrowded housing . ▶ Family / guardian of the child/young person under notice to quit their accommodation. ▶ Home insufficiently heated in winter. ▶ Poor state of repair; broken windows unattended to. ▶ House visibly damp. ▶ Unhygienic housing. ▶ Inadequate overcrowded home causing family stress	▶ Homeless family in temporary housing affecting child's wellbeing. ▶ Housing is likely to significantly impair health/ development. ▶ Homeless and not eligible for temporary housing, or accommodation at risk.	▶ Physical accommodation places child in danger.

Family & Environment	UNIVERSAL / PREVENTATIVE	TARGETED	SPECIALIST - COMPLEX/ ACUTE
Employment and income	▶ Low income / poor budgeting limiting a child/ young person's life chances ▶ Periods of unemployment of the wage earning parent ▶ Parents find it difficult to obtain employment. ▶ Chronic debt problems	▶ Serious debts/ poverty impact on ability to have basic needs met, or on ability to care for child / young person. ▶ ▶ Family not entitled to benefits with no means of support. ▶ Family unable to gain employment due to longterm difficulties e.g. substance misuse, ▶ disability, and/or with significant lack of basic skills.	
Family's Social Integration Community Resources	▶ Adequate universal resources but family may have access issues. ▶ Parents socially excluded. ▶ Poor community support systems. ▶ Family seeking asylum. ▶ Family experiencing discrimination or are victims of crime. ▶ Children missing education with peers.	▶ Family chronically socially excluded. ▶ Persistent racial harassment or abuse from neighbours. ▶ Socially abusive family involved in ASBO's.	▶ Family re-housed as part of Witness Protection programme.

Sources of Strength

Sources of Strengths and Protective Factors for Children, Young People & Families Which Build Up Resilience.

Child's Developmental Needs

Education
Experiences of success/achievement
No concerns around cognitive development
Access to books/toys, as appropriate
Acquired a range of skills/interests

Health
Physically healthy
Developmental checks/immunisations up to date
Adequate and nutritious diet
Regular dental and optical care
Developmental milestones met
Speech and language development met
Appropriate height and weight

Emotional and Behavioural Development
Good quality early attachments
Able to express empathy
Able to adapt to change
Demonstrate appropriate responses in feelings and actions

Family and Social Relationships
Positive relationships with peers.
Good relationships with siblings.
Stable and affectionate relationships with caregivers.

Identity
Positive sense of self and abilities.
Demonstrates feelings of belongingness and acceptance.
Ability to express needs.

Parenting CapacitySelf-Care Skills
Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills.

Social Presentation
Appropriate dress for different settings
Good level of personal hygiene

Parenting Capacity

Basic Care
- for child's physical needs, e.g. food, drink, appropriate clothinG, medical and dental care.

Ensuring Safety - from danger or significant harm, in the home and elsewhere.

Emotional Warmth - warm regard, praise and encouragement.

Stability - ensures that secure attachments are not disrupted
- Provides consistency of emotional warmth over time

Stimulation - Facilitates cognitive development through interaction and play.
- Enables child to experience success.

Guidance and boundaries
- Provides guidance so that child can develop an appropriate internal model of values and conscience.

Family and Environmental Factors

Family History and Functioning
- Good relationships within family, including when parents are separated.
- Few significant changes in composition.

Wider Family
- Sense of a larger familial network and good friendships outside of the family unit.

Family's Social Integration
- Family feels integrated within community. - Good social and friendship networks.

Employment
- Parents able to mange the working or unemployment arrangements and do not perceive them as unduly stressful.

Income.
- Reasonable income over time, with resources use appropriately to meet individual need
- Accommodation has basic amenities and appropriate facilities.

Community resources- Ready access to good universal services

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Early Help Assessments

Early Help Assessments (EHA's) identify what help a child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989 – Single Assessment or Child Protection Enquiries.

The 'Working Together' document states:

The Early Help Assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services.

The lead professional role could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.

Before making a Request for MASH and Early Help, there will be an expectation that universal services and/or school support has already been put in place and measured for its effectiveness. Examples of universal support are ELSA, self-referral to school based counsellor, peer mentoring, universal parenting group.

In addition, if the child is eligible for pupil premium or has SEN support, it will be important to show how the interventions offered have been evaluated.

If the outcome measures produced suggest that the current support or intervention that was put in place is not meeting the needs of the child or family, it will then be appropriate to complete the *'Request for MASH and Early Help'* form ticking the Early Help Hub box, and where available, send a copy of the '*Early Help Assessment' (part 1 and part 2).*

If you have discussed with the family or young person and they would like to refer directly (to services that take self referrals, (such as the youth counselling service), they can continue to do this.

Early Help Hub Function

The function of the Early Help Hub is to identify what help a child and family require to prevent needs escalating and ensure the most appropriate plan and support is put in place in a timely manner. The Early Help Hub will have a shared set of priorities for the allocation of existing resources and as far as possible is a single point of access for the following additional services.

A data base will be kept of requests to the hub and the services to be involved. This will enable a systematic review of the types of need for which additional resources are required

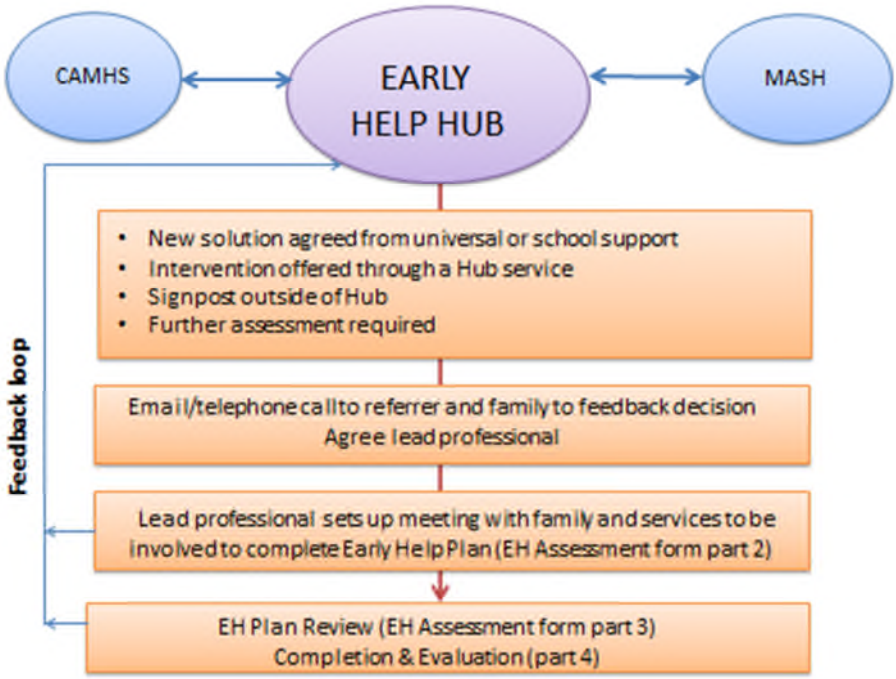
and any patterns in the requests, to enable future planning to meet the needs of the community.

Early Help Hub Services

The following services will form the Early Help Hub:

- Early Help Social Workers
- Wellbeing Practitioners
- Youth Counselling Service
- Youth Service
- Intensive Family Support Service
- RISE Alternative Provision
- Behaviour Support
- Educational Psychology Service
- Children's Centres
- Health Visitors
- DASH
- DAAT
- Shine (Autism outreach service)
- Health visitors and school nurses
- Education Welfare Service
- Youth Offending Service
- Voluntary services including Family Friends, Young Carers

The Early Help Hub will also work closely with CAMHS to ensure that the child's needs are most effectively met. The Single Point of Entry for CAMHS will continue to operate for children and young people with significant mental health concerns.



The Early Help Hub will meet each Wednesday in Maidenhead Town Hall and will consist of a core group of decision making managers.

RBWM Request for MASH/Early Help

Safeguarding (MASH)	☐
Early Help Hub	☐

Early Help Assessment (part 1 of 4) or MASH request

Child/Young Person's Information	
First Name(s): enter text	Surname(s): enter text.
DOB: enter a date. Age: enter text.	Gender: Choose an item. School/Pre-school: enter text.
Ethnicity: Choose an item.	If other, please state: enter text.
Contact Details: enter text.	
Parents/Carers Details	
Name(s): enter text.	Home address: enter text.
Email: enter text.	Main contact number: enter text.
Referrer's Details	
Name of Referrer: enter text. Agency: enter text.	Address: enter text.
Email: enter text.	Main contact number: enter text.
Current family and home situation (siblings and previous information may be helpful to include)	
enter text.	

Family Composition

Name	**Relationship**	**Address** (if different from above)	**DOB** (for children only)	**Gender** (for children only)	**School** (for children only)
enter text.	enter text.	enter text.	enter date.	Choose an item.	enter text.
enter text.	enter text.	enter text.	enter date.	Choose an item.	enter text.
enter text.	enter text.	enter text.	enter date.	Choose an item.	enter text.
enter text.	enter text.	enter text.	enter date.	Choose an item.	enter text.

