## **Overview of Surrey MASH**

### Jonathan Lung, Service Manager MASH 22.2.18





Who and what is the MASH?

What is the MASH's role within Children's Services?

What we do with MARF's?

How you can help us (to help children)

Questions



## **Children Act 1989**

Local Authorities, have a general duty to safeguard and promote the welfare of children within their area who are "in need."

Legislative duties to protect children suffering/likely to suffer significant harm.

Local Authorities should work in partnership with parents.

Court Orders should only be made if it is better to do so for the child than not to do so.



## **Children Act 2004**

All agencies have a duty to safeguard and promote the welfare of children.

• L.A. Requirement to make arrangements to promote cooperation between L.A. and key relevant partners to improve children's well-being, including protection from harm and neglect.

 No single agency has full picture of child's and circumstances – about information sharing; support L.A. in its duties; providing support for families at right time.



### Human Rights Act 1998

Article 8 – Right to private family life – unless to prevent crime/disorder or protect health/morals, or protection of rights and freedoms of others.

#### Article 2 – Right to life

Article 3 – Protection from torture, inhuman and degrading treatment



## **Parental Responsibility**

PR is all rights, duties, powers, responsibilities which by law a parent has in relation to their child

- Mother always has PR
- Mother and father have PR where married
- Unmarried father when registering birth from December 2013/when re-registering birth for births pre December 2003/marrying mother
  - Obtaining Residence Order/PR Order from Court
    - •Obtain Adoption Order
    - L.A. Granted EPO, ICO or full Care Order.

Importance – unless LA has a Court Order giving a share of PR, LA and social workers always have to work in partnership and with the consent of parents



### **Children's Services**

Local Authorities become involved in a child and their family's life under two circumstances:

<u>There is information or concerns that a child is a 'Child in</u> <u>Need'</u>

Children Act 1989, Section 17: Local Authorities have a general duty to safeguard and promote the welfare of children within their area who are 'in need'

Children who are unlikely to maintain a reasonable standard of health & development without the provision of services by the LA; or whose health or development is likely to be significantly impaired without the provision of services; or a child who is disabled



### **Children's Services**

#### <u>Child Protection – there are concerns that a child has suffered</u> or at risk of suffering significant harm

Children Act 1989, Section 47: Local Authority has a <u>duty</u> to investigate where there is information that a child who lives or is found in its area has suffered or is likely to suffer Significant Harm.

Physical Abuse; Sexual Abuse; Emotional Abuse; Neglect

A child is defined as being subject of significant harm where there is ill treatment or impairment of physical or mental health or physical, intellectual, emotional, social and behavioural development. Can include seeing ill-treatment of another.



### **Children's Services**

<u>Child Protection – there are concerns that a child has suffered</u> or at risk of suffering significant harm

No absolute criteria but consideration to:

- Severity of ill-treatment
- Duration and frequency
- The extent of premeditation

Abuse and neglect can occur via infliction of harm, or failure to act to prevent harm; could be caused by parents, carer's, family members or other children



## Working Together 2013 & 2015

'Early help means providing support as soon as a problem emerges, at any point in a child's life. Early Help can prevent further problems arising.

Effective early Help requires local agencies working together to identify children and families who would benefit from early help; undertaking an assessment of the need for early help; and providing targeted early help services to address the assessed needs of the child and their family, which focuses on activity to significantly improve the outcomes for the child.' (Working Together 2015)



## **Early Help**

- Children and families receive the right help at the right time.
  - Minimising adverse experiences for children (Eileen Munro, 2011)

• Partner agency responsibility – 'everyone who comes into contact with (a child) has a role to play in identifying concerns, sharing information and taking prompt action' (Children Act 2004)



## Early Help

•L.A. Responsibility – co-ordination and promoting provision of services.

 Clear 'thresholds' or Levels of Need setting out levels of need/harm and risk; assisting professionals to understand their role in supporting and promoting children's welfare & safeguarding.



### Levels of Need

•Level 1 – children achieving expected outcomes, no additional needs; universal services can meet needs.

