Multi-agency Safeguarding Hub (MASH) Practice Standards for Partners

This document has been created to ensure that each agency provides a consistent response to undertaking checks on individual cases within the MASH.

If a case meets Level 4 and Practice Managers make the decision that multi agency checks are required then specific agencies will be 'ragged in' to undertake these checks.

There have been some challenges in the past about how much information is required from each agency and that Practice Managers in Social Care were not specific enough in terms what they were asking for.

These Practice Standards provide guidance for each partner agency on what to check for and ask in relation to the concerns in the enquiry. For example, the information required for a child who is being neglected may be different from the information required about someone who may be having contact with a risky adult.

This means that 'rag's completed by Practice Managers will not be specific, as each partner agency is required to use their practice standards as a baseline for those checks. If there are specific pieces of information required that are not covered in the practice standards this will be written into the 'rag' and therefore the partners do still need to read the rag to ensure that nothing is missed.

To assist partner agencies within MASH, Social Care staff within MASH must comply with the Practice Standard of gaining consent and recording this clearly and where consent is not sought or given again this requires recording correctly. The impact of Social Care staff not recording consent correctly will impact on where partner agencies record their information on MASH Protect. The different examples of how these impacts upon recording practices are noted below:

1) **Section 47 Enquiries** – *all partner information is available in Care First*

Most of these cases would not have parental consent at the point of referral; therefore agencies record their information onto the 'sensitive' section of MASH Protect. It is worth noting, that MASH promotes good practice and when possible adheres to the seven rules of Information Sharing (it is better to share information with informed consent rather than not) by requesting the MASH Officers to make contact with carers/parents and seek their consent for information sharing.

If consent is not sought the completion of the Record of Strategy Discussion that contains all multi-agency information, rationale for the decision and plan of actions. This record is available in Care First.

2) **Single Assessments**

In cases where consent was provided by parent/carer directly to referrer, the information gathered by the Children's Services MASH Officers is recorded in the 'Disclosed' section of the MASH Protect and transferred in Care First.

MASH partners continue recording all their information in the sensitive section of MASH Protect and this prevents any transfer of data between the two systems. Consequently, the MASH Records available in Care First are very sparse and contain incomplete information.

A number of cases are referred to the MASH without parental consent being secured by the referrer (i.e. NSPCC/anonymous/ family members' referrals). It is therefore the responsibility of MASH Officer to make contact with parent/carer in order to gain consent for multi-agency checks.

Due to the fact that consent was not secured at the point of the RAG, partner agencies record their information in the sensitive section of MASH Protect.

3) Cases without parental consent

The MASH information sharing Agreement states that *"If a case does not meet this (significant harm) threshold and is referred for early help or child in need services, documented consent will be required from the parents or carers if information is to be shared."* (Northamptonshire Multi-Agency Safeguarding Hub (MASH) Information Sharing Agreement Version 6.5 (Updated September 2014)). Therefore, if consent has not been secured at the point of MARF or during the MASH Enquiry all information will be recorded in the sensitive section of MASH protect and will not be transferred to Care First.

Once parental written consent has been gained by the allocated Social worker undertaking a Section 17 assessment, MASH can disclose all the relevant information.

Finally, these practice standards are a baseline for all multi agency checks and if you are going to deviate from them, you must record why you are not undertaken a particular check. Social Care MASH Officers are required to get a Practice Manager of Team Manager's permission before deviating from the practice standards.

Practice Standards for Social Care checks in MASH

The following points are good practice on every case:

- Check each adult and each child using name, address and date of birth.
- Follow the prompt sheet for MASH officers

Regardless of the RAG, MASH officers should consult this document when undertaking MASH checks and follow the practice guidelines. If in doubt consult the NSCB and Children's Services Procedures.

Sexual abuse

- If there are concerns raised about a current sexual abuse allegation – check with a senior and organise a strategy meeting.
- Call the paediatrician to see if a medical is required, this will have to take place through Serenity.
- When collating the history check for history of sexual abuse/or exploitation.
- Clarify where the child is now and if they are safe.
- If an adult in the household is a registered sex offender, liaise with Police MASH to see who will liaise with MOSOVO re their involvement with the adult.

Sexual exploitation

Complete the CSE toolkit with parents and professionals. Liaise with RISE to see if they are involved. Check with a senior if a strategy discussion is required – this will generally by when it is high risk, or we have clear evidence of exploitation.

