

Warrington local operational and assessment protocol

November 2022



WARRINGTON
Borough Council

Introduction

“Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children’s social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion and agreement with the safeguarding partners and relevant agencies where appropriate”.

Working Together to Safeguard Children July 2018

This protocol sets out how we, the local authority and its partner agencies along with parents/carers and young people, will assess, plan and manage cases when there are concerns about a child and where the threshold for a children’s social care assessment (under the Children Act 1989) is met. It also provides a detailed guide to our Multi Agency Safeguarding Hub (MASH).

The aim of the protocol is also to support a consistent approach to progressing the referrals and assessment of children and families in Warrington and explain the journey that children will take through the assessment process. It also sets out good practice principles and practice standards that underpin our approach to working with children and their families.

This document should also be considered in conjunction with:

- [Working together to safeguard children 2018](#)
- [Multi-Agency response to the continuum of need - Helping families to thrive and be safe](#)
- [PAN Cheshire Strategy on Contextual Safeguarding](#)

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warrington.gov.uk/local-operational-and-assessment-protocol

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Section 1 – Referring children and families into the Early Help Service and Children’s Social Care

1. Overview of the MASH

Information sharing is a vital part of multi-agency working, as it enables professionals to make timely and informed decisions based on accurate, up to date information. This in turn ensures that families are referred to the most appropriate services and resources so that they receive help as early as possible.

Safeguarding children requires a high level of inter-agency co-operation and information sharing in order to build an accurate picture of the child’s life and to identify needs, risks and harm.

Warrington Borough Council has a Multi-Agency Safeguarding Hub (MASH) in order to ensure that the borough is able to meet these objectives.

Warrington Borough Council MASH will provide:

- Advice and guidance to professionals and members of the public which could include signposting to appropriate support services.
- An early help service that provides support where issues are first emerging and needs cannot be met by universal services.
- A statutory social work service for children in need including children with additional needs (SEND) or children for whom there are emerging or referred concerns about significant harm.

The MASH is a single access point providing advice, information and support for all children and young people who may need extra help or who are vulnerable and at risk of harm. The MASH enables access to the right help at the right time, as well as supporting professionals to work in an integrated way with children, young people and their families.

2. Key aims and principles of the MASH

To significantly improve the sharing of information between agencies, improve decision making by taking a holistic view, therefore helping to prevent harm early on and protect the most vulnerable children from harm, abuse and neglect. The MASH aims to ensure that:

- All safeguarding referrals are dealt with in a timely and effective manner
- Thresholds for services as set out in the Warrington threshold of need document are consistently applied and understood across agencies
- Families are referred on to the most appropriate service at the first point of contact
- Partner agencies are confident that they can share information safely and securely where appropriate to develop a understanding of a family’s situation to ensure the

right level of support is offered and where necessary immediate safeguarding actions are taken

- Children's lived experiences are sought to be understood right at the front door and the child's voice is included
- Parents and carers input is sought and recorded
- Protective factors and the family support networks are sought to be identified and considered
- Repeat referrals are identified and considered cumulatively
- Previous support and interventions accessed is taken into consideration at all times
- Decision-making for families is streamlined and transparent and referrers are clear regarding the outcome of the referral
- Information sharing must be lawful and should maintain any duty of confidentiality owed to the family by an agency. Information shared by MASH team members is likely to be sensitive in nature and will have been gathered for different purposes, but can only be shared within the MASH in order to develop an understanding of the needs of a family or to safeguard a child, and no further use can be made of the information.
- Information may only be shared with a third party if the person to whom the information relates consents. Information may be shared without consent if it is in the public interest to do so .e.g. for multiagency colleagues sharing information in child in need cases and where there is a risk of significant harm to a child (child protection cases). Section 47 of the Children Act 1989 also places a duty on agencies to assist children's social care with any enquiries made relating to the protection of children.

[Read the council's Privacy policy for more information on warrington.gov.uk](http://warrington.gov.uk)

3. The MASH team and partner agencies

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
Children’s social care	<p>Team Manager</p> <p>Deputy Team Manager (0.5 FTE)</p> <p>Senior Practitioners (1.5 FTE)</p> <p>Social workers (4 FTE)</p> <p>Social Care Advisors (4 FTE)</p>	<p>The team process all initial contacts into the service. These are BRAG rated and screening is undertaken by the social workers to assess the threshold of need and any support needs for a family. The team work closely with partner agencies to ensure that information is shared effectively in order to achieve the most appropriate outcome for a family.</p> <p>The team also provide advice and guidance to professionals and members of the public and will signpost to appropriate services where identified for a family.</p> <p>The team also respond to information requests from partner agencies where a child is not open to CSC. These include requests such as Cafcass requests, court requests, probation requests, and DBS checks.</p> <p>The team represent CSC in MARAC meetings, Hospital Liaison meeting and in Daily MASH</p>	<p>childreferral@warrington.gov.uk</p> <p>Telephone Number: 01925 443322</p>	<p>At all times</p> <p>Monday - Friday</p> <p>9am – 5pm</p>

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
		<p>Meetings. The daily meeting is a multi-agency meeting where discussions are undertaken in regards to police Vulnerable Person Assessments (VPA's) relating to domestic abuse and child protection concerns. The agencies share appropriate information and agree thresholds of need.</p>		
Early Help	<p>Early Help Locality Manager</p> <p>Triage and assessment workers</p> <p>Administrator</p>	<p>The Early Help Front Door team in the MASH consists of a duty Locality Manager, a Triage and Assessment Worker and a Customer Service Assistant. The team coordinates access to targeted early help services in Warrington and provides advice and guidance on cases managed by the practitioners already involved. The team process and undertake triages on MARS referrals at level 2 and 3, offer information, advice and guidance, and signpost to the most appropriate early help services outside of the Early Help Division. The team also process referrals received directly from MASH colleagues who have already screened the MARS and it has not met level 4 intervention.</p> <p>The team also have a Health Professional within the EH MASH Team, undertaking a role collating</p>	<p>earlyhelpfrontdoor@warrington.gov.uk</p> <p>Telephone Numbers:</p> <p>01925443191 / 01925 443681 / 01925444129 / 01925444068 / 01925442257</p>	<p>At all times</p> <p>Monday - Friday</p> <p>9am – 5pm</p>

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
		<p>health information, assessing levels of need and exploring root causes for concern. The Health Visitor will screen Early Help referrals providing advice, guidance and recommendations regarding interventions for individuals and families with information from a range of key partner agencies, and liaise with School Nurses, Health Visitors, Midwives, Family Nurse Partnership, GP's, CAMHS Practitioners, Multi-Disciplinary Team.</p> <p>The Neurodevelopmental referral pathway will also commence via Early Help in the MASH April 2021</p>		
Health	Children's Safeguarding Specialist Nurse	<p>The Children's Safeguarding Specialist Nurse represents Bridgewater Community Healthcare and is based within MASH full time. The responsibility of this role is primarily to appropriately collate health information from the wider health economy. Health information is collated from Bridgewater 0-19 Electronic Patient System, GP's, Hospital Safeguarding and CAMHS to support information sharing and multi-agency decision making. Strategy meetings within the MASH are also attended by the Specialist Nurse to support</p>	<p>ALWch.warringtonsafeguardingteam@nhs.net</p> <p>Telephone Numbers: 01925 946152 / 07721 116650</p>	<p>At all times Monday - Friday 9am – 5pm</p>