Additional family members: enter text.

What has led to the request for involvement at this time?
enter text.

What support/intervention has already been provided?
What has worked well?

enter text.

What is happening? Please include the views of the family

What are you worried about?	What is working well?	What needs to happen next?
enter text.	enter text.	enter text.

What positive outcomes are you hoping for?

- enter text.
- enter text.
- enter text.

Other Agencies Involved *Please give details and include other information*

Agency/ link name	Contact details	Date	Detail of involvement
enter text.	enter text.	enter date.	enter text.

Risk Factors *Please tick if any of the following factors affect this child/ young person*

	Present	Within last 12 months	In the wider family		Present	Within last 12 months	In the wider family
Alcohol	☐	☐	☐	Behavioural Difficulties	☐	☐	☐
Anxiety	☐	☐	☐	Known to CAMHS	☐	☐	☐
Attention Deficit Disorder	☐	☐	☐	Child Sexual Exploitation	☐	☐	☐
Autism	☐	☐	☐	Depression/low mood	☐	☐	☐
Domestic Abuse	☐	☐	☐	School absence <90%	%	%	
Drugs	☐	☐	☐	School absence-anxiety	☐	☐	☐
Exclusion from school	☐	☐	☐	Self-Harm	☐	☐	☐
Family functioning	☐	☐	☐	Sensory Disability	☐	☐	☐
Female Genital Mutilation	☐	☐	☐	Suicide Attempts	☐	☐	☐
Learning Difficulty	☐	☐	☐	Unemployment (adult)	☐	☐	☐
Medical issues	☐	☐	☐	Youth Offending	☐	☐	☐
Physical Disability	☐	☐	☐	At risk of offending	☐	☐	☐
Radicalisation	☐	☐	☐	Young Carer	☐	☐	☐
Risk To Others	☐	☐	☐	16/17 Homelessness	☐	☐	☐
Other (please state)	enter text.						

Additional Information regarding any of the above: enter text.

Consent	
Please ensure that the young person and/or parents have agreed to the referral and the points below:-	*Please tick*
I agree for the referral to be made to MASH/Early Help Hub	☐
I understand that the information will be stored electronically, and that only authorised persons will have access to this information.	☐
I agree that information already held by other agencies and information from this referral can be shared in order to develop an early help intervention plan.	☐
I have been given a copy of the leaflet, including details of how information is stored and shared.	☐
Parent/carer's Name: enter text. **Signature:** **Date:** enter date.	
Young Person's Name: enter text. **Signature:** **Date:** enter date.	
Is there any individual or organisation that you would not wish information to be shared with?	
enter text.	

When completing the form, please provide enough detail to enable MASH or the Early Help Hub to offer the best range of services to support the child and their family. Unfortunately, if there is ***no parental/young person's agreement*** *or* ***not enough information*** *to make a decision,* ***the form may be returned*** *for further completion.*

Questions for the child or young person to complete

Name: Date:

How did you feel last week? Circle the number that fits how you felt.

		Never	*On one day*	*On a few days*	*Most days*	*Every day*
a)	I felt happy	1	2	3	4	5
b)	I felt sad	1	2	3	4	5
c)	I enjoyed my school work	1	2	3	4	5
d)	I had no-one to play with/hang out with	1	2	3	4	5
e)	I had lots of energy	1	2	3	4	5
f)	I kept waking up in the night	1	2	3	4	5
g)	I got on with my friends and family	1	2	3	4	5
h)	I felt good about myself	1	2	3	4	5

Did anyone help you answer these questions?
If yes, please write the name of the person that helped you:

Adapted from: A Guide to Measuring Children's Wellbeing - Action for Children

For queries please phone: 01628 685991

Send completed (password protected) form to: mash@rbwm.gov.uk or **mash@rbwm.gcsx.gov.uk**
All MASH/EH documents should be emailed securely

Children's Services
Town Hall, St Ives Road
Maidenhead
SL6 1RF

Form to be reviewed: July 2016

RBWM Early Help Assessment (Part 2)
Early Help Plan

Set Up Meeting for: **Date:** **Form completed by:**

Persons present at the meeting: **Review Date:**

Lead Pfrofessional			
Name of Lead Professional:	LP contact number:	LP email:	Organisation:
Early Help Hub involvement agreed?	**Name of Early Help Service(s)**	**Name of link person(s)**	**Contact number(s)**
Yes ☐ No ☐			

Early Help Plan

Protective factors		
Child/young person:	Family:	Wider family:

What is the problem you want to make better?	**Goal**- What do you want to achieve (outcome for the child)?	**Action** – What tasks/activities will be done to achieve this goal?	Who will do this?	By when?

Please email a copy of the completed form to: EH@rbwm.gov.uk password protected

RBWM Early Help Plan Review (Part 3)

Team around the child/family

Review meeting for: **Form completed by:**

Persons present at the meeting: **Date:**

TAC/TAF number: **Next review date:**

Lead Professional			
Name of Lead Professional:	LP contact number:	LP email:	Organisation:
NEW Services Involved			
Name of Service			
Name of link person			
Contact number			

Early Help Plan Review

Action – Agreed tasks and activities from planning meeting/previous TAC	**Goal achieved**- Include all measurable outcomes for the child?	Who helped to achieve this?	Completed If not completed, new date to be agreed

Have all the actions been completed?	Yes	☐	No	☐
Are there any outstanding needs?	Yes	☐	No	☐
Are there any new needs?	Yes	☐	No	☐

Comments:

Additional comments from child/young person and family

New and continued goals to be agreed (if required)

What is the problem you want to make better?	**Goal**- What do you want to achieve (outcome for the child)?	**Action** – What tasks/activities will be done to achieve this goal?	Who will do this?	By when?

Next Steps

	Yes		**Yes**		**Yes**
Continue with new goals	☐	Step up to Social Care	☐	Consent withdrawn	☐
Step down to universal support	☐	Step up to CAMHS	☐	Child moved out of area	☐
Other	☐				
Additional Comments:					

Please email a copy of the completed (password protected) form to: EH@rbwm.gov.uk

RBWM Completion of Early Help Plan (Part 4) Evaluation

Completion meeting for: **Date:**

Persons present for completion of evaluation:

Risk Factors *Please tick if any of the following factors that NOW affect this child/ young person*							
	Present	**Within last 12 months**	**In the wider family**		**Present**	**Within last 12 months**	**In the wider family**
Alcohol	☐	☐	☐	Behavioural Difficulties	☐	☐	☐
Anxiety	☐	☐	☐	Known to CAMHS	☐	☐	☐
Attention Deficit Disorder	☐	☐	☐	Child Sexual Exploitation	☐	☐	☐
Autism	☐	☐	☐	Depression/low mood	☐	☐	☐
Domestic Abuse	☐	☐	☐	School absence <90%	%	%	
Drugs	☐	☐	☐	School absence-anxiety	☐	☐	☐
Exclusion from school	☐	☐	☐	Self-Harm	☐	☐	☐
Family functioning	☐	☐	☐	Sensory Disability	☐	☐	☐
Female Genital Mutilation	☐	☐	☐	Suicide Attempts	☐	☐	☐
Learning Difficulty	☐	☐	☐	Unemployment (adult)	☐	☐	☐
Medical issues	☐	☐	☐	Youth Offending	☐	☐	☐
Physical Disability	☐	☐	☐	At risk of offending	☐	☐	☐
Radicalisation	☐	☐	☐	Young Carer	☐	☐	☐
Risk To Others	☐	☐	☐	16/17 Homelessness	☐	☐	☐
Other (please state)							

Any additional concluding Information:

Questions for the child or young person to complete

How did you feel last week? Circle the number that fits how you felt.

		Never	*On one day*	*On a few days*	*Most days*	*Every day*
a)	I felt happy	1	2	3	4	5
b)	I felt sad	1	2	3	4	5
c)	I enjoyed my school work	1	2	3	4	5
d)	I had no-one to play with/hang out with	1	2	3	4	5
e)	I had lots of energy	1	2	3	4	5
f)	I kept waking up in the night	1	2	3	4	5
g)	I got on with my friends and family	1	2	3	4	5
h)	I felt good about myself	1	2	3	4	5

Completed independently by the child or young person Yes/No
Completed with support: *Name of person*

Adapted from: A Guide to Measuring Children's Wellbeing - Action for Children

Please email a copy of the completed (password protected) form to: EH@rbwm.gov.uk

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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD
MULTI AGENCY SAFEGUARDING HUB and
EARLY HELP HUB
DRAFT

MASH AND EARLY HELP HUB

The Multi-Agency Safeguarding Hub (MASH) and Early Help Hub (EHH) is the single point of contact for all safeguarding and wellbeing concerns regarding children and young people in RBWM. It does this by:

- Acting as a "front door" to manage all safeguarding referrals including the undertaking of Child Protection investigations where required
- Acting as a "front door" to Early Help Hub

The MASH and Early Help Hub are designed to meet the two key principles of effective safeguarding as defined by Working Together 2015.