Domestic abuse

- Check with IDVA/Police the DASH score. If it is high risk check with a senior if a strategy meeting is required.
- Phone/ email Sunflower Centre to alert them of the case so they can pin in and attend the strategy meeting if able to.
- Speak to both parents, unless it is unsafe to do so. When talking to victims ensure that they are safe to speak to you. If they feel unsafe consider if Refuge would be an option. Explain the impact of domestic abuse on children to both parents. Clarify what their plans are for the relationship. When collating the history – look for previous incidents of domestic abuse, have they separated and got back to together. Did we close the case agreeing that they could live together?

Neglect

- If concerns are about neglect check the history for previous concerns about the same issues. Look for situations where children were left home alone, or found alone in the street, poor home conditions, persistent head lice, poor hygiene, lack of food and clothing. Use the neglect assessment tool as an aide memoir to do this. Speak to professionals about the impact on the child of the neglect. Is one child more neglected than others? Speak to parents about the neglect and consider if they have financial issues, if they have learning needs or mental health issues or drug/alcohol abuse issues.

- Children who have been found in seriously neglectful environments may also need paediatric assessments, so call the paediatrician and checks.

- Significant injuries occur because of poor supervision; this are classed as neglect but still requires a paediatric assessment. If a child has suffered a significant injury due to neglect or poor supervision please contact the paediatrician.

Injuries/bruising to a baby under 6 months or a non mobile child under 2 years old

These children must have a paediatric assessment. Call the paediatrician immediately and book this in, speak to senior about arranging a strategy meeting.

Injuries to children under 3 years old

If a child less than two years old has an injury which meets tier 4 (MASH) we must contact the paediatrician and discuss the concerns and if they advise a medical, please organise. *Do not advise parents to send them to the GP.* 45% of all serious case reviews where children have died are children under 1 year old. We need to be mindful that this is an age where children are more likely to be abused and therefore we cannot just rely on what parents say.

Physical abuse

If a child has a bruise and has made a disclosure of being physically harmed, we must call the paediatrician and book a medical and then organise a strategy meeting. Please contact both parents and with permission anyone else who has cared for the child when the injury may have occurred and get an explanation. Check the history for previous incidents of physical abuse and domestic abuse. Be mindful of the fact that when there is domestic abuse there is a higher likelihood of physical abuse. If there is no disclosure but there are concerning injuries please call the paediatrician.

Drug/alcohol abuse

If drug/abuse, please look for previous issues in relation to alcohol misuse or drug misuse. Be mindful that if parents are not attending appointments arranged with services that this could be because they are using illicit drugs and therefore want to avoid testing. Look for concerns about neglect in these cases. Other indicators of people using drugs/alcohol are shoplifting, sex working, and handling stolen goods.

Homelessness

If teenager is homeless call the parents and the teenager, see if they can go home, or if there is somewhere else they can stay, if not this will require an assessment. Get consent from the teenager and their parents for checks.

If the teenager is 'sofa surfing' or not staying at parents get the all the details of where they are living and add to relationships, as Police will need to do checks on them. If they are living with someone who has CYPS input already, speak to the relevant social worker.

If a family is homeless liaise with housing, are they intentionally homeless, do they have no recourse to public funds. Check if they can find themselves somewhere else to stay, it is the parents' responsibility to find somewhere to stay, but this could require assessment.

Female Genital Mutilation

Speak to Northampton Flower and ask for advice. Speak to a senior before contacting the family. Look for confirmation about the family being out of the country for a significant amount of time and changes to the child's behaviour. If there is intelligence that a child has had the procedure a medical is likely to be required through Serenity.

Fabricated induced illness

Refer to the FII procedure and do not tell parents that professionals have concerns about them fabricating or inducing illness. Check with a senior about what to share. The procedure states that you need to talk to the referrer to make a plan about what to share. Also contact the paediatrician as they need to look at the information and consider if a strategy meeting should be held.

Mental health/suicide attempt

With teenagers/children check to see if there been previous suicide or self harm attempts. Serious self harm episodes, like jumping off a bridge, taking a large amount of tablets (in excess of 50) etc need a strategy meeting. Check if CAMHS are involved.

With parents who have mental health issues consider if there is a safe adult in the household to care for the children. Is the parent suggesting that they have thoughts of harming the child? If so we need to consider a strategy meeting. Ask parents what support they have, do they have a diagnosis and a mental health worker involved. If so ask permission to contact their worker.

Children Missing

Look for patterns and dates of missing periods, check for any intelligence around CSE and consider undertaking the CSE toolkit. Check that parents are reporting them as missing on each occasion. Read the return interviews and see if there are any other concerns. Specifically comment on when reported missing and when child found. Children missing for more than 24 hours need a strategy meeting.

Radicalisation

Check if Prevent team has been involved and liaise with them about any concerns raised. Andy Blaize or Jody Williams are the points of contact there.

Dog Bites

See who the dog belongs to and if there are children in the household. How have the adults responded to the concerns? Any child under 2 years old with a dog bite needs consideration for a strategy meeting.