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
		decision making, risk assessing and ensuring safety planning.		
Education	Education Safeguarding Representative	<p>The Education Safeguarding Representative has the following roles:</p> <p>Attend multi-agency daily meeting to triage cases coming through from Police and liaise with schools with concerns, and provide advice and support to schools on next steps where a referral into MASH has been submitted but concerns do not meet level 4.</p> <p>Distribute Operation Encompass reports to schools and details of VPA's that are of education level to advise schools of concerns raised and on next steps required.</p> <p>Support social workers to gather information from schools such as the voice of the child when requested and attend strategy meetings on schools behalf if they are unable to attend.</p> <p>Are the MARAC representative for Education.</p>	<p>educationsafeguarding@warrington.gov.uk</p> <p>Telephone Number: 01925 443062</p>	<p>Term times Monday - Friday 9am – 5pm</p>

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
		<p>Are the CSOG representative for Education.</p> <p>Support the Education Safeguarding Advice Line and liaise with MASH Practitioners for further advice if required.</p> <p>Support schools and families where a child/young person is at risk of Permanent Exclusion, ensuring all support is in place to prevent a permanent exclusion from school and also support through the permanent exclusion process in the event this does happen.</p> <p>Information from Operation Encompass notifications are also shared with The Early Help Support Team so that support can be offered to schools in respect of completing EHA and offering a TAF approach to supporting the child and family.</p>		
Police	Police Referral Unit Detective Sergeant Intelligence Review Officers (2 FTE)	The Warrington Police referral unit acts as a front door dealing with two-way traffic which has a safeguarding purpose. The referral unit also ensures a strong interface with the Public Protection Unit (PPU) and provides a direct link to the MASH.	Warrington.PPU@cheshire.police.uk Telephone Numbers: 01606 364832 / 01606 363494 /01606 364102 / 01606 364838	Every day co-located referral unit Monday - Friday 9am – 5pm

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
	Safeguarding Assistant.	<p>The referral unit has the responsibility for processing VPA's and any other enquiries including intelligence referred in to the police. This allows the free movement of information where there is an identified safeguarding need. VPAs are the primary Police vehicle in this information sharing process enabling professionals to make timely and informed decisions based on accurate up to date information.</p> <p>When processing VPAs referral unit staff conduct primary and secondary assessments, this may include liaising with agencies within the MASH when assessing risk and onward referral.</p> <p>The unit acts as a single point of contact providing Police checks to agencies should urgent safeguarding needs be identified.</p> <p>Operation Encompass is managed within the unit ensuring that information is shared with schools prior to the start of the school day, enabling appropriate support to be given dependent upon the needs and wishes of the child.</p>		Operational as and when as not always located in the same office

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
		<p>The referral unit is also responsible for recording and researching information for strategy and LADO discussions.</p> <p>The referral unit when processing VPAs also assess MARAC suitability and are responsible for the listings of cases to be discussed at MARAC.</p> <p>Police attending the daily meetings (described in more detail below).</p> <p>Other responsibilities involve assessing the criteria for Serial Domestic Abuse Perpetrators (SDAP) and in conjunction with the Ops team identifying at an early stage if DVDS disclosure is required. This information is then disseminated to partner agencies within the MASH.</p>		
Domestic abuse IDVA service	<p>4x IDVA</p> <p>1x Outreach worker</p> <p>1x YPA</p> <p>On a rota basis</p>	Addresses the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serves as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk,	<p>warringtonIDVAservice@refuge.org.uk</p> <p>Telephone Number: 01925 243359</p>	Co-located in the office daily 10am-12 noon

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
		<p>discuss the range of suitable options and develop safety plans.</p> <p>Provide support to victims at all risk levels, YPA provides support to high school age children 11-17 who are experiencing domestic abuse or witnessing domestic abuse in their family.</p> <p>Provides information during the screening process if the family are working with the IDVA service.</p>		
CAMHS	1 CAMHS practitioner	<p>CAMHS practitioner assists half a day a week, to provide information, advice and guidance on triages where mental health regarding the children and young people is pertinent.</p> <p>Provides information during the screening process if the family are working with CAMHS service.</p>	<p>CAMHS-referrals@nhs.uk</p> <p>Telephone Number: 01925575904</p> <p>CAMHS Response Team Telephone Number: 01744 627 618.</p>	<p>Co-located half a day per week</p> <p>Monday - Friday</p> <p>9am-5pm</p> <p>Every day until 9pm</p>
TORUS	Social housing member of staff	<p>Attending to provide information, advice and guidance where the adults are a TORUS tenant.</p> <p>Provides information during the screening process if the family are a Torus tenant.</p>	<p>complexneedsteam@torus.co.uk</p> <p>Telephone Number:</p>	<p>Co-located half a day a week.</p> <p>Via telephone</p>

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
			0800 678 1894	Monday – Friday 9am-5pm
WE ARE WITH YOU	<p>Team Leader</p> <p>Missing From Home Caseworker x 2</p> <p>Contextual Safeguarding Lead</p>	<p>The Missing from Home service responds to all incidents of children and young people being reported missing from home or care in Warrington. A return home interview is offered and once completed/declined the outcome is shared with MASH and Cheshire Police.</p> <p>The service attends all missing from home intervention meetings and is available to attend any strategy meetings for children known to our service.</p> <p>The MASH service can consult with the Contextual Safeguarding Lead in regards to any child who is thought to be at risk of contextual safeguarding or concerns due to missing from home. Furthermore the CSL will attend any strategy meetings where contextual safeguarding or missing is a factor, identify immediate support intervention services, guide professionals when completing the</p>	<p>emma.moran@wearewithyou.org.uk</p> <p>Telephone Number: 07790 806641</p> <p>jaqueline.parkinson@warrington.gov.uk</p> <p>Telephone Number: 01925 443043</p>	<p>MFH Caseworkers - Daily Team Leader (dual role - time split between Warrington and Cheshire West & Chester as required)</p> <p>Monday - Friday 9am-5pm</p>

Agency/Team	Representatives	Involvement and Role	Name & Contact details	Day and Times based in MASH
		PAN Cheshire Screening tool and identify children that should be referred to Contextual Safeguarding Operation Group (CSOG).		
PATHWAYS		Member of staff to attend the MASH every Monday to provide information, advice and guidance.	Anne.martin@cgl.org.uk Telephone Number: 01925 415176	Co-located every Monday
Probation		Information sharing as and when required. Attends the MASH operational group and any strategy meetings when required.	NWNPS.cheshire.warrington@justice.gov.uk Telephone Number: 01925 669619 / 07971496146	Not co-located available via phone / email etc.
Housing Options	Manager Homeless Officer	Team provides help and assistance to those who are homeless or at risk at homelessness Will attend MASH operational meetings. Will be liaise directly with CSC.	Housingadvice@warrington.gov.uk Telephone Number: 01925 246868 /01925444400 /07583053841	Not co-located available Monday – Friday 9am-5pm

4. Screening of contacts and the decision making process in the MASH

This document should be considered in conjunction with our Multi-Agency response to the continuum of need - Helping families to thrive and be safe. It is important to note that conversations between professionals are central to our approach to screening and decision making about contact.

