

Multi Agency Safeguarding Hub (MASH)

Operational Policy and Guidance

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Introduction

Who is an adult at risk – the 3-stage test

The Care Act 2014 defines the safeguarding duties as follows:

The safeguarding duties apply to an adult who:

- Has a need for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The above conditions also apply to a person aged 18 or over but still receiving children's services. It is clear in the Care and Support Act that safeguarding matters in these cases should be dealt with through adult safeguarding procedures, with involvement from children's safeguarding, NHS and police, as necessary.

What are the local authority duties under the Care Act 2014?

The Care Act requires that each local authority **must**:

- Make enquiries, or request other agencies to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and, if so, by whom;
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them;
- Co-operate with each of its relevant partners in order to protect the adult. In their turn the relevant partner **must** co-operate with the local authority.

What is an enquiry?

An enquiry could range from a conversation with the adult or if they lack capacity, their representative or advocate, prior to initiating a formal enquiry, right through to a multi-agency plan or course of action. Whatever the course of action the professional concerned should record the concern, the adult's views and wishes and any immediate actions, giving reasons.

The objectives of an enquiry are defined in the Care Act as:

- Establish facts
- Ascertain adults views and wishes

- Assess the needs of the adult for protection, support and redress
- Protect from abuse and neglect in accordance with the wishes of the adult
- Makes decisions as to what follow-up action should be taken
- Enable the adult to achieve resolution and recovery

Making safeguarding personal

The Care Act reminds us that ‘people have complex lives and being safe is only one of the things they want for themselves ...professionals should ...establish what being safe means to them and how that can best be achieved’.

The principles that underpin making safeguarding personal is person-centred and outcome focussed. Therefore, in most cases, the person at risk should be contacted to clarify details and discuss what steps have already been taken, if this is not clear on the alert.

This contact is one of the most important aspects of the safeguarding process. **‘No decision about me without me’**.

It should be borne in mind that the Care Act says that if the adult has capacity to make informed decisions about their safety and they don’t want any action taken this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will enable professionals to check the safety and validity of the decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase risk of harm.

Also, if there is a vital public interest, it may be that the information will have to be shared in any case. If so, the person should be informed.

Consideration should be given to whether an advocate is required, bearing in mind the requirement of the Care Act is that the local authority **must** arrange an advocate if the adult has ‘substantial difficulty’ in being involved in the process and there is no other suitable person.

Further guidance concerning the use of advocates and IMCA’s is available – [practice guidance 8](#)

The person at risk should be advised that they will be kept informed throughout the process and provided with a rough timeline of when they will be contacted again – e.g within a week or by the end of the week etc.

More detail is available on adult involvement in safeguarding - [practice guidance 6 Participation and Empowerment](#)

Mental capacity

It should be assumed that a person has capacity to make their own decisions and be given practical help before people are treated as unable to do.

If the adult at risk appears to lack capacity, a mental capacity assessment should be undertaken.

The test of capacity in this case is to find out if the person at risk has the mental capacity to make informed decisions about:

- a safeguarding alert
- actions which may be taken under Multi-agency Policy and Procedures
- their own safety or that of others, including an understanding of longer-term harm as well as immediate effects
- an ability to take action to protect themselves from future harm

Staff should always consider:

- is it possible that the person may regain mental capacity and therefore should be involved and can make those decisions for him/ herself in the future?
- the wishes, feelings, values and beliefs of the person who has been assessed as lacking mental capacity
- if practical and appropriate, the views of family members, parents, carers and other people interested in the person's welfare
- the views of any person who holds an enduring power of attorney (pre-October 2007) or a lasting power of attorney (from October 2007) made by the person now lacking capacity
- the views of any deputy appointed by the Court of Protection to make decisions on the person's behalf

If the person lacks capacity, any action taken must be made in the person's best interests.

Who else has a safeguarding duty under the Care Act 2014?

The NHS and Police have a safeguarding duty under the Care Act and there is also duty of co-operation with relevant partners including:

- Other local authorities
- DWP
- Prisons
- Probation Services
- GP's
- Dentists
- Pharmacists
- NHS hospitals
- Housing providers

- Health providers
- Care providers

How will the MASH achieve what is required by the Care Act 2014?

The MASH is a partnership of agencies that have a duty to safeguard and have agreed to share information they have on adults at risk and work within an integrated team in order to improve decision-making whenever there are concerns about an adult at risk.

A multi-agency MASH team will share and analyse information from their agency's database in a safe, managed environment so that social work decisions can be made quickly, regarding the most appropriate intervention which is based on the widest and most accurate information available.

The MASH will co-locate safeguarding agencies and their data into a secure assessment, research and referral unit for notifications and referrals adults at risk. By providing a fire walled facility (confidential unit), each partner can balance the need for privacy against the need to share information safely.