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Working Together 2015 Department of Education

Early Help Assessments

Early Help Assessments (EHA's) identify what help a child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989 – Single Assessment or Child Protection Enquiries.

Working Together states:

The Early Help Assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services.

The lead professional role could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.

HOW TO MAKE A REQUEST FOR MASH AND EARLY HELP HUB

All requests for MASH and Early Help Hub will be made using the same request form. This form can be downloaded and attached to an email and sent to MASHandEHH@rbwm.gov.uk. If you have completed an Early Help Assessment part 1 and part 2 these completed forms should also be sent with the Request for MASH and Early Help form.

Child Protection

If the matter is of a child protection nature you should make urgent telephone contact with the MASH. Your information will be passed immediately to the MASH manager who will make a decision on the risk level and inform you of this within one hour. You must follow up your telephone call by sending a completed a Request for MASH and Early Help Hub to the MASH within 24 hours ticking the MASH box.

Tel: Ph. 01628 685995 (Professionals Number)

Tel: Ph. 01628 683150 / 01628 683800 (Public Number)

Out of Hours Tel: 01344 786543

If a child is in immediate danger, please call 999.

BEFORE MAKING CONTACT WITH MASH AND EARLY HELP HUB

A Request for MASH and Early Help should be made when your assessment has identified needs, which can only be met through Targeted Services at level 2 or Specialist Services at level 3 of the Royal Borough of Windsor and Maidenhead Threshold Document (2016). You need to consider if the child or young person's needs can be met by services from within your own agency, or by other

professionals already involved with the family.

If you are not sure about the needs of the child, you can call the MASH and Early Help Hub using the contact details below to discuss the case with professionals in the MASH – see **CONSULTATION**.

Before making a contact you should always get the consent of the parents or carers, except where a child is considered to be at risk of harm and you believe that seeking parental consent may increase this risk.

Early Help Hub

There will be an expectation that universal services and/or school support has already been put in place and measured for its effectiveness. Examples of universal support are ELSA, self-referral to school based counsellor, peer mentoring, universal parenting group.

In addition, if the child is eligible for pupil premium or has SEN support, it will be important to show how the interventions offered have been evaluated.

If the outcome measures produced suggest that the current support or intervention that was put in place is not meeting the needs of the child or family, it will then be appropriate to complete the Request for MASH and Early Help form ticking the Early Help Hub box, and where available, send a copy of the Early Help Assessment part 1 and part 2.

If you have discussed with the family or young person and they would like to refer directly (to services that take self referrals, (such as the youth counselling service), they can continue to do this.

EARLY HELP HUB

Early Help Function

The function of the Early Help Hub is to identify what help a child and family require to prevent needs escalating and ensure the most appropriate plan and support is put in place in a timely manner. The Early Help Hub will have a shared set of priorities for the allocation of existing resources and as far as possible is a single point of access for the following additional services.

Early Help Hub Services

The following services will form the Early Help Hub:

- Early Help Social Workers
- Youth Counselling Service
- Youth Service
- Youth Offending Service
- Intensive Family Support Service
- RISE Alternative Provision
- Education Welfare Service
- Wellbeing Team
- Early Help Advisors (Social Care)
- Children's Centres
- Shine (Autism outreach service)
- Health visitors and school nurses
- Voluntary services including Family Friends, Young Carers
- DASH
- DAAT

The Early Help Hub will also work closely with CAMHS to ensure that the child's needs are most effectively met. The Single Point of Entry for CAMHS will continue to operate for children and young people with significant mental health concerns.

A data base will be kept of requests to the hub and the services to be involved. This will enable a systematic review of the types of need for which additional resources are required and any patterns in the requests, to enable future planning to meet the needs of the community.

Location

The Early Help Hub will meet twice a week, on a Wednesday, in Maidenhead Town Hall.

MASH – MULTI AGENCY SAFEGUARDING HUB

MASH function

MASH brings together expert professionals, called “navigators”, from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge to keep children safe from harm.

- Researching information held on professional databases
- Providing a secure and confidential environment for professionals to share information
- Identifying low-level repeat referrals which taken in isolation may not appear concerning
- Prioritising referrals using a **BRAG** (**Blue**/**Red**/**Amber**/**Green**) rating
- Referring cases to other agencies
- Activating ‘First Response/Child Protection’ social work services to provide immediate protection for a child

Mash Workforce

The MASH comprises a Team Manager, Access Officers, social workers and a number of staff, known as Navigators, from different core teams and agencies. The Navigators are employed and supervised by their own agencies, but the MASH Manager coordinates their contributions to MASH and oversees the day to day activity within the MASH.

In RBWM we will also be locating our CSE coordinator within the MASH to ensure the effective management of the risk of Child Sexual Exploitation.

The Home Office protocol is clear that accountability for a MASH ultimately lies with Children's Services (DCS) in the local authority. The MASH Manager has the final say in all safeguarding decisions.

The core partners represent the following agencies/bodies:

- RBWM – Children's and Adults Services
- Thames Valley Police
- Berkshire Health Foundation Trust
- Windsor, Ascot and Maidenhead CCG
- National Probation Service
- Voluntary Services
- DASH

Core Partners

- Children's Social Care
- Police
- Health
- Education
- Early Help
- Domestic Abuse Services
- Adult Services
- Probation

All core partner agencies have signed an Information Sharing Agreement

Location

The MASH team will be co-located in a secure office on Floor 2 of Maidenhead Town Hall. Arrangements will be in place for additional members to be connected remotely through telephone and IT channels and attend the MASH office on a part time basis as required.

GOVERNANCE OF THE MASH AND EARLY HELP HUB

Children's Social Care are core members in the MASH. The MASH Team Manager, who has the final say in all safeguarding decisions, reports to the Service Lead, Early Help and First Response. The Early Help Hub is led by the Psychology, Wellbeing and Schools Support Service Lead, who has the final say in all decisions made in the Early Help Hub. Both Service Leads report to the Deputy Director of Early Help and Safeguarding. A multi-agency Strategic Board meets monthly to oversee the operation and performance of the MASH and Early Help Hub. The MASH and Early Help Hub Data Set will be presented to the board every 3 months. The MASH and early help Hub Service Leads will report to LSCB every 6 months.

DATA SHARING AND FAIR PROCESSING

Section 10 of the Children Act 2004 places a duty on key people and bodies to cooperate to improve the wellbeing of children and young people. This includes the proportionate sharing of information, where appropriate, to make the best decisions for children and young people at risk.

All partners will have signed up to an Information Sharing Agreement that specifies what data can be shared within the MASH, and what happens to that data once the MASH manager makes a decision about the case. The Information Sharing Agreement is published below.

Each agency will assess whether it is appropriate for their information to be shared in line with the Information Sharing Agreement on a case-by-case basis.

The data is held securely and confidentially. The MASH has physical, electronic and managerial safeguards to ensure that sensitive information is only accessed by those who 'need to know' about it.

Only appropriate and relevant parts of the information disclosed during the MASH process will be passed to the non-MASH professionals receiving the case.

In some cases, a MASH navigator may hold confidential information which the MASH manager needs to know to make a decision, but which is too sensitive to be shared elsewhere (for example, when an ongoing police investigation is taking place). In

these cases the MASH system will indicate that there is confidential information held, but will not reveal the information itself.

Consent

Consent is the key to successful information sharing. For all assessment, it is important that consent is obtained where it is sensible, in the child's best interest, and practical. Even where the Data Protection Act does not demand it, operating with consent is good practice.

To give informed consent, a child/young person and/or their parent/carer must be entirely clear about the purpose of the information; how it will be used; who it may be shared with and how it will be shared; how long it will be held and in what form. *This must include making them aware of circumstances where information may be shared without consent and where confidentiality cannot be maintained.*

Consent can be withdrawn at any time: giving of consent is not a one-off event. It is a continuous and ongoing issue which needs to be revisited at regular and reasonable intervals. The child/young person and/or their parent/carer should be informed that they can withdraw consent at any time.

MASH AND EARLY HELP HUB WORK FLOW

Contact

All Requests for Help come to MASH and Early Help Hub as the single point of contact. When the MASH and Early Help Hub receives a contact, the Access Officers will first check if the child already has a social worker. If there is an allocated social worker, they are considered the best person to support the child, so the contact is passed directly to them. If there is no social worker the Access Officer then assesses the nature of the request i.e. **1.** Request for Early Help Hub **2.** Request for MASH.

1. EARLY HELP HUB

If the Request Form is for Early Help and consent has been given, then this is directed straight to the Early Help Hub.

All Requests Forms for Early Help Hub, will be discussed at the Early Help Hub Allocation Meeting, which occurs once a week on a Wednesday.

Membership of Early Help Hub Allocation Meeting:

- Chair: Service lead for Psychology, Wellbeing and Schools Support
- Early Help Hub Project Officer
- IFS manager (linking with YOS)
- RISE manager
- Youth Counselling manager
- Youth Service manager
- Children's Centres/Early Years manager
- Manager Duty POD Team

The Early Help Hub Allocation Meeting includes representatives of all core services offering Early Help and the Duty POD Team Manager to manage the transfers of

children stepping up from Early Help to children's social care and the children who are stepping down to Early Help.