Consultation between professionals

Professionals are encouraged to contact the MASH to begin a conversation about how to support a family in need, The MASH team may advise that a Multi-Agency Request for Service form (MARS) needs to be submitted so that screening can be completed. Advice will also be provided in regards to seeking consent in instances where this is felt appropriate. In other instances the MASH team will advise and signpost to agencies that may be able to support the family. The MASH will record any advice provided to ensure transparency. This will be recorded on an information only form. It is still expected that the professional consulting with MASH also record on their electronic recording system.

A Multi-Agency Request for Service form (MARS)

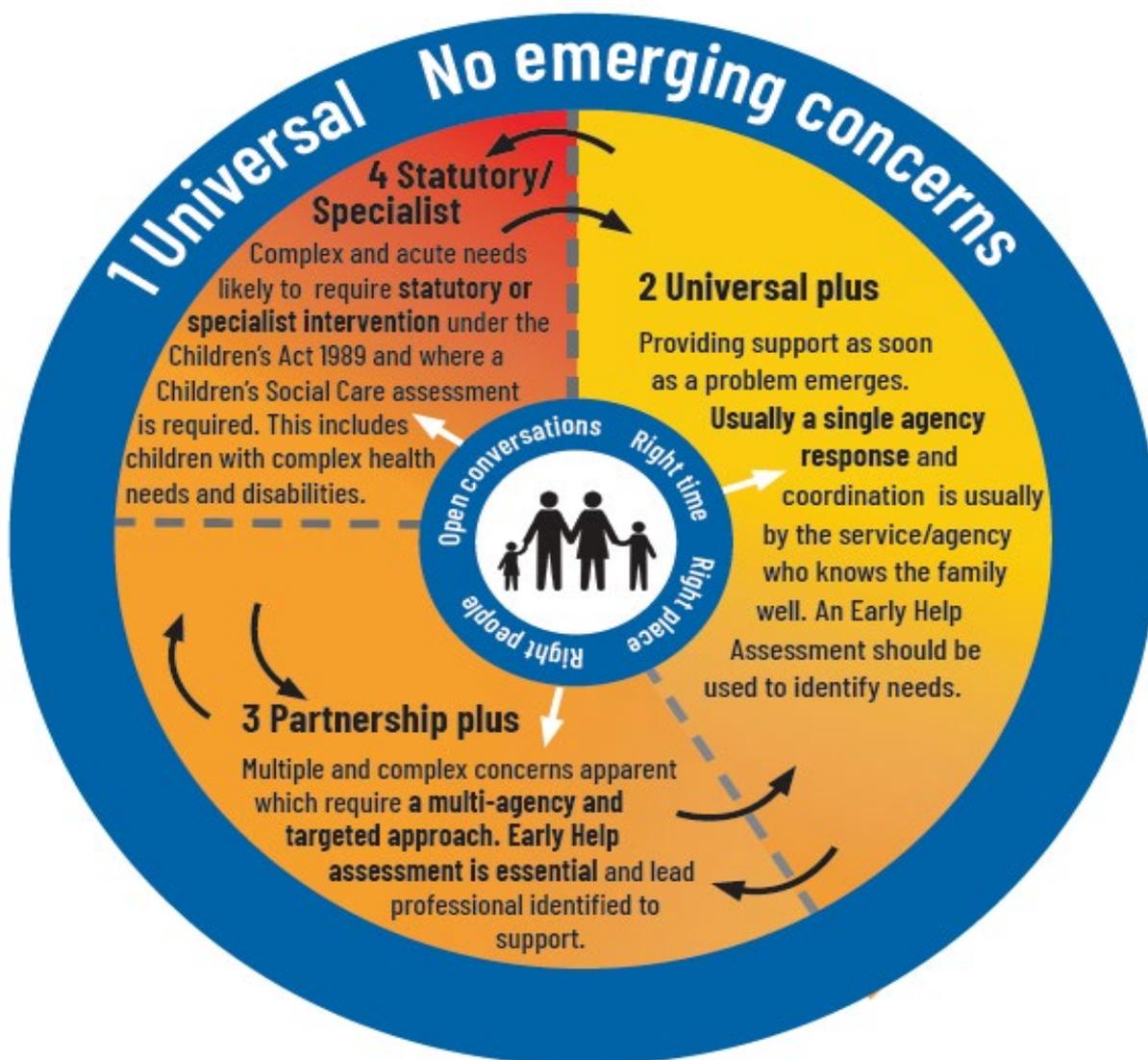
Should a professional form the view at this point that a referral to the MASH for screening is required the professional must take responsibility to action this by liaising with the family and completing the MARS.

The MARS is submitted on-line and sent to the MASH, this will be directed into the appropriate inbox dependent upon the level of need ticked on the form i.e. Level 2 & 3 are directed to the early help front door inbox. Level 4 directs to the child referral inbox, this level describes children whom it is believed may be at risk or have needs that require statutory assessments/interventions.

Please note an Early Help Assessment and Plan is not a referral form, it should be sent alongside a MARS to support a referral or a specialist assessment.

If a child is thought to be experiencing **neglect** and the referral is from an agency, the **Graded Care Profile 2 tool** should be completed and sent alongside the MARS to the Child Referral inbox childreferral@warrington.gov.uk

Diagram of our Continuum of Need



Multi-agency screening upon receipt of the MARS

Upon receipt of the online MARS those ticked as level 2 & 3 will go directly to Early Help to be screened. Those ticked as level 4 will be reviewed by the Senior Practitioner in Children's Social Care and an initial BRAG rating (initial identification of level of need and concern) is assigned to the information. The Senior Practitioner provides an initial overview of the concerns and directions for the social worker to complete the screening.

The social worker can seek further advice and guidance from the Senior Practitioner and the Team Manager throughout the screening process where needed. The social worker will analyse all information received and recommend a final BRAG level and send to the Team Manager for approval. Upon approval by the Team Manager the referrer will be informed.

Screening Process

The process must include screening against the continuum of need and the guidance indicators of need, and must include internal electronic database and agency checks to establish any current or previous involvement with the family.

The screening process should establish:

- The nature of the concern
- How and why it has arisen
- What the child's needs appear to be
- Whether the concern involves significant harm
- Whether there is any need for urgent action to protect the child or any children in the household

This process will involve:

- Discussion with the referrer
- Consideration of any existing records
- Consideration of any previous contacts
- Information from all other agencies and in accordance with **information sharing advice for safeguarding practitioners**
- Direct communication with Early Help front door and checking of their recording database.
 - Consent from the parent or carer should normally be sought
 - However, the Data Protection Act should never be a barrier to 'sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm' or indeed on those occasions where seeking consent might increase the risk of harm
 - Information sharing should always be 'necessary and proportionate'
- Information about the child's lived experience and the child's voice
- Parents and carers contributions

If there are indications that a child may be at risk of significant harm, the manager may authorise whatever actions are necessary to protect the child or others in the household from significant harm, which may result in the immediate provision of services.

If there is suspicion that a crime may have been committed including sexual or physical assault or neglect of the child, the Police must be notified immediately.

Personal information about non-professional referrers should not be disclosed to the parents or other agencies without the referrer's consent. The parent's consent should usually be sought before discussing a referral with other agencies unless this may place the child at risk of significant harm, in which case the manager should authorise the discussion

of the referral with other agencies without parental knowledge or consent. The authorisation dispensing with consent should be recorded with reasons.