Families in Crisis

Look for parents are not coping, is the behaviour of a child impacting on siblings. Has the child or any family member picked up a weapon? Speak to parents about what support they have. Consider EHA or EHPT.

Unaccompanied asylum seekers

If you are made aware of an unaccompanied asylum seeker in custody please let a senior know and First Response Team so that they can do the age assessment. Be aware that these are vulnerable children who have often travelled long distances to get here.

Unborn babies

We only take referrals for women who are 12 weeks and above gestation. This is because prior to this the baby is not deemed as viable. If the pregnancy is more than 22 weeks we will need to consider a strategy meeting if the concerns meet the threshold for s47 enquiry. When speaking to mothers, try to ascertain who the father is, name, and date of birth etc and how involved he will be. Then speak to the father about the concerns. Speak to the mother about preparation for the baby and how she feels about the pregnancy, as well as the concerns that lead to the referral. If the mother is looked after, or leaving care, (or an open case) please ensure that we contact the allocated social worker.

If we ascertain that the pregnancy is not yet viable please share the concerns with the relevant hospital via email so they and the midwife can record it and refer when appropriate.

Concealed pregnancy

There are two types of concealed pregnancy, 'denied' where a person does not know, or denies the symptoms to them, or 'concealed' where a person does not but has chosen to not tell professionals. Not accessing antenatal care is a choice and has to be respected; however, there could be significant consequences for the baby if they do not. If you get a concealed pregnancy you need to consider the same questions as 'unborn babies', but also try to ascertain why they have not sought treatment or told professionals. The risks are heightened if they have had children removed previously, have concealed a previous pregnancy or have a medical condition that could harm the unborn if they do not seek treatment. We should consult the procedure in these scenarios to consider if it meets the threshold for a strategy meeting.

Practice Standards for Police checks in MASH

On each case please read the referral:

If the concerns are historical sexual abuse/exploitation, look for specific previous concerns of this nature. If sex offender, liaise with _____ re their involvement, check with Social Care.

Look for intelligence about adults in household.

(If sex working person managed by probation – contact them for update)

- Check each adult and each child using name, address and date of birth.
- If several adults involved check with SC that they want all checks and the extent of them.
- Collate a history of involvement this should include any arrests for violence, drug/alcohol, sexual offences and anything else relevant to referral.
- For victims of domestic abuse please collate history and be specific about dates and names of perpetrators and level of risk on each occasion, what is DASH.
- Probation involved and why.
- If concerns about neglect, look for call outs regarding concerns re ASBO, poor home and absent parents, children home alone etc.
- If concerns relate to physical abuse look for previous incidents where this child or stresses in household have been physically assaulted. There may also be domestic abuse as well.

  If during checks you learn an offender has been currently arrested please ascertain if they have been charged, if they have bail conditions, say if still in custody.

  If drug/abuse, please look for previous arrests of unveil about drugs or alcohol abuse.

  Look for related crimes, for e.g. shoplifting, sex working, handling stolen goods.

  Homelessness

  If teenager is homeless check with SC if checks required.

  If a family is homeless check with SC if checks required.

  FGM

  Look for trips out of the country and anything relevant in relation to immigration.

  Trafficking

  Look for immigration status and unusual intelligence information regarding trips out of country etc.

  Fabricated induced illness, treat this like neglect/physical abuse cases.

Mental health/suicide attempt look for call outs re previous attempts either adult of child look for other concerns regarding child abuse as this could be a trigger.

Children Missing

Look for patterns and dates of missing periods check compacts there is intelligence information around CSE, or who they are associating. Specifically comment on when reported missing and when child found.

Radicalisation

Check if prevent team has been involved. Trips in or out arrested/Intel, in relation to this

(Put your own DS expectations on, try to summarise where possible if appropriate)

Dog Bite

Look for arrest/intel re danger with dogs. Consider if necessary to do all checks on adult for checks if the dog does not belong to the family.

Families in Crisis

Look for call outs re parents not coping, suggesting giving child up, anti social behaviour, incidents involving weapons.

Be specific about who is offender in this scenario.

Practice Standards for Health in MASH

For all referrals please use the template below (In bold). When collecting the information think about the child's journey so far in life.

The information gathered will be appropriate to age of the children and the reason for referral.

Information gathered from system one Northamptonshire/

Name DOB NHS

Registered at surgery?