Early Help Hub Allocation Meeting

A Request form to the Early Help Hub, will result in one the following:

- Early Help Service(s) to be offered which may include further assessment by Early Help Adviser or Psychological Wellbeing Practitioners (Mental Health and Wellbeing)
- Signpost to service/intervention outside of the Early Help Hub (e.g. Daisy's Dream, Berkshire Autistic Society). A member of the Early Help Hub will offer to liaise if required.

The Early Help Hub allocation meeting will also facilitate the smooth transition for families either Stepping Up to Children's Social Care or Stepping Down to Early Help.

If there is insufficient information to make a decision, the Early Help Hub Project Officer will contact the person making the Request for MASH and Early Help to gather additional information.

Where it is agreed that Early Help Services will be offered, a decision will be made as to who will be the Lead Professional and which services will be offered within the framework of an Early Help Assessment, Plan and Review. Within one week of the Early Help Hub allocation meeting, the Early Help Hub Project Officer will confirm the role of Lead professional with the relevant person and notify the family, child (where appropriate) referrer and relevant agencies in writing, of the name of the Lead Professional and provide information about what will happen next. The Lead Professional will arrange a meeting with the family and agreed Early Help Services to develop the Early Help Plan, which will be reviewed within 8 weeks of start date.

Early Help Plan Review Process

The Lead Professional is the active link with the family through to review of the Early Help Plan, which will take place within 8 weeks of the start date. All reviews will be recorded on the RBWM Early Help Plan Review form and the Early Help Plan will be updated.

The completed Early Help Plan and Review form must be shared by the Lead Professional with all involved and a copy sent to the Early Help Hub Project Officer. The Early Help Hub Project Officer will ensure that the child's Early Help record in the Early Help Hub is updated and will notify the Lead Professional of the date by which the next review should be completed.

Closure of Early Help Episode.

When the child or young person's additional needs have been met, their Early Help episode must be closed, and this must be clearly recorded on the final Early Help Review form and updated Action Plan. The Lead Professional will ensure that the completed Early Help Plan and Review is shared with the family and all involved and that a copy is sent to the Early Help Hub Project Officer, who will update the child's Early Help record and notify the family, child (where appropriate) in writing that this has been completed.

2. MASH

If the Request Form is for MASH then the Access Officers consider the immediate level of risk and ensures that sufficient information is available to provide a recommendation for the MASH Manager to apply **BRAG** rating. The MASH Manager confirms the risk level with a **BRAG** rating:

BRAG rating	Assessment	Action	Time scale for MASH information
Red	There is a potential child protection issue (e.g. serious injury to the child)	Requires immediate action	4 hours
Amber	There are significant concerns	Immediate action is not required (e.g. ongoing domestic violence issues in the household)	6 hours
Green	There are concerns regarding a child's wellbeing	This is not a referral to children's social care. Services are likely to be delivered via Early Help Hub to meet needs.	24 hours
Blue	There is no safeguarding concern	The needs can be met by a Universal service.	No MASH response required. Advice or referral to a Universal service may be provided

3. Following the BRAG rating

- **Blue:** If the rating is Blue then the contact is directed to a Universal service, or information and advice is provided.
- **Green**: If the rating is Green and consent has been given, the contact is passed to specific navigators. At this stage, this is not a referral to Children's Social Care.
- **Amber:** If the rating is Amber, this means there are significant concerns and the contact has met the threshold to become a referral to Children's Social Care and is passed to all relevant MASH navigators.
- **Red:** If the rating is Red, this means there are potential child protection concerns and therefore the contact has met the threshold to become a referral to Children's Social Care and is passed to all relevant MASH navigators and the First Response Team are notified, so they can start a child protection assessment immediately.

4. MASH gathering episode

Next, the navigators research and share information about the child, using the RBWM Threshold Document to establish the level of need. RBWM Threshold Document is based on three levels of need:

Level 1: Universal/Preventative

Level 2: Targeted

Level 3: Specialist - Acute/Complex

The MASH Manager may change the **BRAG** rating as new information comes to light.

5. Outcome of MASH gathering episode

The MASH Manager uses the collected information to decide the best response to meet the child's needs. The MASH manager may:

- Pass the case to First Response Team for completion of a child Protection Investigation, s47 CA 1989.
- Pass the case to Pods for a single assessment, s17 CA 1989
- With consent, pass the case to the Early Help Hub for Early Help Assessment/Plan
- Provide advice and information and close.

The service that receives the case will receive a summary of any appropriate information gathered by the MASH and the referrer is notified in writing within 1 working day of the outcome of the Request for MASH and Early help Hub.

CONSULTATION with MASH or Early Help Hub

Practitioners are encouraged to consult with the MASH and Early Help Hub where they require support in determining a course of action for children and young people with additional needs.

Consultation is a sharing of information between workers in order to gain the perspectives of another service. It is not a Request for MASH and Early Help Hub, unless that is explicitly agreed during the consultation. 'Ownership' of the case remains with the agency initiating the consultation. Following internal line-management consultations, practitioners can discuss their safeguarding or well being concerns with agency navigators in MASH. Any existing agency involvement at lower levels of concern may be identified by contacting the Early Help Advisers who will be able to provide existing or previous contact details of practitioner/agencies leading on Early Help Assessments, which have come through the MASH and Early Help Hub.

The RBWM Threshold Document 2016 relies upon willingness for positive consultation between all agencies working with a child or young person. Consultation will provide an opportunity for those working with a child, young person and/or family to access additional knowledge and expertise from suitably qualified and experienced staff from a range of agencies in order to explore a concern, and decide how best to respond to it. An awareness and appreciation of the roles of others is essential for effective collaboration.

Principles

- Agencies must have a genuine desire to work together in the best interests of the child or young person.
- Consultation is a two way process and demonstrates an acknowledgement of different but equally valuable knowledge and expertise.
- Consultation should be with the person in each agency who has the most recent knowledge of the family and/or the most relevant knowledge or skills.
- Information should be shared in a spirit of openness but with due regard for confidentiality.
- Consultation may be used in any situation where there are genuine grounds for concern for the well being of a child and family.
- Consultation should not be seen as a way of transferring ownership of a 'problem' unless this is the agreed outcome of discussions, at which stage a formal Request for MASH and Early Help Hub will be made or an agreement regarding on-going joint working will be recorded.
- Communications with other professionals should be followed up in writing to ensure clarity of agreement and as part of audit trail provision.

During Consultation

The person asking for advice should:

- be clear about what the concern is and what is needed from the consultation
- offer evidence to support the concern and its possible impact on the child or other children
- outline what the agency has already done about the concern
- indicate what the impact of this has been
- share ONLY such other knowledge of the child and family as may be necessary to clarify whether the child or other children may be in need of support or safeguarding services
- initial consultation may be anonymised where appropriate
- be open to suggestions made for the way forward
- make notes of agreed decisions (as outlined in next sub-section)

The professional giving advice should:

- seek clarification where there are any uncertainties about what is involved
- determine whether consent has been obtained to share information
- determine the appropriateness of not seeking, or overriding, parental permission.

After Consultation

- Consider Request for MASH and Early Help Hub.
- Where the child or other children have been identified as in need of support or safeguarding services, record detail of the discussion and of decisions made within the contact record on PARIS.
- Collect appropriate information, in accordance with procedures.

CONFLICT RESOLUTION - MASH

Dissent and disagreement

Disagreements could arise in a number of areas, but are most likely to arise around:

- thresholds
- roles and responsibilities
- the need for action
- communication

Problem resolution is an integral part of professional co-operation and joint working to safeguard and promote the well-being of children/young people. While often a positive sign of developing thinking within a dynamic process this can therefore, however, be reflected in the immediate term as a lack of clarity in procedures or approaches.

Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion.

Disputes where necessary should be escalated to the MASH manager or in the case of a dispute with the MASH manager's decision the Service Leader for Early Help and Safeguarding.

Attempts at problem resolution may leave one worker or agency believing that the child remains at risk of significant harm. This person or agency has responsibility for communicating such concerns through agreed channels. (Refer to WAMLSCB Child Protection Procedures)

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Information Sharing Agreement

Freedom of Information Act Publication Scheme	
Protective Marking	Not Protectively Marked
Publication Scheme Y/N	Yes
Title	**A purpose specific information sharing agreement documenting sharing within RBWM MASH**
Version	**One**
Summary	**An agreement to formalise information sharing arrangements within RBWM MASH, between Royal Borough of Windsor & Maidenhead, Thames Valley Police, Berkshire Healthcare Foundation Trust, and The Dash Charity for the purpose of identifying and assessing risks to children's wellbeing and welfare in the area.**
Author's	**Detective Inspector Jackie Phillips/Fiona Watton RBWM**
Date Issued	**11/5/01/2016**
Review Date	**Annually from date of issue**

Generic guidance document:

Protective marking	Not Classified
Suitable for Publication Scheme Y/N	Y
Purpose	Generic guidance document for use by agencies engaged in the MASH project
Authors	Detective Inspector Jackie Phillips/ Fiona Watton RBWM
Date created	Finalised – 11th January 2016 (V3)
Review date	1 year from date of issue

Purpose Specific Information Sharing Arrangement

Sharing of Information within the Royal Borough of Windsor & Maidenhead (RBWM) Multi Agency Safeguarding Hub (MASH) to assist in identifying and assessing risks to children's wellbeing and welfare in RBWM.