The MASH will also be useful for the identification of risk and harm at a community level, enabling agencies to share information on specific risks, victims and perpetrators and allow a multi-agency response to address these risks.

How does the MASH operate?

1. Initial screening

The MASH Team is available at the following times:

Monday – Thursday 9am – 5 pm

Friday 9am – 4.45 pm

Concerns can be received by MASH by telephone, email or letter.

- Telephone: 0208 379 3196
- Fax: 0208 379 2707
- Email: TheMashTeam@Enfield.gov.uk (Caps not required)
- Address: Room 2, First floor
Civic Centre
Silver Street
Enfield, Middx
EN1 3XA

Most concerns will be completed on the safeguarding alert form AP1 –([link here](#)) and emailed to the team.

Other concerns may come via a London Ambulance Service alert or Police Merlin (a form completed by the police if they believe someone is at risk).

Interim procedures have been agreed for alerts which are received concerning Mental Health service users, Integrated Learning Disability Service or North Middlesex Hospital Trust. These are attached – Appendix A,B & C.

Police Merlins

These are RAG rated by an officer in the Police Protection Desk (located within Children’s SPOE (Single Point of Entry). Amber and Red referrals will be forwarded to the MASH administrator for screening.

Referrals via post or email

The Mash mailbox and post will be checked by admin throughout the day for screening. The admin officer will then:

- Check that all relevant details are completed on the form
- Check Care First (social care database) and, if necessary, RIO (health database)
- If case known, add Care First ID and NHS number (if known) to the alert form
- Add details of allocated worker, if there is one
- If not known, create new ID on Care First
- Enter contact on Care Assess

- Assign to duty MASH manager through an electronic allocation process

Telephone referrals

Person in receipt of phone call will record:

- What happened
- When it happened
- Where it happened
- Who was involved
- Action taken
- Decisions made

The caller should be advised to ring 999 if the concern is a criminal matter or if immediate medical help is required.

Referrals received by members of the public will be recorded by the MASH team and a copy sent to the referrer for their records to ensure accuracy of information

When telephone referrals are received in MASH by professionals, the professional will be asked to follow up the referreral in writing.

Police involvement

The police are key members of the MASH team and, as such, it is a straightforward process to refer or discuss cases with them. It should be considered whether police involvement is necessary at an early stage. The Care Act 2014 states that 'everyone is entitled to protection of the law and access to justice.....Although the local authority has the lead role in making safeguarding enquires, where criminal activity is suspected then the early involvement of the police is likely to have many benefits'. (Care Act 2014, section 14.70)

It should be noted that where a crime has been committed, the person making the alert, with agreement of the adult at risk, should report the crime to the police.

If the MASH manager believes that a crime has been committed or the matter is RAG rated as red and immediate police action is required, this should be reported to the police using the 101 crime reporting number, with the permission of the service user. If the crime potentially affects other people and it is considered to have a vital or public interest, the matter should be immediately reported to the police, again using the 101 crime reporting number.

An alert screening tool is available to assist decision making in this area. [Link to local practice guidance 1](#)

RAG rating and Timescales

The Mash duty manager will review all contacts and give each case an initial RAG rating.

In order to establish priority timescales, the alert should be graded Red, Amber or Green. A toolkit is available to help make that decision. [Add link here.](#) SCIE

However, this should not be seen as a substitute for professional decision making. A detailed guide on working with risk in safeguarding adults can be found in practice guidance 4 [link here](#)

Once the alert has been RAG rated the following timescales will apply:

Red	Within 6 hours
Amber	Within 24 hours
Green	Within 5 days

It should be noted that there may be some occasions where the timescales cannot be met e.g. if the adult at risk is unwell or temporarily lacking capacity due to illness. In this case, the reasons why the timescales are not met should be clearly recorded.

The RAG rating should be reviewed throughout the process.

Is it safeguarding?

Using the information provided on the form and any information contained within Care First or RIO or available from an initial discussion with the police or allocated team, the MASH duty manager will consider whether a safeguarding enquiry is needed or whether another pathway is more appropriate.

It is important to remember that not all 'safeguarding alerts' meet the definition in the Care Act. For example, the person may not;

- have needs for social care and support
- be experiencing, or at risk of abuse or neglect
- need support to protect themselves from either the risk of, or experience of abuse or neglect

So whilst some people/providers may report what they judge to be a safeguarding alert, the person receiving the information within MASH must demonstrate that it does not meet the definition.

Case does not meet criteria under the 3 stage test

If the criteria for a Section 42 enquiry have not been met, it should be considered whether it is appropriate that the person or their carer be offered an assessment, support or advice.