Referrers should have the opportunity to discuss their concerns with a qualified social worker. Any information they hold in regards to the family that would assist with the decision making should be explored including any strengths and wider family support to aid in decision making. At any time, an initial contact may become a Referral if it appears that services may be required for a child in need or in need of protection.

Multiple contacts

Any previous contacts are considered alongside the new contact. Where it is established there has been 3 or more contacts in a 12 month period our policy states that we should progress to a child and family assessment unless there is a clear rationale as to why not. The MASH social worker will consider all of the contacts cumulatively to ensure families receive the right support and protection when necessary. The social worker will ensure that this is made clear within the analysis for the authorising manager. Where a decision is taken not to progress to a child and family assessment a clear rationale of the decision will be documented within the MASH form by the social and the MASH manager.

Requests for information

Requests for information are received from education in instances where an EHCP assessment is being undertaken in relation to a child with special educational needs, please refer to **Appendix 1**.

Request for information are received from CAFCASS where private court proceedings are underway, please refer to **Appendix 2**.

Requests for information are received from probation in instances where an adult with connects to a child/ren may be open to probation. The checks are usually in relation to if a child is open or known to CSC, please refer to **Appendix 3**.

Recording

All referrals and information gathered are clearly recorded on a MASH form along with a clear rationale for decision making. These are stored securely in the Local Authority's electronic recording system. (Mosaic)

5. Decision Making – Referrals

The MASH screening can be concluded in the following ways dependent on the identified level of need and risk.

- a. That the child does not appear to be a Child in Need, which will result in one of the following: the provision of information, advice, sign-posting to another agency and/or no further action;

- b. The child and their family would benefit from a transfer to Early Help support services;
- c. That the child appears to be a Child in Need with a moderate level of need, in which case, the manager may authorise a child and family assessment;
- d. That the child appears to be a Child in Need with a high level of need, which must result in an Assessment;
- e. That it is suspected that the child is suffering or is likely to suffer from Significant Harm, which will result in an Assessment, with a view to conducting a Strategy Discussion, prior to a Section 47 Enquiry commencing.

For safeguarding concerns or immediate safeguarding risks to a child, information is recorded and a decision is reached within 4 hours if initially bragged red, 72 hours if initially bragged amber and 5 days if initially bragged blue or green. This process is measured and monitored in real-time by the manager of the MASH.

When making a decision about the type of response that is required, the social worker will need to determine if:

- The child requires immediate protection and urgent action is required;
- There is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child assessed under Section 47 of the Children Act 1989.
- The child is in need, and should be assessed under Section 17 of the Children Act 1989;
- Any services are required by the child and family and what type of services; and
- Further specialist assessments are required in order to help the local authority to decide what further action to take.

If there are indications that a child may be at risk of significant harm, the manager may authorise appropriate actions that are necessary to protect the child or others in the household from significant harm, which may result in the immediate provision of services. There should be consideration of a Strategy Discussion of a multi-agency response.

Professional referrers should be advised of the disposal of the referral. Feedback on the outcome of the Referral should also be provided to non-professional referrers in a manner consistent with respecting the confidentiality of the child and family.

The child and family must be informed of the action to be taken. The child should be seen as soon as possible if the decision is taken that the referral requires further assessment. Where requested to do so by CSC, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.

Level 2 or 3 – Universal Plus and Partnership Plus – Early Help

If the outcome of the screening does not meet the threshold for CSC involvement, the screening social worker will consult with the Early Help Duty Locality manager and triage team and assess the most appropriate outcome for the child and family. In these instances consent will be sought from parents or carers. These MASH screens are sent to the Early Help Front Door and processed for allocation to one of the locality teams for a specific Early Help Service.

The Early Help Front Door team in the MASH coordinates access to targeted early help services in Warrington and provides advice and guidance on cases managed by the professionals already involved. The Early Help Front Door Team receives contacts that do not require a statutory service (Social Care) but require multi-agency support through Early Help Services to support a family's needs. MARS forms that indicate the families are at level 2 and 3 on the threshold of need are processed and triaged by the team within the MASH and allocated the most appropriate service if appropriate for the child, young person and family. This could be information, advice and guidance, signposting, recommending an Early Help Assessment or allocating to a specific WBC Early Help targeted service. The pathway is similar to children's social care in that a MARS is loaded for direct allocation to a specific Early Help service or are triaged whereby more information is needed to make decisions about the best service appropriate for the child and their family. The triage involves checking a number of systems and agencies data i.e. MOSAIC, IYSS, Health, Housing, Education to assess the best outcome. These are then directed to our locality teams across the borough for allocation of services for example Family Support, Children Centre, or Targeted Youth Service. Referrals are allocated daily to the appropriate teams.

The Early Help front door also triage on behalf of MASH for the Youth Justice Service DIVERT programme.

Level 4 – Statutory/Specialist – Children's Social Care

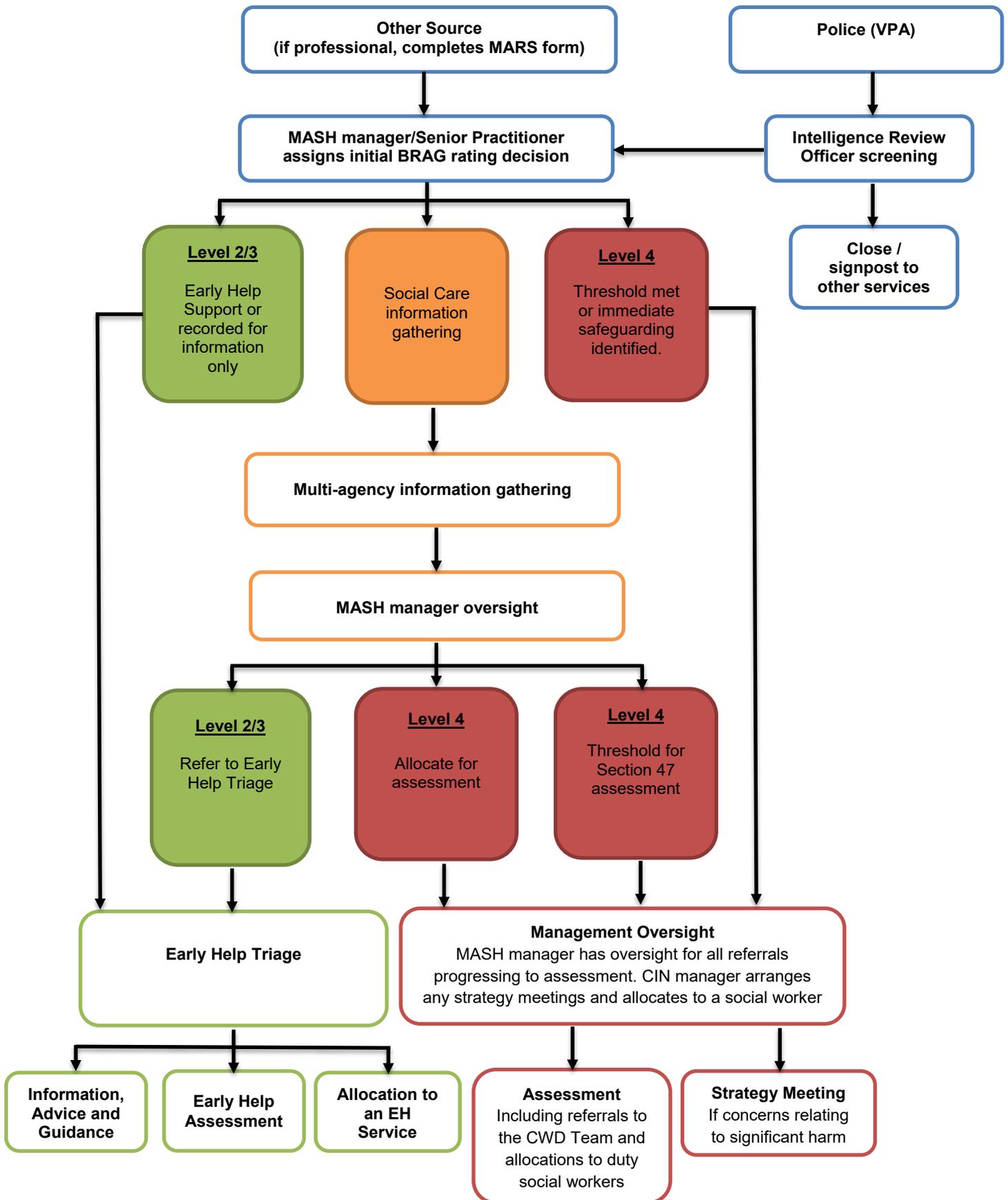
If the outcome is determined as Level 4 a social worker on duty on the day of authorisation will be allocated from the child in Need teams to undertake a Child and Family assessment under Section 17 Children Act 1989. As stated above if there is a risk of significant harm then