Version Record

Version No	Amendments Made	Authorisation
2	6th November 2015	RBWM MASH Strategic Project Board
3	11th January 2016 (V3)	RBWM MASH Strategic Project Board

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Section 1. Purpose of the Agreement

This agreement has been developed to:

- Define the specific purposes for which the signatory agencies have agreed to share information.

- Describe the roles and structures that will support the exchange of information between agencies.

- Set out the legal gateway through which the information is shared, including reference to the Human Rights Act 1998 and the common law duty of confidentiality.

- Describe the security procedures necessary to ensure that compliance with responsibilities under the Data Protection Act and agency specific security requirements.

- Describe how this arrangement will be monitored and reviewed. This should be after six months initially and annually thereafter**.**

The signatories to this agreement will represent the following agencies/bodies:

1. Royal Borough of Windsor & Maidenhead
2. Thames Valley Police
3. Berkshire Healthcare Foundation Trust
4. The Dash Charity
5. Caldicott Guardians
6. Probation

Section 2. Specific Purpose for Sharing Information

The sharing of appropriate information between agencies about children who come to notice within a local authority area is vital in ensuring the welfare of those children is safeguarded. Research and experience has demonstrated the importance of information sharing across professional boundaries.

The Children Act 2004 emphasises the importance of safeguarding children by stating that relevant partner agencies – which include the police, children's services authorities, Clinical Commissioning Groups and the NHS Commissioning Board – must make sure that functions are discharged having regard to the need to safeguard and promote the welfare of children. The Act also states that they must make arrangements to promote co-operation between relevant partner agencies to improve the well-being of children in their area. Safeguarding and promoting the welfare of children is defined within the "Working Together to Safeguard Children" guide to inter-agency working 2013, as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Although most commonly used to refer to young people aged 16 or under, 'children' in terms of the scope of this Act means those aged under the age of eighteen.

Information upon which safeguarding decisions in relation to children and young people are made is held by numerous statutory and non statutory agencies. Many tragic cases across the UK have highlighted deficiencies within safeguarding partnerships in relation to the sharing of information and communication. Serious case reviews and inquiries (such as the Laming and Bichard reports) have directly attributed the lack of good information sharing and communication to the subsequent death of an individual.

In order to deliver the best safeguarding decisions that ensure timely, necessary and proportionate interventions, decision makers need the full information picture concerning an individual and their circumstances to be available to them. Information viewed alone or in silos is unlikely to give the full picture or identify the true risk.

Therefore all the relevant information from various agencies needs to be available and accessible in one place. A Multi Agency Safeguarding Hub (MASH) helps ensure this and aids communication between all safeguarding partners. By ensuring all statutory partners have the ability to share information, it will help to identify those who are subject to, or likely to be subject to, harm in a timely manner, which will keep individuals safe from harm and assist signatories to this agreement in discharging their obligations under the Act.

MASH helps deliver three key functions for the safeguarding partnership;

1. **Information based risk assessment and decision making**
   Identify through the best information available to the safeguarding partnership those children and young people who require support or a necessary and proportionate intervention.

2. **Victim identification and harm reduction**
   Identify victims and future victims who are likely to experience harm and ensure partners work together to deliver harm reduction strategies and interventions.

3. **Co ordination of all safeguarding partners**
   Ensure that the needs of all vulnerable people are identified and signposted to the relevant partner/s for the delivery and co ordination of harm reduction strategies and interventions.

The MASH model was highlighted in the Munro Report into Child Protection (http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf) as an example of good practice in multi-agency partnership working because of how it improved information sharing between participating agencies.

The aim of this information sharing agreement is to document how through the MASH set-up the signatories to this agreement will share information to safeguard children and promote their welfare and well-being.

This agreement does not cover other information sharing between the signatory agencies that take place outside of the MASH. These transactions will be covered (where appropriate) by separate information sharing agreements.

The primary Information Sharing Protocol between agencies involved in the safeguarding of children within RBWM is contained in the Berkshire Local Safeguarding Children Board (LSCB) Child Protection Procedures 2014. The LSCB document should be seen as the over-arching agreement for all agencies within the Royal Borough of Windsor and Maidenhead. This document has been produced to guide information sharing within MASH.

Section 3. Legal Basis for sharing and what specifically will be shared

HM Government has published an updated guidance document which should be read in conjunction with this agreement as an invaluable resource for all safeguarding professionals;

- **Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)**

This document should be considered as an accurate summary of legal principles and of what the law requires for decision making to be lawful concerning the sharing of information and not merely as guidance.

Attention is drawn to the **'seven golden rules'** as set out in the **Information Sharing; Guidance for practitioners and managers** as a practical exposition of the law relating to information sharing.

The LSCB Child Protection Procedures 2014 should also be viewed as useful guidance in this area and contains the overarching principles.

The Data Protection Act 1998 identifies 8 key principles in relation to the sharing of personalised data.

The 7 Caldicott Principles must also be adhered to for a MASH to be lawful.

1. First Principle[1]

The first data protection principle states that data must be processed lawfully and fairly.

A public authority must have some legal power entitling it to share the information.

Some concerns regarding children where information will need to be shared under this agreement will often fall below a statutory threshold of Section 47 or even Section 17 Children Act 1989. If they do however fall within these sections of the 1989 Act then these sections will be the main legal gateway.

Sections 10 and 11 of the Children Act 2004 place new obligations upon Local authorities, police, clinical commission groups and the NHS Commissioning Board to co-operate with other relevant partners in promoting the welfare of children and also ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

Section 10 and 11 of the Children Act 2004 create a 'permissive gateway' for information to be shared in a lawful manner. Such information sharing must take place in accordance with statutory requirements pertaining to the disclosure of information

[1] In accordance with the Data Protection Act 1998

namely the Data Protection Act 1998, the Human Rights Act 1998 and the Common Law duty of confidentiality.

Section 29 of the Data Protection Act 1998 does not amount to a legal obligation to disclose information, it does however provide for a power to share information if not disclosing information would prejudice the prevention/detection of crime and/or the apprehension/ prosecution of offenders, personal data can be disclosed'.

Under this agreement, if not disclosing information to the MASH would prejudice the situations listed above, organisations are then exempt from the usual non-disclosure provisions and may provide the information requested / they wish to share proactively.

All decisions to share or not share information **must** be decided on a case-by-case basis and recorded on individual agencies' systems.

Duty of Confidence

A duty of confidence may be owed to both the holder of the data and to the data subject.

Much of the police information to be shared will not have been obtained under a duty of confidence as it is legitimately assumed that data subjects will understand that police will act appropriately with regards to the information for the purposes of preventing harm to or promoting the welfare of children. However, as a safeguard before any information is passed on, police information will undergo an assessment check against set criteria within the MASH ensuring that any information shared is necessary and proportionate to the overall aim of safeguarding children.

Health patients have an expectation that their information will be kept confidential. Any subsequent sharing of this information must be assessed against the Caldicott principles and information sharing criteria to make a proper judgement. Any decision to share or not share must be recorded in the original records.

Whilst always applying the tests of proportionality and necessity to the decision to share information, the protection of children or other vulnerable persons would clearly fulfil a public interest test when passing the information to a partner agency whose work with the police would facilitate this aim. All information shared with a partner agency must be relevant to the case in point.

Information held by other agencies that will be shared in the MASH may have been gathered where a duty of confidence is owed. Duty of confidence is not an absolute bar to disclosure, as information can be shared where consent has been provided or where there is a strong enough public interest to do so.

Consent

The starting point in relation to sharing information is that practitioners will be open and honest with families and individuals from the outset about why, what, how and with whom information will or could be shared.

It may be necessary and desirable to deviate from the normal approach of seeking consent from a family in cases where practitioners have reasonable grounds for

believing that asking for consent would be unsafe or inappropriate. For example if there is an emergency situation or if seeking consent could create or increase a risk of harm.

There must be a proportionate reason for not seeking consent and the person making this decision must try to weigh up the important legal duty to seek consent and the damage that might be caused by the proposed information sharing on the one hand and balance that against whether any, and if so what type and amount of harm might be caused (or not prevented) by seeking consent.

There is no absolute requirement for agencies in the MASH to obtain consent before sharing information nor is there a blanket policy of never doing so. There is an obligation to consider on all occasions and on a case by case basis whether information will be shared with or without consent. This determination by a practitioner should always be reasonable, necessary and proportionate. It should always be recorded together with the rationale for the decision.

