

Gateshead MASH Triage and Integrated Referral Team Process

Gateshead – Police Triage Process

Step 1

Northumbria Police systems are accessed to identify Police submitted Child Concern Notifications (CCN's) in the previous 24hrs. MASH Support Officers or MASH Police Officers access the incomplete Police concerns and add the additional information required to bring all notifications into one main queue for the Gateshead area.

Step 2

Northumbria Police Missing Persons lists are checked for children/young people that have been or are currently missing and MASH officer's check that a Child Concern Notification has been submitted. If there is no Child Concern Notification present, one is created within the MASH.

Step 3

Each CCN has a template added to the results screens. There are currently two templates used. One is in respect of a case open to an allocated Children Services team/worker. The template records who the allocated worker is, their team and outlines a brief account of the concern. MASH officers record the nature of the concern and record if it is an Operation Encompass case in which the allocated worker is to liaise with the school. Furthermore, the MASH officers advise of concerns regarding exploitation and missing, inviting the worker to consider MSET referrals and risk assessments. The second template is for cases not currently open and this will form part of the main triage updates and allocations.

Step 4

Open cases are sent through to their respective teams/workers via the use of two codes 'EM' and 'EC' which automatically send the concern to the team administrators. The two codes depict certain areas of business, i.e. EM code being the Integrated Referral Team and Domestic Abuse Team. When MASH officers identify a child that is open and is also recorded as a current missing child, they will access the missing report and record on the additional information section who the allocated worker is and contact details for liaison during the missing enquiries.

Step 5

Non open cases are considered by the Det. Sgt against the threshold criteria and record a recommended outcome of the CCN from a police perspective. This is then taken to the daily triage meeting consisting of attendees such as Early Help, Domestic Abuse Team, 0-19yrs Health Service, IRT (statutory social care) and Police.

This meeting takes place daily at 0900hrs and can take between 1 and 4 hours to triage the cases. This varies by day and the longest timeframes are following holiday periods and Mondays. The triage meeting takes place in a secure allocated triage room or via conference call.

Discussions by attendee's takes place alongside systems searches which informs the ratification or challenge of the police decision making regarding threshold. The decisions being that a case is accepted by one of those services in attendance to manage and action accordingly or further action as no threshold met.

In the latter, the attending Police Officer provides a clear rationale why it was not accepted which assists if further concerns are received as they can be reviewed and compared. The social care duty manager in attendance at the triage meeting will use discretion to accept information that the police have deemed as NFA, if they feel that this would be relevant within the child's chronology for future decision making. All other NFA CCN's will be retained within the police system with the NFA rational recorded.

Step 6

Cases accepted during the triage process are updated to that effect and sent via the relevant EM or EC code.

Gateshead Integrated Referral Services Process

Step 1

A contact is received into the Integrated Referral Team (social work front door team). It can be a self-referral, a referral from another local authority, an anonymous referral or a professional referral. It can be submitted via the portal (<https://www.gatesheadsafeguarding.org.uk>) email with referral form attached, in person, by letter or over the phone (member of the public). An urgent safeguarding referral can be made by a professional by phone, but this must be followed up in writing.

Step 2

The business support officer handling the contact checks the consent status. If consent is evident or the family have been informed that the contact/referral is being made, then the contact will progress. If there is no consent, the duty manager will oversee and determine whether the contact can be progressed without consent or whether it should be returned to agency referring. All anonymous contacts or those made by a member of the public will be progressed.

Step 3

The business support officer will then check the care first system to see whether the child or family is already known to children's services and if not create the children. If this is already an open case, the information is passed onto the relevant business support/social worker. When the case is not open, a contact record is created on the oldest child in the family on the electronic recording system and saved to the virtual duty worker desk top EV2.

Step 4

The IRT Manager or Practice Supervisor will then read every contact (during exceptionally busy times, experienced social workers will assist with this task to ensure that information is read in a timely manner). A management oversight/overview note will be added which will describe tasks required to determine the outcome of the contact. This will include which agencies should be contacted to support decision making. In order to make that decision, the threshold document should also be considered - [Link to thresholds document](#) Contacts will be considered against Gateshead's indicator of need summary to indicate priority. *(As required, the duty manager will consult with the police sergeant based within the MASH police team to see if a crime has been committed. If one has, this will be recorded by the sergeant and a police investigation started.)* The manager overview will include whether consent is given for information sharing and if not whether this needs to be sought from the primary carer prior to any agency checks being requested. If consent is being overridden, the rationale for this should be clearly recorded by the duty manager.

Step 5

Each contact is then assigned to a duty social worker to complete the tasks/enquiries identified. The social worker handling the case then asks agencies identified by the manager, to check the child/family details against their databases and provide any information they may have about the child referred which may be relevant to the decision making. The duty social worker will state whether parental consent for information sharing has been given or not. The information is collated, and the social worker will review and analyse the information received from partner agencies along with the historical information and will write a summary of that information on the contact record. The social worker recommends what further action should be taken.

The duty manager reviews the contact record and then makes and records a decision at this stage as to the most appropriate action to take in relation to that referral. The current target is that 95 % of all contacts will be processed with 1 working day and 100% within 2 working days.

In cases that are particularly complex and/or on the cusp of requiring a strategy discussion, a discussion will be held with co-located partners to share information and a multi-agency consensus reached regarding the outcome decision.

Where immediate safeguarding is required, this will be responded to by IRT and where either an urgent strategy discussion (meeting or telephone) will be held by IRT to determine next steps, or a planned strategy will be recommended within appropriate timescales.

Step 6

Outcomes of contact/referrals will typically fall into 4 categories:

- No further action, which may include information to signpost to other agencies.
- Early help - referrals for intervention and prevention services within the Common Assessment Framework and Early Help services range of provision. There is a virtual

arrangement between The Targeted Family Support Team (Early Help Team) and the Domestic Abuse Team that contacts received by IRT that meet threshold for level 2 intervention can be reassigned to the relevant team desktop. (There is no wrong front door)

- Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 Children Act 1989); - this contact will be progressed to referral and allocated the next working day.
- Child Protection services – assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 Children Act 1989) with active involvement of other agencies such as the police. – this contact will be progressed to referral and responded to immediately.

The Business Support Officer also contacts professional referrers in writing to advise them as to what has happened with the referral.

Co-located partners will receive feedback on outcomes of contacts and referrals as required.