Re-referrals

When a child is referred back into the MASH within 6 months of a case closing to Children's Social Care the case will return to the previous allocated team for consideration. If deemed necessary the case will be re-opened to the previous social work team. Children who are re-referred in after this time will be considered by whichever team is on duty.

WARRINGTON MULTI-AGENCY SAFEGUARDING HUB

DECISION MAKING PROCESS FLOWCHART



6. Step up process from Early Help to Children's Social Care

The step up process refers to a need for a change in the level of response due to indications that the child/children may be at risk of significant harm and where there is a lack of progress despite the concerted efforts of EH/TAF arrangements which increases the issues of risk of significant harm.

At the point of stepping up cases it is important that agencies do not disengage their support from a family without ensuring that colleagues in other agencies are sufficiently informed to continue working with the child and that the family are aware of the actions you are taking.

When a child is at immediate risk of harm the Warrington BC safeguarding procedures must be followed i.e. immediate contact with Warrington MASH.

MASH TM/AP and the Early Help Locality Manager will consider whether the threshold has been met for intervention from children's social care. The outcome of the meeting, and the rationale for the decision, should be clearly and accurately recorded in the minutes/notes of the meeting. MASH will load on MOSAIC a referral and progress for CAFA.

Where the threshold has not been met for a social care assessment the MASH TM/AP will provide advice and guidance to the Early Help Locality Manager as to the options that are available. If, following a step up meeting, the decision is that the case can remain at EH level and professionals working with the child/family remain concerned as to the decision, they should use the [WSP escalation procedure](#).

- When the threshold is met for social care intervention a social worker will complete an assessment.
- The allocated social worker will make contact with the referring lead professional and other members of the TAF.
- The social worker may arrange to undertake a joint home visit to the child's/children's family home with the lead professional/other member of the TAF.

Please refer to Appendix 6.

7. Resolving disagreements

In the event of any disagreements arising between partner agencies relating to MASH operations or decision-making, this will be dealt with in the first instance at local level through discussion with partner team members.

Where a resolution cannot be found the matter should be referred to the MASH Team Manager, who will escalate where required to the Service Manager.

The [Pan-Cheshire Multi-Agency Escalation Procedure - for Resolving Inter-Agency Professional Challenges when Working with Children and Families](#) and [Appendix A Form](#)

[for submitting cases for escalation and resolution to the LSCB \(Step 4\)](#) should also be considered where necessary.

8. Evaluation and quality assurance

The Quality Assurance framework seeks to provide an enhanced Quality Assurance dimension to our social work practice, by creating a consistent and transparent approach to monitoring and auditing. The framework sets out how we ensure that we are improving outcomes for children and reflecting on the impact of our practice on the families we work with.

The Quality Assurance Framework therefore helps to answer the following questions:-

- Are we doing the right things?
- Are we making a difference?
- What could we do differently?

The purpose of the framework is to improve outcomes for children by enhancing social work practice and therefore the quality of the service provided.

The framework achieves this through:-

- Measuring and monitoring performance against required standards and agreed targets;
- Identifying areas of strength as well as areas for development;
- Ensuring all staff understand that they have a role to play in improving quality.
- Providing a feedback cycle which drives a learning culture where problems are addressed openly and honestly.

Performance data is shared with senior practitioners and managers on a weekly basis to assist in identifying any areas of practice development. Weekly dip sample audits are completed by the senior practitioners, manager and the quality assurance social worker of the following areas:

- Timeliness
- 3 + contacts and thresholds
- Multi - agency contribution, child's voice and parental contribution

This enables urgent review of decision making, furthermore live audits are undertaken collaboratively between the Quality Assurance Team, MASH and Early Help managers to review quality of screening and decision making. The findings will be shared within monthly reports and actions will be taken forward within the team by the operational managers.

9. Multi-agency working and benefits for agencies

It is important for agencies to understand that children and their families do not live in isolation. They come into contact with a number of professionals and agencies. Multi-agency working is therefore critical to reduce the risk of harm to children and cannot be done by local authorities alone. Good partnership working has a number of components:

- Wide and active engagement in multi-agency safeguarding arrangements with the right shared priorities;
- Agencies understanding their respective roles and thresholds;
- Support and challenge within the multi-agency system;
- Continuous learning and development;
- Good systems for information sharing, which professionals are confident and knowledgeable about;
- Effective, ambitious child-focused leadership within and across partners.

In order to work effectively and achieve the best outcomes for children and young people Warrington MASH have processes that:

- facilitate and drive action beyond usual institutional and agency constraints and boundaries
- ensure the effective protection of children founded on practitioners developing lasting and trusting relationships with children and their families.

Ultimately the Warrington MASH will work collaboratively to provide more accurate assessment of risk, needs and family strengths. To do so we will ensure that each screening seeks to understand the child's lived experiences and has the child's voice. There is clear family contribution. Each agency is given the opportunity to share the information they hold. All of which will be completed in a timely manner and decisions will be shared with the family and the referrer.

10. Governance Arrangements

Good governance is described by the Audit Commission as "the framework of accountability to users, stakeholders and the wider community, within which organisations take decisions, and lead and control their functions to achieve their objectives".

Under the Children Act 2004 Section 10 creates a requirement for children's services to make suitable arrangements for co-operation between the relevant partners in order to improve the wellbeing of children in the authority's area. Warrington MASH is the suitable and most appropriate arrangement for multi-agency cooperation.

MASH – Operational Group

The MASH operational group is chaired by the MASH Service Manager and provides the opportunity for all partners to consult in respect of day to day practices and operations; provide any agency updates; gather and provide oversight of performance information; organise the ongoing development and delivery of the MASH; remove any blockages which prevent the work of the MASH; and share good practices.