Section 47 Children Act 1989 (child protection) thresholds do not determinate whether or not consent should be sought within MASH.

It is inherent in the idea of seeking consent that it will be refused. If professionals consider it justifiable to override the refusal in the interests of the welfare of the child then they can and must do so. This decision must be proportionate to the harm that may be caused by proceeding without consent.

Where it is believed the aims of the MASH might be prejudiced if agencies were to seek consent the disclosing agency must consider the grounds to override the consent issue.

The disclosure of personal information without consent is legally justifiable if it falls within one of the defined category of public interest:

The Public Interest Criteria include:

i) The administration of justice;
ii) Maintaining public safety;
iii) The apprehension of offenders;
iv) The prevention of crime and disorder;
v) The detection of crime;
vi) The protection of vulnerable members of the community.

When judging the public interest, it is necessary to consider the following:

i) Is the intended disclosure proportionate[2] to the intended aim?
ii) What is the vulnerability of those who are at risk?
iii) What is the impact of disclosure likely to be on the individual?
iv) Is there another equally effective means of achieving the same aim?
v) Is the disclosure necessary to prevent or detect crime and uphold the rights and freedoms of the public;
vi) Is it necessary to disclose the information, to protect other vulnerable people?

[2] "Proportionate" is the critical issue.

As previously stated a proportionality test must be applied to ensure that a fair balance is achieved between the public interest and the rights of the data subject.

Information is shared initially within the MASH with or without consent in order to assess risk and harm which in turn identifies the proportionate level of response required.

Once a decision is made by the Local authority decision-maker based on this shared information picture they, together with the relevant partner may hold back, within the MASH, any information which is deemed by the originating organisation to be too confidential for wider dissemination.

When overriding the duty of confidentiality the MASH must seek the views of the organisation that holds the duty of confidentiality and take into account their views in relation to breaching confidentiality. The organisation may wish to seek legal advice if time permits.

The MASH processes if followed correctly are relevant in relation to the determination of consent. The MASH is a relatively closed and controlled environment and this is one factor a practitioner can consider when determining what is proportionate to share with or without consent on a case by case basis. It is not however a single overriding reason in the determination of consent.

All disclosures must be relevant and proportionate[3] to the intended aim of the disclosure.

Further disclosure and use of information shared between agencies in the MASH

All staff are reminded that information shared within the MASH is done so for specific purposes relating to the safeguarding of children. Any further use of that information, for example use by the police of Local Authority documentation or information in criminal proceedings would require the permission of the Local Authority to do so. Similarly Information shared within the context of the MASH cannot be disseminated further without reference to the relevant partner agency. Please refer to the Thames Valley Disclosure Protocol which sets out the procedures to follow where criminal proceedings are contemplated or post charge.

The consent of the maker of any document or subject to any document likely to be disclosed will be sought in all cases, unless impracticable or a decision has been made not to seek consent. If such a decision is made, it must be based on legal advice and recorded in writing. Practitioners are reminded that the Article 8 Right to Privacy is 'person specific' and consideration should always be given, where age appropriate, to obtaining the consent of the child.

[3] The implication here is that full records should not be routinely disclosed, as there will usually be information that is not relevant

Fair Processing

The Data Protection Act 1998 requires the fair processing of information unless an exemption applies. In particular, fairness involves being open with people about who is processing their data and how their data is being used. Put simply, a data subject should not be 'surprised' by their information being shared under this agreement, where the data controller has had reasonable opportunity to inform them of this. For the purposes of the MASH, all agencies party to this agreement will ensure that their own organisation's Fair Processing Notices contain:

(a) The identity of the data controller
(b) If the data controller has nominated a representative for the purposes of the Act, the identity of that representative
I The purpose or purposes for which the data are intended to be processed.
(d) Any further information which is necessary, taking into account the specific circumstances in which the data are or are to be processed, to enable processing in respect of the data subject to be fair.

The Fair Processing Notices of each MASH partner will be made available to the public in line with individual organisational practices.

Section 29 of the Data Protection Act 1998 provides authority to share information if complying with the fair processing conditions i.e. telling individuals how their data will be processed/shared; would be likely to prejudice the purposes of the prevention or detection of crime and/or the apprehension and prosecution of offenders.

If staff of signatory agencies receive information and they believe that by NOT disclosing this information the police will be unable to prevent or detect a crime, or the police will be unable to apprehend or prosecute an offender, then they may fairly share that information with the police. This decision will be taken on a case-by-case basis and recorded.

Legitimate Expectation

The sharing of information by police fulfils a policing purpose, as defined in the Statutory Codes of Practice on the Management of Police Information and Authorised Professional Practice, in that it will be done in order to protect life in some circumstances and in others it will fulfil a duty upon the police provided by statute (Children Act 2004) i.e. co-operation to safeguard or promote the well being of children.

It can reasonably be assumed that the persons from whom information is obtained will legitimately expect that police will share it appropriately with any person or agency that will assist in fulfilling the policing purposes mentioned above.

As previously identified consent will have been considered before the individual's case is brought to the MASH. In cases where consent has been granted individuals will have a legitimate expectation of how their data is going to be used and with whom it may be shared and why.

Human Rights Act 1998 – Article 8: The Right to Respect for Private and Family Life, Home and Correspondence

There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

Consent is relevant to the rights of those to whom confidential information relates, and thus to legal obligations such as the Human Rights Act 1998.

The sharing of information with children's services may engage Article 8 however there will be no contravention provided that an exception within Article 8(2) applies.

The benefits of effective sharing of information for the purposes set out in this agreement are to the direct benefit[4] of the citizen and so in the public interest. This agreement is:

In pursuit of a legitimate aim –

The promotion of the welfare and wellbeing of children and ensuring they achieve all five outcomes is, by virtue of S.11 of Children Act 2004, a legitimate aim and major responsibility of the signatories to this agreement. The sharing of information under this agreement is also in line with Articles 2 and 3 of the Human Rights Act 1988, namely the right to life and the right to prohibition of torture or inhuman or degrading treatment.

Proportionate –

The amount and type of information shared will only be that necessary to achieve the aim of this agreement. Information is always to be considered in terms of its proportionality in each set of circumstances.

An activity appropriate and necessary in a democratic society –

All agencies within the MASH are obliged to do all that is reasonable to ensure the welfare of the most vulnerable and this is something that is necessary and appropriate in a democratic society.

Schedule 2, Data Protection Act 1998

In addition to the legal criteria set out above, the information sharing arrangement must satisfy at least one condition in Schedule 2 of the Data Protection Act in relation to personal data.

Schedule 2 is satisfied in the case of this agreement by condition 5(b) (the exercise of functions conferred under statute) as there is an implied gateway available for the sharing of information in these circumstances under S.11 Children Act 2004, which

[4] Benefit does not always equate to real public interest, and when it does, it still has to be 'proportionate'

obliges the relevant agencies to ensure that its "functions are discharged having regard to the need to safeguard and promote the welfare of children".

Where the consent of the individual is received, Condition 1 (data subject has given consent to the processing of their data) will apply.

Schedule 3, Data Protection Act 1998

If the information is "sensitive" (that is, where it relates to race, ethnic origin, political opinions, religion or belief system, membership of a trades union, physical/mental health or sexual life, the commission or alleged commission of any offence, proceedings relating to the offence) you must satisfy at least one condition in Schedule 3.

Schedule 3 is satisfied in the case of this agreement by condition 7.1(b), 'the processing is necessary for the exercise of any functions conferred on any person by or under an enactment' i.e. as mentioned above; Children Act 2004, Police Act 1997.

Where the consent of the individual is received, Condition 1 (data subject has given explicit consent to the processing of their data) will apply.

2. Second Principle

Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

Information exchanged under this agreement will not be processed in a manner incompatible with the second principle. Each agency involved in the MASH will collect information for specified purposes; all information will only be used within the MASH for the purposes of safeguarding the vulnerable and reducing harm.

3. Third Principle

Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

Due to the complexity of the MASH, providing a prescriptive list of data fields to be shared is difficult.

Any information that is shared into and within the MASH Hub will be decided on a case-by-case basis and must be relevant to the aims of this agreement.

Examples of data that <u>may</u> be shared include;

- *Name of subject (child) and other family members, their carers and other persons whose presence and/or relationship with the subject child or children, is relevant to identifying and assessing the risks to that child.*
- *Age/date of birth of subject and other family members, carers, other persons detailed.*

- *Ethnic origin of family members.*
- *Relevant Police information and intelligence*
- *School and educational information (to include family members where appropriate and relevant)*
- *GP and health records (to include family members where appropriate and relevant)*
- *Relevant ASB data*
- *Relevant data from South Central Ambulance Service or Berkshire Fire Brigade*
- *Housing and other partnership data relevant to the child and family who may affect the welfare of that child.*

Not all of the above information will be shared in every case; only relevant information will be shared on a case-by-case basis where an organisation has a 'need-to-know' about the information.

4. Fourth Principle

Personal data shall be accurate and, where necessary, kept up to date.