 Level 2 – 'Emerging Needs' – children at risk of/starting to divert from expected outcomes and likely to need additional, co-ordinated and more targeted support from a range of services. Prevention – low harm/risk but could increase unless right support put in place. (Early Help)

 Early Help – identification of need; Early Help Assessment; provision of Early Help services (TAF?); by consent only

### Levels of Need

 Level 3 – 'Complex Needs' – children not achieving expected outcomes, and need more intensive but time limited and coordinated support. High needs, some actual harm, or risks of harm higher unless assessment of need/risk completed and right interventions put in place. (Early Help or S17 Child in Need)

 Level 4 – 'Acute Needs' – children requiring intensive help and specialist support. High levels of need/harm and risk – safeguarding concerns (S17 Child in Need of S47Child Protection)



## What does this mean for you?

- Provide support and intervention where needed
  - Duty to report any concerns regarding children phone if urgent
    - Refer to SSCB Levels of Need
    - Speak to your safeguarding lead
      - Complete a MARF
      - Refer concerns to MASH



### Surrey MASH – Surrey's one front door

•All notifications/concerns re: safeguarding and promoting the welfare of children go through the MASH (phone/form)

 Aim – identify need, risk and harm accurately to allow timely and most appropriate intervention



### Surrey MASH – who & what

 Based on 5<sup>th</sup> & 6<sup>th</sup> floor of Guildford Police Station

 Co-located team of professionals – Children's; Adult Social Care; Police; Education; Health



## Surrey MASH – who & what

• MASH Co-ordinators – input emails and answer phones - 21

• SW & SSW - 42

- Managers 7
- Principal Children's SW manager & Head of MASH



### Surrey MASH – what do we do?

 Receive new 'contacts' re: concerns about children – professionals/member of public/parents/family members

• If child has allocated SW - forward on

 All new information is reviewed by a qualified SW and overseen by a Senior SW/Manager



## Surrey MASH – what do we do?

- Every email/phone call screened by a SW
- Determine initial Level of Need indicator ensures effective prioritisation and division of work
  - S47 decisions within 4; S17 within 24 hours; Early Help within 3-days; no additional needs within 5-days



## Surrey MASH – what do we do?

### •Clarify information from referrer

- Review CS history
- Speak to parents to discuss concerns/ Agency checks (with consent)
  - Make decisions on need and intervention/support required



## Importance of Health Referrals

You are telling us about contact a child/parent has had with your service, alerting us to possible or actual concerns for a child's safety or welfare.

- You are seeing the child/family at a specific and unique time in their life
  - The information you give us is used to make decisions for children
  - •The information you give us may add to other information we have received to help build up a picture of that child's life.
  - The better quality the information, the better able MASH is to make good and timely decisions for children.



#### Telephone Referrals – what we will ask you? What has happened today to prompt your call at this time? Do you know if the child has been harmed? Do you know if there are any risks to the child's safety right now? How long has this been happening to the child? What is the worst thing that has happened? What is the impact on the child – physically, emotionally? What has the child said about it? What have the parents said and do they know you are calling us today? Is there anything else that you are worried about that you think we should know today?



## Telephone Referrals – what we will

### ask you?

Do you know if there are family and friends that support the child or we could ask to support the child?

- Do you know of a time when someone has helped and it made a difference?
- Have there been times when you have been less worried?
- What was going on for the family when you were less worried?

How does the child present when the worries are lessened?



## **MARF's**

- Names/DOBs/contact numbers/schools
- Detailed account of the incident and attendance/context
- If it is a parent where were the children? Who has the children? Contact details/address?
  - What was said?
  - What was impact on the child?
    - Consent
    - Other agencies involved
  - If an Adult do they have children
- Observations including physical/emotional presentation; behaviours
  - Interaction parents/children?
    - Clearly written
  - Language this will go on the child's record
    - The more information the better
  - Don't worry about what information goes where



## Signs of Safety

<sup>E</sup><br>

 What are we worried about – current/past/future harm?

What harm has happened to the child? When has the harm happened? How often, how bad? What makes the situation more complicated?

#### • What is working well?

What are the positive aspects? Who protects the child from the harm Is there an existing safety network?



## Signs of Safety

#### Danger Statement

What has happened in the past – example What do we think might happen in the future? Think about the impact on the child?