The MASH operational group will ensure that real information sharing, decision making and communication between agencies will happen to improve outcomes for children and families in Warrington.

MASH - Multi Agency Team Meeting

Building on the MASH operational group we have a multi-agency team meeting quarterly that is led by the Deputy Team Managers in MASH. The purpose of these is to bring professionals from all the agencies based in the MASH together to discuss pertinent issue and think about the ongoing development in practice, and supporting the ongoing development of relationships. It is also an opportunity for professionals working across agencies to continue developing a common understanding of thresholds at the front door.

MASH – Strategic Oversight

The Head of Service Children in Need provides performance data and a storyboard to Warrington Safeguarding Partnership (WSP) quarterly. This includes key performance areas from the MASH, and provides an update from any key issues arising from the MASH Operational Group. The WSP Quality Assurance Group meet quarterly and part of their role is to scrutinise the CIN storyboard and MASH performance data. The QA group then consider any identified practice / partnership issues, and considers how best to address these.

11. Daily Meetings

Daily meetings take place each morning. The purpose of the daily meeting is to make a decision on a multi-agency basis on those domestic abuse VPA's where it is unclear as to whether the threshold for Children's Social Care (CSC) or Early Help is met. In attendance at the meeting is a representative from the Police, CSC, Early Help, IDVA, Education and Health.

VPAs relating to non-domestic abuse child concerns also take place in order to establish if the threshold for Children's Social Care (CSC) or Early Help is met.

A secondary aim is to provide a multi-agency rapid response and in doing so strengthen the partnership response in addressing domestic abuse across Warrington. Discussions focus on attaining positive outcomes for victims of domestic violence and addressing adverse childhood experiences, verbal and physical abuse.

Discussions take place on families where there is no current involvement with CSC. In instances where the children have an allocated social worker these are sent directly to the child referral inbox so that the information can be shared with the social worker. Where the concerns are considered to be high risk these should be sent directly to the child referral inbox in order to ensure that there is no delay in screening.

Primarily the police bring the VPA's that need discussion to the meeting, however CSC also bring VPA's to be discussed where they have been sent directly to the child referral in box but do not appear to meet threshold for CSC.

The meeting is attended by either the MASH Team Manager, Deputy Team Manager or Senior Practitioner. It is the responsibility of the representative from CSC to keep a track of the discussions. **Please see the TOR at Appendix 4**

12. Hospital Liaison

Hospital liaison meetings take place on a monthly basis. The meeting is chaired by Health (Midwifery) and is a multi-agency meeting to assess risks in relation to pregnant women and to ensure that appropriate support is in place to help manage or reduce those risks. A multi-agency approach is taken in regards to if a pre-birth assessment is required and to agree which agency may be the best placed to offer support.

The agenda focusses on women who are approximately at 16 weeks gestation. The MASH team receive MARS referrals or VPA's in regards to women who are in the early stages of pregnancy. Where there are risks identified but the pregnancy is not yet deemed viable then MASH will refer to the hospital liaison meeting.

The agenda is sent prior to the meeting to childreferral@warrington.gov.uk. The admin support team ChildrensServicesAdmin@warrington.gov.uk then complete information checks from CSC and this is then sent back to the MASH and to Health.

The meeting is attended by either the MASH Team Manager, Deputy Team Manager or Senior Practitioner. The representative from CSC should then ensure that any actions for MASH are progressed. Actions may include completing a MASH screening or progressing for a pre-birth assessment. Where a multi-agency decision has been agreed that a pre-birth assessment is required minimal screening should be required, however the MASH social worker should speak with parents to inform them of the outcome. Where it has been agreed that there is no further action for CSC the minutes from the meeting will be uploaded onto MOSAIC (CSC information system) as a significant event on open cases or as information only on closed cases. **Please refer to Appendix 5.**

13. Multi-Agency Risk Assessment Conference – MARAC

MARAC is a multi-agency meeting to assess risks in relation to domestic abuse incidents that are considered high risk and to ensure that appropriate safety measures and support is in

place to help manage or reduce the risk. MARAC takes place on a Wednesday morning on a fortnightly basis and is chaired by the police.

The MASH team represents CSC in the meeting and provide feedback on families that are open to CSC and families where we have no involvement. The meeting is attended by either the MASH Team Manager, Deputy Team Manager or Senior Practitioner. In cases where we are not involved a MASH screening should have been undertaken in relation to the domestic abuse incident prior to the MARAC meeting. If there is no record of this then the VPA will need to be requested from the police to avoid further delay in screening.

The agenda is sent prior to the meeting to ChildrensServicesAdmin@warrington.gov.uk and information is added by the admin team. The admin team then return the agenda complete with notes to the police and also to the child referral in box, childreferral@warrington.gov.uk.

Any actions identified for CSC should be actioned by the MASH representative. Actions could include feedback of information/actions for the allocated social worker or in instances where the family are not open, further screening due to identified concerns or progression to an assessment where a multi-agency decision has been made that an assessment is required.

Following the meeting the full minutes are sent to the admin team, the admin team will then upload onto Mosaic as a significant event on open cases or as information only on closed cases. **Please refer to Appendix 7.**

14. Out of Hours Protocol

The Warrington Borough Council Out of Hours (OOH) Service becomes operational outside of the 'usual office opening hours' for council services i.e. Monday to Friday 9am-5pm. The out of hours protocol provides full detail on how our OOH service operates.

The out of hours protocol can be read at: warrington.gov.uk/local-operational-and-assessment-protocol

Section 2 – What makes a good assessment?

1. Early Help and Early Help Assessments

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years and up to 25 for a young person with SEND. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.

Working Together 2018

Identifying children and families who would benefit from early help In Warrington we use the Early Help Assessment to identify emerging problems and potential unmet needs of individual children and families. We work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. It requires all practitioners, including those in universal services and those providing targeted services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.

Practitioners working in both universal services and specialist services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and provide children with the help they need. In Warrington the Early help Assessment is the tool used to identify and assess family needs. This is used to inform a multi-agency action plan. To be effective, practitioners need to continue to develop their knowledge and skills in this area and be aware of the new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation.

Practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation

- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child
- has a parent/carer in custody

Effective assessment of the need for early help

Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency Early Help assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment.

Any practitioner involved with the child and identifies there is an additional need should undertake the Early Help assessment, provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family.

For an early help assessment to be effective:

It should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living.

Early help assessments should seek to: Understand issues underlying presenting behaviours; Look at the complexity of family issues; Collate information held by partners across universal services to develop a holistic picture of the child's experiences, needs and safeguarding concerns.

Practitioners should be able to discuss concerns they may have about a child and family with a social worker in the local authority. In cases where a family does not agree for an early help assessment to be undertaken, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

Early help is everybody's business. WBC's commitment to supporting families is the Early Help Division which delivers services for children, young people (aged 0-19 and up to 25 if

SEND) and their families. The Early Help Division works very closely with agencies to deliver a multi-agency team around the family approach. Early help support can be delivered throughout the levels of need by any agencies who come into contact with children.