All the information supplied will be obtained from signatories' computer systems or paper records and subject to their own organisations reviews, procedures and validation. Any perceived inaccuracies should be reported to the contact at that agency for verification and any necessary action.

Whilst there will be regular sharing of information, the data itself will be 'historical' in nature. Specifically this means that the data fields exclusively relate to individual actions or events that will have already occurred at the time of sharing. These are not categories of information that will substantially alter or require updating in the future. The exception to this will be that of the unborn child.

5. Fifth Principle

Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.

The data will be kept in accordance with signatories' file destruction policy. It is acknowledged that there is a need to retain data for varying lengths of time depending on the purpose and also in recognition of the importance of historical information for risk assessment purposes. However, once information is no longer needed, it should be destroyed having taken into account any statutory retention periods.

6. Sixth Principle

Personal data shall be processed in accordance with the rights of data subjects under this Act.

Partners to this arrangement will respond to any notices from the Information Commissioner that imposes requirements to cease or change the way in which data is processed.

If a party to this agreement receives a subject access application under section 7 of the Data Protection Act 1998 and personal data is identified as having originated from another signatory partner, it will be the responsibility of the receiving agency to contact that partner to determine whether the latter wishes to advise use of any statutory exemption under the provisions of the Data Protection Act 1998, or to consider further sharing on live matters.

7. Seventh Principle

Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

Having regard to the state of technological development and the cost of implementing any measures, the measures must ensure a level of security appropriate to-

(a)the harm that might result from such unauthorised or unlawful processing or accidental loss, destruction or damage as are mentioned in the seventh principle, and

(b) the nature of the data to be protected.

Measures to satisfy the Seventh Principle, with regard to security, will comply with the published security policies and procedures of every MASH organisation, e.g. for RBWM they can be found at:
http://www3.rbwm.gov.uk/info/200133/strategies_plans_and_policies/116/information_security.

8. Eighth Principle

Personal data shall not be transferred to a country or territory outside the European Economic Area, unless that country or territory ensures an adequate level of protection of the rights and freedoms of data subjects in relation to the processing of personal data.

Under the terms of this agreement no information will be passed outside of the European Economic Area unless specific requirement exists and the originating organisation makes that decision for a particular reason in relation to the safeguarding of a child, young person or adult with a safeguarding need. Legal advice may be necessary in these cases.

Section 4. Description of arrangements including security matters.

Business Processes

Everyone who works within government has a responsibility to respect the confidentiality and integrity of information they access and must safeguard it in line with the Government Security Classification policy. The majority of information shared via the MASH will be classified as 'Official'.

Information entering the MASH

Not all contacts received by the local authority where there are concerns about the welfare of a child/young person will be considered by the MASH. Where there is a clear child protection concern, the local authority decision maker will immediately initiate a Section 47 enquiry. Where the local authority decision maker is clear that there is no evidence of significant harm, the contact will be processed through non MASH channels e.g. single assessment, early help assessment or no further action. Only cases where more information would enable the decision maker to make a more informed and speedier decision will be taken through the MASH process.

For any case going through the MASH process, all MASH agencies will be asked to research and provide relevant information to the MASH so that the local authority decision maker will have full a picture as possible when assessing and making decisions as to what the best and most appropriate assistance and interaction with the child should be. All MASH partners whether co-located or virtual will be required to provide information to the MASH on request. The MASH contact for health will be the single point of contact for all other health professionals and will gather and collate information on behalf of all health partners to provide to the MASH The local authority decision maker will decide the best and most appropriate assistance and interaction for the child and when referring the child on will pass any relevant MASH information to that service with the agreement of the MASH partner who has provided the information.

Business Continuity

All partners to this agreement will provide a list of contacts to deal with queries and requests for information under this agreement. The organisations will also nominate persons to act as the contact to ensure continuity in the absence of the original points of contact.

All partners to this agreement, who are sending or receiving sensitive personal data electronically, must have a secure e-mail established. If secure email is not available, for example, due to technical failure, then information will be shared via hand. Fax will only be used to transfer information in circumstances of operational emergency, and only with due caution and appropriate safeguards in place. A test fax should be sent ahead of the information in question, to a named recipient who is stationed next to the destination fax machine. Confirmation of safe receipt should be sought before sending the sensitive information.

The outcome of the discussion and the decision made by the local authority decision maker will be recorded centrally on the secure MASH case note in Paris, the social care management system.

Confidentiality and Vetting

The information to be shared under this agreement is classified as 'OFFICIAL' under the Government Secure Classification (GSC). Vetting is not mandatory to view this grade of information; however all police staff working within the MASH environment will be vetted to CTC level and non police staff working in non police premises must have an 'Enhanced' DBS check. All staff accessing OFFICAL level data must do so on a strict 'need to know' basis. Information must only be accessed by authorised staff if it is for the purposes outlined in this agreement, and necessary for the performance of these functions.

Signatories to this agreement agree to seek the permission of the originating agency if they wish to disseminate shared information outside of the MASH environment. Such permission will only be granted where proposed sharing is within the agreed principles: i.e. for safeguarding and supporting the wellbeing of children or for policing purposes.

Compliance

All signatories to this agreement accept responsibility for ensuring that all appropriate security arrangements are complied with. Any issues concerning compliance with security measures will form part of the annual review of this agreement.

Sanctions

Any unauthorised release of information or breach of conditions contained within this agreement will be dealt with through the internal discipline procedures of the individual partner agency. In Health this will be through the Caldicott Guardians.

Non-compliance and/or breaches of the security arrangements with regards to police information will be reported to the police information managements units and reviewed with regards for any risk in the breach. These should be reported to:

Thames Valley Police – Information.management@thamesvalley.pnn.police.uk

Royal Borough of Windsor and Maidenhead – On RBWM hyperwave as a security information incident.

Berkshire Healthcare Foundation Trust and Probation will use their normal procedures .
All parties are aware that in extreme circumstances, non-compliance with the terms of this agreement may result in the agreement being suspended or terminated.

Training / Awareness

All partners will hold a copy of this agreement. It is the responsibility of each partner to ensure that all individuals likely to come in contact with the data shared under this agreement have an appropriate level of Data Protection training, and fully understand the terms of this agreement and their own responsibilities.

Partner's Building and Perimeter Security

Information will be stored in secured premises, e.g. not in areas where the public have access.

Movement of Information

Information will be sent and received electronically to ensure there is an audit trail of its movement.

Any e-mail communication will be by way of secure, appropriate and approved methods. The sharing of information must be done via secure email, meaning only email addresses with .pnn, .gcsx, .cjsm, .gsi and nhs.net or egress will be used.

Storage of Information on Partner's System

The record of the MASH decision will be stored on the Children social care system, PARIS.

However, other agencies or services may be passed information from the MASH case record, where appropriate, when further interaction with a child is required. This information may be stored electronically within that agency or service recording systems.

All signatories to this agreement must have adequate security measures on their electronic systems that will allow MASH information from partners to be transferred to them securely. MASH information stored on partner's electronic systems must only be accessed via username and password. Partners confirm that permission to access to MASH information held electronically by partners will be granted on a strict 'need-to-know' basis once it is contained within partners' electronic systems.

Storage of Papers

It is not the intention of this agreement that information will be produced in a hard format. If information is printed off an electronic system, it will be the partner's responsibility to keep the information secure by measures such as storing documents in a locked container when not in use. Access to printed documents must be limited only to those with a valid 'need to know' that information. There should also be a clear desk policy and particular information from any agency is only accessed when needed and stored correctly and securely when not in use.

Disposal of Electronic Information

Once information contained within emails is transferred to partner's electronic systems, the emails will be deleted.

Information will be held in electronic systems until the information is no longer required. Information provided as part of this agreement will be the subject of review by the partner agencies. Information will be destroyed in accordance with each agencies code of practice in handling information and with regards to their responsibilities under the Data Protection Act.

If information is stored by partners electronically on their systems, information must be overwritten using an appropriate software utility.

Disposal of Papers

As mentioned previously, it is not the intention of this agreement that information will be produced in a hard format. If information is printed off an electronic system, it will be the partner's responsibility to dispose of the information in an appropriate secure manner i.e. shredding or through a 'RESTRICTED' waste system, once it is no longer needed.

Review

The arrangements held within this document will be reviewed initially after six months and then annually thereafter.

Freedom of Information Requests

This document and the arrangements it details will be disclosable for the purposes of the Freedom of Information Act 2000 and so will be published within the signatories' Publication Schemes.

Any requests for information made under the Act that relates to the operation of this agreement should, where applicable, be dealt with in accordance with the Code of Practice under S.45 Freedom of Information Act 2000.

This Code of Practice contains provisions relating to consultation with others who are likely to be affected by the disclosure (or non-disclosure) of the information requested. The Code also relates to the process by which one authority may also transfer all or part of a request to another authority if it relates to information they do not hold.

Section 5. Agreement to abide by this arrangement

The agencies signing this agreement accept that the procedures laid down in this document provide a secure framework for the sharing of information between their agencies in a manner compliant with their statutory and professional responsibilities.