The MASH duty manager will then arrange for the most appropriate MASH worker to undertake the following:

- inform the alerter and the person at risk of the decision made
- obtain consent to share information if other agencies/organisations 'need to know'
- advise the person of the most appropriate agency/organisation to meet their needs
- record the decision and the outcomes on MASH screening tool.

If the concern is to be passed to a team within Enfield, this should be assigned to a clipboard on Care First, a message and activity completed, signposting where the relevant information is available on Care Store.

If a referral is to be sent outside Enfield, a letter should be sent to the alerter and receiving agency – see template [link here](#)

Further information gathering

If the Manager feels that the threshold for safeguarding may have been met, they will arrange for a MASH worker to:

Speak to the alerter to clarify:

- Does the person have capacity to make decisions regarding their safeguarding and associated risks?
- Are there any language or cultural needs or issues to be taken into account?
- Are there any disability related needs which should be considered before speaking to the person?
- Are there any associated risks in contacting the person, such as domestic violence

The Manager will then arrange for the MASH worker or other appropriate person (e.g the allocated social worker, care worker, housing officer or health worker) to:

Speak to the adult at risk and/ or their advocate/ representative to:

- Clarify what they would like to happen and the outcome they wish to achieve
- Provide advice about immediate safety and protection of evidence etc.

- Advise of the options available to them
- Obtain consent to continue with safeguarding
- Obtain consent to share information with other professionals within MASH, including the involvement of the police, if necessary.

Initial Section 42 enquiries

To re-iterate, the Care Act says that a Section 42 enquiry could range from a conversation with the adult or representative, right through to a multi-agency plan or course of action.

After the adult at risk has been consulted, it may be clear that the person can be safeguarded without the need for any further enquiries.

If this is the case, a referral should be passed to the appropriate team / agency, with recommendations for further actions. Where appropriate, this should be via the Care First clipboard / messaging / raising an activity.

A discussion with the receiving team should take place prior to formally handing over and closing to MASH.

Formal Section 42 enquiries needed

If a more formal Section 42 enquiry is required, a decision needs to be taken whether sufficient information is available to proceed.

A discussion should take place with the MASH team and partners to decide whether further information is required before passing to another team for further enquiries.

- **Sufficient information available**

If it is evident that sufficient information has been obtained to continue with formal Section 42 enquiry, the circumstances of the case should be considered by the MASH team to confirm who is best placed to complete the enquiry. Possible agencies to undertake enquiry include:

- Housing officer
- GP
- Community nurse
- Allocated social worker
- Service Provider

Remember, it is the duty of the local authority to ensure the Section 42 enquiry takes place, not always to undertake the enquiry themselves. Whilst work with the adult may frequently require the input of a social worker, other aspects of enquiries may best be undertaken by others with more appropriate skills and knowledge e.g. health professionals should undertake enquiries and treatment plans relating to medicines and pressure sores.

An initial Section 42 enquiry template should then be completed with details of the referral and actions taken so far [link here](#). This should then be forwarded to the relevant agency, either via Care First or secure email and used as the basis for further discussion. It should be noted that regardless of which agency undertakes the enquiry, the local authority remains the lead agency and will retain oversight of the safeguarding process.

A strategy discussion / meeting should take place with the receiving agency, to confirm that they have all the information they require from MASH. The case can then be closed to MASH.

- **Further information required**

If the Mash Team consider that additional information is justifiable and proportionate based on the actual and potential harm, a request will be sent by the MASH worker to the appropriate agencies, using the Information Request Form.

Where possible, if not already obtained, consent should be sought from the service user before using this service, unless there is a vital or public interest or there is risk of abuse either continuing or occurring.

MASH Team members should familiarise themselves with the Information sharing protocol [Add link here](#)

Decision making

The information from other partners should be summarised and considered in a strategy discussion / meeting to decide on any further action which may be required and by whom and the RAG rating adjusted, if necessary.

A Section 42 enquiry template should be completed with details of referral and actions taken so far [link here](#). It is important to consider what elements of the shared information should be included at this stage. Is it necessary and proportionate? The template should then be emailed to the receiving agency and used as the basis for further discussion.

A strategy discussion should then take place with the receiving agency by phone, email or in person to agree:

- Recommendations for further action (where possible this should be led by the outcomes identified by the service user)
- Protection plan, as necessary
- Investigation planning

The case will then be closed to MASH.

Post-safeguarding information sharing

All referrers should be notified of the outcome of the initial enquiry and the agency who will be completing the formal enquiry. A template letter is available for this purpose and should be sent via email or post. [Link here](#)

Dealing with repeat allegations

All allegations should be considered on their own merit. An adult at risk who makes repeated allegations that have been investigated and unfounded should be treated without prejudice.

However, there may be occasions where allegations are repeated and unsubstantiated following investigation. In this case a risk assessment and risk management plan should be developed and a process agreed for responding to further alerts.