As part of the agreed 'early help' procedures and reviews of whole family working which supports and embeds the National Supporting Families agenda, all Early Help Assessments/ Action plan / review / closure plans, completed by any practitioner, are registered with the local authority's Early Help support team. earlyhelpsupport@warrington.gov.uk

2. Assessments within Children's Social Care

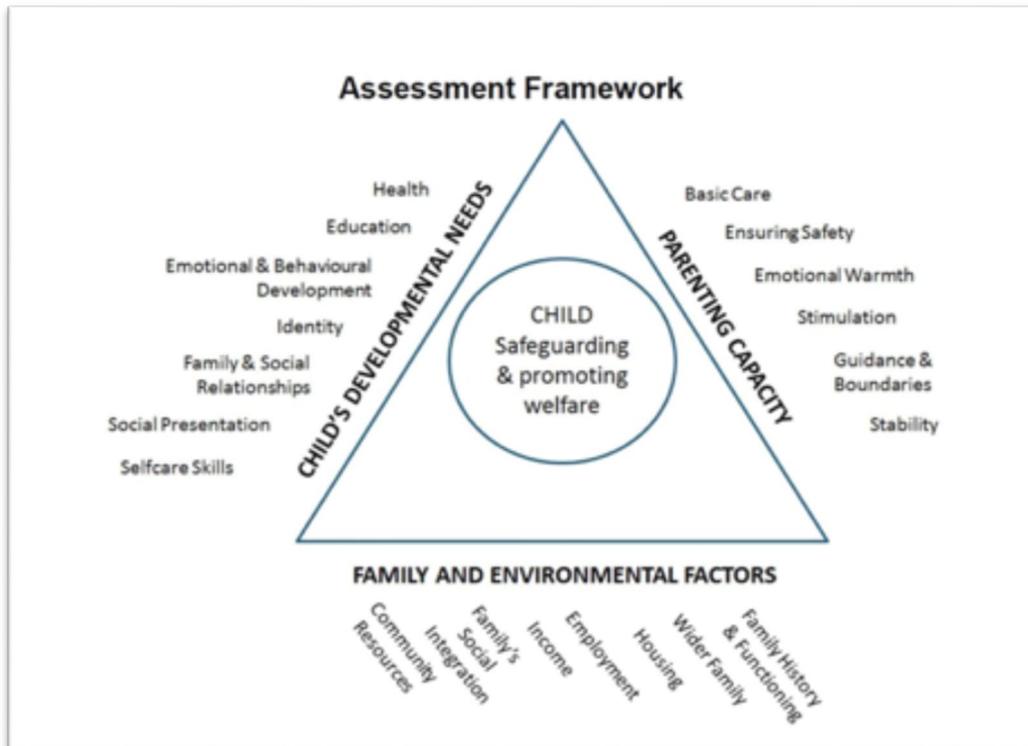
There are a range of different assessments that can be undertaken within Children's Social Care. These assessments include:

- Single Assessment / Child and Family Assessment under s17 Children Act 1989
- Assessment under s47 investigation of the Children Act 1989
- Pre-birth Assessment
- Parenting Assessment
- PAMS Assessment
- Risk and Protector Assessments
- Private Fostering Assessment
- Sibling Assessment
- Discharge of s20 Assessment
- Viability Assessments of family and friends
- Special Guardianship Assessments.
- Age Assessments

Assessment within Children's Social Care can also be undertaken within a range of different contexts and include children subject to;

- Children in Need
- Child Protection
- Pre-proceedings
- Private law proceedings – where s7 and s37 reports have been requested by the court
- Children in Care accommodated under s20 Children Act 1989
- Care proceedings (Public Law)

When assessing a child and family, the Assessment Framework Triangle that can be seen below, is drawn upon. It ensures we are taking a holistic approach to assessing a family, taking in to account a child's developmental needs; parenting capacity and family and environmental factors.



Some of the key reasons that children and families are referred for assessment in Children's Social Care

- Domestic Abuse
- Parental Mental Health
- Substance Misuse
- These combined we refer to as the 'toxic trio'
- Parental Learning Difficulties

Approach that underpins assessments in Warrington

Systemic practice

Systemic practice is a model of social work practice which seeks to understand the multiple stories that influence how a family functions and interacts: -

- Enabling and encouraging each family member and professional to recognise what they bring to a situation and the impact their own behaviours have on this.
- Paying attention to systems and sub-systems within each family and how they might influence outcomes.
- Positioning the family as the expert, allowing them to define their own problems, seeing families as having the tools, knowledge and ability to make the changes themselves.
- Seeing the problem as the problem and not the person as the problem.
- Recognising that the change happens in the relational context and therefore valuing the importance of a relationship based approach.

3. The key principles of a good assessment

1. Voice of the child

- Build effective relationships with children and young people to be able to understand their lived experiences and therefore, their needs/risks
- Seek children's views and invite them to meetings
- Where a child is too young to talk, draw upon observations of them and their interactions and behaviours; non-verbal communication and body language are just as significant so comment on these in your assessment
- Write the assessment to the child; for example "I came to visit you as part of this assessment and each time I visited, you cried when your mum's boyfriend came to pick you up. This made me wonder whether you may be scared of him, or do not comfortable with him". This can help put yourself in the child's shoes when writing, and it makes it easier for a child to understand their history if reading their file in later life
- The assessment should be tailored to the individual needs of each child within a family; for example, if there has been a referral due to an older sibling being deemed at risk of Child Sexual Exploitation, ensure the voice of all other siblings is obtained too, not just the child who is the focus of the referral. This not only ensures all children are given a voice, but also brings in multiple perspectives about the concerns, and helps determine the impact on all children

2. Considers history

- Start a chronology as soon as you start working with a family, or continue a chronology if taking over working with a family
[Chronologies – Court orders and pre-proceedings \(rip.org.uk\)](http://rip.org.uk)
- Chronologies are key to identifying patterns within families and being able to identify what work has been completed and what has not been successful. This can be key to decision making around whether to escalate a case or not; for example with neglect cases that have had social care involvement for years. At times there can be patterns of small improvements where risk is then deemed to be reduced, but looking at a chronology can help understand the wider picture and whether or not changes are likely to be sustained
- Start Again Syndrome often comes up as a factor in Serious Case Reviews which is when professionals see referrals and current information in isolation; thus not taking in to account the history. Past behaviours can be the best indicator of future

behaviours and risk, so considering history and cumulative harm is fundamental to decision making

3. Collaborative

- Having a shared understanding of the problem with the family and together constructing a plan to build on their strengths to create the best chances of sustained change
- Using the Circle of Change document WITH the family to come up with actions and safety planning together
- Information sharing with family and professionals; consent forms are encouraged to be used from the beginning of work with a family to clearly outline who the family are happy for information to be shared with. Include adults services in this; such as adult social care and talking matters mental health service (Section 47 child protection investigations override consent)
- If undertaking an assessment for court, ensure there is regular communication with the Guardian), and IRO (Independent Reviewing Officer) (CAFCASS will be able to let you know who the Guardian is or liaise with our legal team
- Remember to include all relevant family members; including fathers, step fathers, grandparents etc. as they could be a protective factor. Genograms, family trees or eco maps can help identify significant people in a child and families life
- Every assessment, including young carer, parent carer and non-parent carer assessments, should draw together relevant information gathered from the child and their family and from relevant practitioners including teachers and school staff, early years workers, health practitioners, the police and adult social care. Where a child has been looked-after and has returned home, information from previous assessments and case records should also be reviewed.