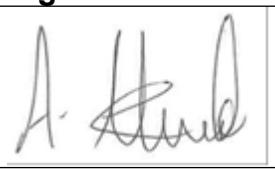
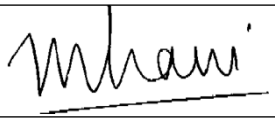
Partners to this agreement acknowledge that the wrongful disclosure of personal data (obtained under this agreement) to other organisations or persons may amount to a criminal offence under section 55 of the Data Protection Act 1998.

This agreement has been written to ensure compliance with the data protection principles and failure to abide by this agreement may lead to an organisation acting in breach of that act and thereby be subject to a penalty levied by the Office of the Information Commissioner or other litigation, and the suspension or termination of this agreement. Signatories to this agreement agree to provide the Office of the Information Commissioner with all necessary assistance in identification of the source of any breach.

As such they undertake to:

- Implement and adhere to the procedures and structures set out in this agreement.
- Ensure that where these procedures are complied with, then no restriction will be placed on the sharing of information other than those specified within this agreement.
- Not release information to any third party, for a purpose not covered by this agreement, without obtaining the express authority of the partner.
- Engage in a review of this agreement with partners initially after 6 months from signature then at least annually.

We the undersigned agree that each agency/organisation that we represent will adopt and adhere to this information sharing agreement:

Agency	Name / Post Held	Signature/ Comment	Date
RBWM	Alison Alexander		07/01/16
RBWM	Simon Fletcher		07/01/2016
TVP	Linda York	DCI Linda York	9/1/16
BHFT Caldicott Guardian	Minoo Irani		07/01/2016

Caldicott Guardians	Sarah Bellars Martin Tubbs	Have confirmed that signature not an issue, but have not returned it.	
DASH	Jayne Donnelly	Not Returned document.	
Probation	JOHN ENNIS	JM Ennis	11-01-16

Indicators		
Completed by		
Local Authority		
Date		
Question One: Who sent the Request to MASH and Early Help? *This question asks for information on ALL contacts and referrals to children's social care and Early help Hub.*		*Number of cases*
1A	INDIVIDUAL - Family member, relative, carer	
1B	INDIVIDUAL - Acquaintance (including neighbours and child minder	
1C	INDIVIDUAL - Self	
1D	INDIVIDUAL - Other (including strangers, MPs)	
2A	SCHOOLS	
2B	EDUCATION SERVICES	
3A	HEALTH SERVICES - GP	
3B	HEALTH SERVICES - Health Visitor	
3C	HEALTH SERVICES - School Nurse	
3D	HEALTH SERVICES - Other primary health services	
3E	HEALTH SERVICES - A & E	
3F	HEALTH SERVICES -Other (e.g. hospice)	
4	HOUSING - Local Authority or housing association	
5A	LA SERVICES - Social care (i.e. adults social care)	
5B	LA SERVICES - Other internal departments e.g. youth offending,	
5C	OTHER LOCAL AUTHORITIES	
6	POLICE	
7	OTHER LEGAL AGENCY - including courts, probation, immigration, CAFCASS, prison	
8	OTHER - including children's centres, independent agency providers, voluntary organisations	
9	ANONYMOUS	
10	UNKNOWN	
	Total Number of Requests to MASH and Early Help Hub	
Question Two: Who sent the inquiry? *This question covers all inquiries that went through the MASH process – not all contacts. For a case to count, it needs to have been checked by at least 3 agencies. Each child in a family for whom MASH checks are carried out should be recorded as a separate case.*		*Number of cases*
1A	INDIVIDUAL - Family member, relative, carer	
1B	INDIVIDUAL - Acquaintance (including neighbours and child minder	
1C	INDIVIDUAL - Self	
1D	INDIVIDUAL - Other (including strangers, MPs)	
2A	SCHOOLS	
2B	EDUCATION SERVICES	
3A	HEALTH SERVICES - GP	
3B	HEALTH SERVICES - Health Visitor	

3C	HEALTH SERVICES - School Nurse	
3D	HEALTH SERVICES - Other primary health services	
3E	HEALTH SERVICES - A & E	
3F	HEALTH SERVICES -Other (e.g. hospice)	
4	HOUSING - Local Authority or housing association	
5A	LOCAL AUTHORITY SERVICES - Social care (i.e. adults social care)	
5B	LOCAL AUTHORITY SERVICES - Other internal departments e.g. youth offending,	
5C	OTHER LOCAL AUTHORITIES	
6	POLICE	
7	OTHER LEGAL AGENCY - including courts, probation, immigration, CAFCASS, prison	
8	OTHER - including children's centres, independent agency providers, voluntary organisations	
9	ANONYMOUS	
10	UNKNOWN	
	Total Number of Inquiries	
Question Three: Why was it sent? *If there is more than one reason for the inquiry, the main reason for the inquiry should be recorded.*		*Number of cases*
Anti Social Behaviour	Any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life	
Arrest of Young Person	Young person who has been arrested for an offense.	
Child Mental Health	Concerns related to a range of conditions and behaviours that could include depression, eating disorders, diagnosed conduct disorders, psychosis and self harm	
Domestic Violence	Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between people over the age of sixteen who are or have been intimate partners or family members, regardless of gender or sexuality.	
Emotional Abuse	The persistent emotional maltreatment of a child likely to cause severe and persistent effects on the child's development.	
Homelessness	Family with children or young person aged 16 - 17 is homeless and appears to be in need.	
Missing: Home or Care	Notification that a child/young person has deliberately absented him/herself from home or a placement provided by the Local Authority	
Neglect	Concern regarding the failure to: provide adequate food, clothing and shelter, protect from harm or danger, ensure adequate supervision, ensure access to appropriate medical care or treatment.	
Parental Mental Health	Concern that a child may be at risk of harm because a parent or carer suffers from a mental illness that affects the ability to care for and protect the child or where the child might be at risk of injury at the hand of the parent.	
Parental Substance Abuse	Concern that a child might be at risk of harm because the parent's use or misuse of substances affects the ability to care for and protect the child or exposes the child to physical risk.	
Physical Abuse	Concern that an adult has hit, shaken, thrown, poisoned, burned, scaled, drowned, suffocated, fabricated/induced and illness or otherwise cause physical harm to a child.	
Risk of Child Sexual Exploitation	Concern that a young person is receiving something (such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money) as a result of performing and/or others performing on them, sexual activities.	

Sexual Abuse	Concern that an adult has enticed or forced a child to take part in sexual activities whether or not the child is aware of what is happening. May involve physical contact including penetrative or non penetrative acts such as involving children in looking at, or the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.	
FGM		
Risk of Extremism		
Other		
Question Four A: What was the RAG rating at the point that multi agency checks were initiated?		*Number of cases*
Red	Child or young person appears to be at risk of immediate and/or serious harm. (Links to Level 3 on the RBWM Continuum of Need)	
Amber	Child or young person at risk of harm, but not imminent and possibly less serious. (Links to Level 2 on RBWM Continuum of Need)	
Green	Concerns about the wellbeing of child or young person, which if not addressed may lead to poor outcomes. (Links to Level 2 on the RBWM Continuum of Need)	
Question Four B: What was the RAG rating at the point that multi agency checks were completed?		*Number of cases*
Red	Child or young person appears to be at risk of immediate and/or serious harm. (Links to Level 4 on the RBWM Continuum of Need)	
Amber	Child or young person at risk of harm, but not imminent and possibly less serious. (Links to Level 3 on RBWM Continuum of Need)	
Green	Concerns about the wellbeing of child or young person, which if not addressed may lead to poor outcomes. (Links to Level 2 on the RBWM Continuum of Need)	
Question Five: What was the change to RAG rating?		*Number of cases*
Started Red	Ended s47	
Started Red	Ended s17	
Started Red	Ended Early Help Plan	
	Total number Started Red	
Started Amber	Ended s47	
Started Amber	Ended s17	
Started Amber	Ended Early Help Plan	
	Total number Started Amber	
Started Green	Ended s47	
Started Green	Ended s17	
Started Green	Ended Early Help Plan	
	Total Number Started Green	
Question Six: How long was the inquiry in the MASH by RAG? *This asks for the number of cases, at each of the RAG ratings, which were concluded within the agreed timescales.*		*Number of cases*
Red	Target: Relevant teams informed immediately; MASH product within 4hours.	
Amber	Target: MASH product within 6 hours	

Green	Target: Within 24 hours.	
Question Seven: How many MASH inquiries were;		*Number of cases*
A. Sent to children's social care for single assessment?		
B. Stepped across as a referral to Early Help? [a referral to an agency for a non-compulsory intervention (i.e. one that can be declined by the family) often described as CAF or Early Help		
C. Signposted to services or labelled as no further action? In signposting, the family can be told about services, but is under no obligation to access them.		
Question Eight: Referrals resulting in NFA?		*Number of cases*
How many referrals were made to children's social care?		
How many referrals to children's social care resulted in NFA? [NFA includes handing cases back to the original referrer]		

Threshold Audit Weekly
Staff evaluation Monthly

: shopper/ Young Inspector