[Local practice guidance 12 gives detailed information on dealing with repeat allegations.](#)

Resolving disagreements

In the event of disagreements 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 resolution cannot be found, the matter should be referred to the Service Manager with lead responsibility for MASH, who may raise the issue with senior staff within MASH partners to find a solution.

Record keeping

All records should be factual and completed in accordance with MASH recording protocol.

Services user's wishes and feelings should be clearly recorded, including that consideration has been given to capacity and advocacy needs.

Care Assess form should be completed at each stage of process and re-assigned to MASH manager to authorise closure.

Integrated Learning Disability Service

The Learning Disability service will continue to log and screen any safeguarding referrals they receive concerning a person with a Learning Disability. They will also provide advice and support for any cases coming to MASH where their expertise may be required. They are an 'arm's length' MASH partner and, as such, although not co-located, will consult with MASH managers, as appropriate.

It is expected that a representative of the ILDS team will attend MASH meetings on a regular basis.

Alert received in LD Team

- LD Admin will load and speak to an LD Manager to clarify whether the matter should be progressed as a safeguarding referral – If so, to be opened on Care First and Care Assess commenced.
- LD Admin will notify MASH admin (TheMashTeam@Enfield.gov.uk) of the concern
- MASH admin will add case to MASH spreadsheet
- LD Admin will record all observations as MASH Case Notes
- LD Manager/Senior Practitioner overseeing case will have a case discussion with a MASH Manager (**Carole Galloway, Linda Dempsey, or Nicola Isolda**) to RAG rate.
- LD Manager/Senior Practitioner to record an observation under MASH Enquiry stating that a discussion was had regarding the RAG rating.
- LD will assign case to an LD duty social worker to complete initial fact finding (SEC 42 Enquiry) including speaking to referrer. LD duty worker will speak to service user – assess mental capacity and obtain consent, if possible.
- LD Social Worker will record observations as MASH Enquiry Case Notes
- If police information is required at that stage the LD Duty worker will contact the MASH manager to request that MASH obtain this information and report back to LD Team within an agreed timescale, in accordance with the RAG rating.
- After section 42 Enquires have taken place, a discussion will then take place with LD Duty Worker and LD Manager, in consultation with a MASH manager, to determine the outcome of the safeguarding concern.

- The agreed decision will be typed up on the Section 42 template (previously known as the strategy discussion template,) which should include a record that the MASH Manager was consulted.
- If a decision has been made for a formal section 42 enquiry/Investigation to take place this will be allocated to a social worker. From this stage onwards observations should be recorded as Safeguarding case notes.
- Protection Plan-Document name has now been changed to Safeguarding plan.

LD alert received by MASH team

- MASH admin to check Care First and RIO – record on alert the Care First and RIO ID and confirm if case known to LD team.
- MASH admin will then pass case to a MASH Manager.
- **If case known to LD** - MASH Manager will ask MASH admin to send to LD admin to process as above.
- **If case not known to LD**, there will be a discussion between the MASH Manager and LD Manager, to confirm whether LD is the appropriate service to take on case.
- If case accepted by LD – case to be processed as above

Appendix B

Mental Health Services

The Mental Health Service will retain responsibility for completing safeguarding enquiries on cases known to them pending negotiations for staffing within the MASH.

The agreed interim procedure is as follows:

- **Community Services**

If service user known to Mental Health services the details of the concern should be sent to:

Mental Health Triage:

Email: triage.enfield@nhs.net

Phone: 0208 702 5000

- **OPMHT**

For service users over the age of 65 years:

- If open on RIO or OPMHT, the appropriate service will carry out enquiry.
- If the case is not open on Rio or OPMHT, the case will be passed to MASH
- MASH manager and OPMHT manager will discuss and agree who is best to complete enquiry

Appendix C

North Middlesex Hospital

Pending discussions with NMH Trust, the following interim arrangements have been agreed:

- The Hospital Teams will retain responsibility for initial screening of safeguarding alerts and forward to the MASH team for progressing (this will ensure that the hospital teams continue to respond / prioritise cases i.e. patients in A&E that need to be seen prior to discharge).
- Hospital Team will forward safeguarding alerts to the MASH team via carefirst activity. Mash team to complete screening process.
- MASH and Hospital team to hold teleconferencing on a daily basis to share information and to establish professional bodies required to attend strategy meetings
- MASH and Hospital Team to hold case discussions and MASH to complete template (for cases against the hospitals)
- Hospital Team to co-ordinate / facilitate / chair / strategy meetings
- Hospital Team retain responsibility for holding the initial safeguarding discussion for Out of Borough safeguarding alerts to agree Terms of Reference for them to action. (for cases against the Trusts)
- Need to Know to be completed by Hospital Team and sent to the Central Safeguarding Team for information and progressing if appropriate