#### • How worried are we?

Where 10 is child is safe and 0 means intervention required.



### **Referral Outcomes**

- Information & Advice (verbal/ letter/other agency)
  - MASH Enquiry
  - Early Help advice to professional or assist professionals taking it forward
    - Section 17 Child & Family Assessment
      - Section 47 Strategy Discussion



### **MASH Enquiry**

A MASH Enquiry is an enhanced information sharing process which enables agencies to share information they hold about a child and their family.

This information is gathered by social care within the MASH team and is held securely within EHM.

Information will only be shared with other agencies if it is deemed necessary, relevant and proportionate to safeguard the child.



## **MASH Enquiry**

When to initiate a MASH Enquiry:

There is insufficient information to make a threshold decision

AND

Information is needed from more than 2 agencies



## **MASH Enquiry**

There are particular circumstances when a MASH Enquiry should be considered and these include the following (but are not limited to):

NSPCC / Anonymous Referrals

CSE / Missing indicators are present (refer to NSPCC website)

More than one indicator of neglect (refer to NSPCC website)

Information suggests that there is an escalation or emerging pattern of domestic abuse

Parental mental health; substance misuse and domestic abuse all exist with the family

Concerns about FGM, HBV, Forced Marriage, Trafficking, Radicalisation, Extremist Views



### **MASH Journey – challenges**

- Started October 2016
- Brand new team and service Surrey's first experience of MASH
  - Challenges volume/staffing/IT/property space
- No IT mechanisms to provide referrer feedback



# MASH journey – achievements & developments

• Increased staffing – 42 SW; recruited MC's

 Eliminated backlogs and improved timeliness of decision making

Staff stability

 Reviewed, refined and improved processes e.g. introduced screening; good recognition and response to risk (backed up by audits)

• IT upgrades

- Emphasised need for SW to speak to referrer's/gather more information
  - Improved response to referrer's when call
  - Automated notification when MARFs sent
    - Developed referrer feedback



# MASH journey – achievements & developments

- Started to embed Signs of Safety improved risk assessment
  - 4 x per week threshold mapping sessions
    - Listening culture with staff
- Learning culture always reviewing, listening to feedback and looking at ways to develop
- Good management adaptive/flexible/proactive
  - Developed improved specialist processes e.g. missing children/PREVENT
    - Early Help pilot



### **MASH** journey – current challenges

Volume of calls/phone capacity

- Increase number of MASH Enquiries
  - Sustain progress
  - Still embedding Signs of Safety
    - Early Help pilot



### MASH journey – next steps

- Use our rich partnership data to focus more on Prevention.
  - Early Help Co-ordination linked to MASH
    - Sustainable MASH model
- Implement SOS & continued practice improvement
  - Improved technology
- Review referral pathways/expectations of referrer's



### How you can help us?

- Use SSCB Levels of Need
- Be aware of what makes a good MARF/questions we will ask
  - Be clear reason for contact; concern; level of concern & how concern relates to child and impact on them
    - Call for professional discussion
      - Consent
- If calling is matter urgent? Could send a MARF?



## **Good Example**

Mum came into hospital in labour; received no ante-natal care Concernsre: possible concealed pregnancy Information provided of similar issues with other child Details of mother's account given Mother's presentation unhygienic and presented as immature Reports other children being cared for by her mother Full details of other children and adults given Outlined services that would be offered Specific about the concerns Clear mum was aware referral being made **Outcome: Child & Family Assessment** 



## Contact

### Office Hours: 9-5pm

### Tel: 0300 470 9100

E-mail: <u>csmash@surreycc.gcsx.gov.uk</u> MARF: <u>http://www.surreyscb.org.uk/professionals</u>



## Contact

### **Out of Hours**

### **Emergency Duty Team**

### Tel: 01483 517898



## Links

http://surreyscb.procedures.org.uk/

<u>http://surreyscb.procedures.org.uk/zkppt/managing-</u> individual-cases/surrey-early-help-and-multi-agency-levels-<u>of-need</u>

https://www.gov.uk/government/uploads/system/uploads/at tachment data/file/419604/What to do if you re worried a child is being abused.pdf