4. Curiosity and hypothesising

- Think about what we know already; what we don't know, what we need to know and what we think we know – What missing information do we need to obtain?
- Curiosity is not being married to one idea but actively seeking to bring in multiple ideas and perspectives. This helps prevent bias
- Based on the information we know or may be missing, what are our ideas on what may be happening within the family? This is hypothesising and an example is if we know that a mother is not responding to her new born baby and that the mother was in care when she was a child and had a negative experience of social workers, we could hypothesise that the reason that the mother isn't responding to her baby is because she is scared that her baby will be taken in to care and so does not want to form a bond as this feels less painful in the long term for them both

- Being curious and hypothesising prevents a surface level assessment and short term change, seeking to find the root cause of issues enables us to identify the correct support to promote sustained long term change
- Supervision should be a space to explore hypotheses

5. Identifies themes and patterns about needs, risks, protective factors and impact

- Ensure needs and risks for each child are clear; for instance, in the previous example of a sibling to a child at risk of child sexual exploitation, the needs, risks and impact would be different for each child. The sibling may be impacted upon emotionally due to the worry about their sibling, and also could be at risk physically and sexually if the potential perpetrators were to come to the home or start targeting them
- Considers actual harm as well as future risk
- Risk analysis balancing tool – [Assessing risk of further child maltreatment – practice tool](#)
- No system can fully eliminate risk. Understanding risk involves judgment and balance. To manage risks, social workers and other practitioners should make decisions with the best interests of the child in mind, informed by the evidence available and underpinned by knowledge of child development. Critical reflection through supervision should strengthen the analysis in each assessment.
- Needs and risk can change:



6. Analysis

- [National events & training – Research in Practice \(online learning/bespoke training\)](#)
- The analysis is the interpretation of the information gathered as part of the assessment
- There should be no new information in the analysis
- Anchor Principle - Summarise what the assessment has come in for; what is the story, what does the story mean, what needs to happen (level of risk and how to manage this), how will we know we are making progress
- Plans should be SMART so Specific, Measurable, Achievable, Relevant, and Time-Bound and reviewed regularly where plans are updated and amended

4. **What to do when you are dissatisfied with an assessment**

If you are dissatisfied with the contents of an assessment we would ask that you share details of your concerns with the allocated social worker or manager in the first instance. This will allow the service the opportunity to consider your views regarding the assessment and to either agree to make amendments, advise why amendments are not considered appropriate and to ensure your views are clearly referenced within. This is referred to as a 'local' resolution. If you remain dissatisfied with the assessment you may decide to pursue your concerns formally at stage 1 of the statutory children's complaints process. Details can be found on the Council website ([Complaints – warrington.gov.uk](http://warrington.gov.uk)) or by contacting the customer service team fw-customerservice@warrington.gov.uk

Section 3 – Specific areas of assessment

Assessment Tools

Across early help and social care services, practitioners make use of a number of key tools that support relationship, systemic strengths based assessment and interventions. These include;

1. Children with Disabilities and Children with Special Educational Needs (including the transition to adulthood for these children)

The Children with Disabilities Protocol and Short Break Matrix, which provides more specific information about our approach to children when assessments are required of children for packages of care and support, can be found at: warrington.gov.uk/local-operational-and-assessment-protocol

2. Neglect – Graded Care Profile 2 (GCP2)

The GCP2 is a tool designed to provide an objective measure of the care of children who are, or maybe suffering from neglect. To use the GCP2 practitioners need to do a one day training course. Regular courses are run through Warrington Safeguarding Partnership on using GCP2. Also see guidance for practitioners on using GCP2 attached below.

For further information about GCP2 also see the attached link: [Graded Care Profile 2 – warrington.gov.uk](http://warrington.gov.uk/Graded-Care-Profile-2)

3. Tools used in the assessment of Domestic Abuse

The Safe lives Dash Risk Assessment is a tool to assess risk of adult victim and to provide some understanding of risk to children living with DA.

There is also a version of the DASH risk assessment for young people (aged 13-17): [Young people's Dash risk checklist with guidance](#)

All Domestic Abuse risk assessment tools should be used alongside other safeguarding assessment and not as a replacement.

See [supporting evidence-informed practice – Research in Practice](#) for guidance notes and assessment tools on specific areas of risk: researchinpractice.org.uk

4. Contextual Safeguarding

What is Contextual Safeguarding?

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships -

Contextual Safeguarding Network

Different forms of abuse and exploitation we see within the community include;

- Child Sexual Exploitation
- Child Criminal Exploitation
- County Lines - Exploitation by criminal gangs and organised crime groups such as county lines.
- Trafficking and Modern Day Slavery.

Children not known to Early Help Service or Children's Social Care

If a professional has concerns about Contextual Safeguarding and a child is at risk of exploitation (and they are not already open to Early Help or CSC) a MARS should be completed alongside a PAN Cheshire Screening Tool and sent to childreferral@warrington.gov.uk. A copy of the PAN Cheshire Screening Tool can be found in **Appendix 8** and also found at

[Warrington Safeguarding Partnerships – Contextual safeguarding](#)

The MARS will be screened and the PAN Cheshire screening tool will be considered at the Contextual Safeguarding & Missing from Home Risk Meeting. This meeting will consider the level of risk and agree on an appropriate pathway for the child. See **Appendix 9** for the terms of reference of this meeting.

Children already known to Early Help Service or Children's Social Care

If a professional has concerns about Contextual Safeguarding and a child is at risk of exploitation on an open case then a PAN Cheshire Screening Tool should be completed and sent to csog@warrington.gov.uk. The child will then be considered at the Contextual Safeguarding & Missing from Home Risk Meeting to consider the level of risk and agree on an appropriate pathway for the child.

Contextual Safeguarding & Missing from Home Risk Meetings

Information about contextual safeguarding and missing from home risk meetings can be found at: warrington.gov.uk/local-operational-and-assessment-protocol

Children assessed as Low Risk

If the child or young person requires intervention to educate and to prevent any further incidents, intervention from the most appropriate service will be identified at the CS huddle. The child/young person or family may be signposted to the Youth Service or school to provide the low level intervention.

Children assessed as Medium Risk

For children screened as medium risk a decision a child and family assessment will be undertaken by Children's Social Care. The Contextual Safeguarding Lead will then monitor and review these children to ensure there is an effective plan in place to address the identified issues that aims to support a reduction in risk.

Children assessed as High Risk

All children screened as high risk will be considered for a multi-agency strategy meeting at the point of referral, alongside the completion of a child and family assessment. The strategy discussion and assessment will consider the appropriate plan and pathway for the child. These children will have reviews chaired by the Contextual Safeguarding Lead.

Appendices

The following list of appendices can all be found on the council website at: warrington.gov.uk/local-operational-and-assessment-protocol

- Appendix 1 - EHCP checks
- Appendix 2 - CAF/CASS checks
- Appendix 3 - Probation checks
- Appendix 4 - Terms of reference - Domestic abuse daily meetings
- Appendix 5 - Hospital liaison flow chart
- Appendix 6 - Step up meetings flow chart
- Appendix 7 - MARAC flow chart
- Appendix 8 – PAN Cheshire Screening tool
- Appendix 9 – Terms of reference - Contextual Safeguarding & Missing from Home (MFH) Risk Meetings