Immunisations are

S/N, H/V level at surgery

Ethnicity / UK entry

Last seen by GP

Risks and concerns

If possible consider:

- Check family details, addresses, who is living in household, sibling, DOB are any missing?
- Childs Birth, where how, birth weight, prematurity, complications.
- Neonatal screening results.
- Developmental checks- looking at parental interaction, environment, voice of the child.
- Child hood illnesses- ? normal, attended appropriately,
- School checks- Primary School, Year 6, attended, weight checks normal, etc?
- Diagnosis of illnesses- referrals to services, attended, follows ups?
- Accident and Emergency (A/E) admissions- why, when, is there a mode of injury?
- Did not attends (DNA's) - who brings them, to appointment? Multiple attendances, lack of attendances.
- Parental interaction?
- Emotional responses?
- What agencies are involved?
- Does child have additional needs, disabilities? Do they need extra support?
- Any parental risk factors if known?
- Any concerns raised by professional before relevant to enquiry?

<u>Children and Adults – mental health/LD information gathered.</u>

- Date of attendance. Who referred them to the service?
- Diagnosis, medication, what professional do they see, name and contact numbers
- What services are they open to?
- What is engagement like?
- Date of discharge from service

Strategy meeting

- Please ensure case are handed over verbally to the person attending to ensure the
- Information, risks and concerns are shared.
- All information gathered will need to be printed off for the meeting.
- Also rag the case where possible before attending strategy so it does not time out.
- Record outcome of Strategy on Strategy sheet to share outcome with professionals.

Mental health- EPEX/System One

Check system One and EPEX for the information

Template to use

Is not known/known to SMHS for NHFT in Northamptonshire

Adult name in full, DOB NHS (If you have this)

- Points to consider when collecting the MH information
- Commencement of treatment with services
- Diagnosis of condition, and when
- Admission to hospital and discharge date
- Services currently involved with and contact numbers of professionals, or have accessed
- Assessments undertaken and care plans
- When last seen

Check children in the family to see if known to SMHS on EPEX.

The following points are good practise on every case:

(See template sheet to use for recording of each case.)

Please consult this document when reviewing health records and also use the Northamptonshire Safeguarding Children's Board and children's procedures.

Sexual abuse

- Voice of the child
- Repeated Urinary tract infection (UTI), vaginal infections
- Termination of pregnancy, contraception
- Sexualised behaviour/ behavioural response
- Current or historical abuse

Child Sexual Exploitation (CSE)

- Look for push and pull factors within the records/family
- Voice of the child
- Domestic abuse in family

- Absences/ truancy /exclusion from school
- Drugs/Alcohol/smoking habits
- Referral to Children Adolescents Mental Health Service (CAMHS) for behavioural issues
- Repeated UTIs, vaginal infections, Termination of pregnancy,, contraception
- Bereavement
- Attending appointments with older adults who are not carers/parents

Domestic abuse

- Physical injuries for the children
- Emotional response for children
- Behavioural changes
- Multi Agency Risk Assessment Committee (MARAC) dates, who was victim, who was perpetrator and Domestic Abuse Stalking and Harassment (DASH) score.
- Domestic Abuse police notifications

Neglect

- History of neglect previously
- Poor engagement with services
- A/E admissions
- Parental factors mental health, Alcohol and drugs
- Disguised compliance
- Poor home environment
- Children not meeting developmental milestones
- Significant weight loss or weight gain

Injuries/bruising to a baby under 6 months or non-mobile child under 2 years old

- Speak to Health Visitor (H/V) and community midwife (C/M) for previous and current history and concerns
- Need Datix/ 24 hour report from professional in Northamptonshire Healthcare Foundation Trust (NHFT) working with the family?
- Speak to hospital A/E and Named professional to gain more information about injuries
- Need to consider what injuries could occur if baby is non mobile?

Physical abuse

- Attendances to A/E explanation given for injuries and do they match the story?
- Are they visible to health?
- Supervision of children by parents, boundaries in place for the children by parents
- Voice of child
- History of Domestic Abuse (D/A)
- Accessing different services e.g. A/E, Out Of Hours, Minor injuries, Northampton General Hospital, Kettering General Hospital, or other A/E around the county
- D/A notifications and D/A in the household

Drug/Alcohol abuse

- Previous history of drug and alcohol and D/A
- Concerns around neglect of the children
- Mental health information on the parents and input from services in NHFT.

Homelessness

- The impact on the children lives from being homeless
- Teenagers what's life like for them?
- Referral to CAMHS for behavioural problems
- Ethnicity if no recourse to public funds
- Consider the vulnerabilities if the children have learning Disability within the family?

Female Genital Mutilation (FGM)

- Speak to hospital to establish if mother has had FGM
- Have family had travel vaccination to travel for extended period?
- Establish if had long period out of the country.

Fabricated Induced Illness

- If this is suspect and the record is showing multiple concerns about attendance, then a full chronology may need to be completed by another professional who is dealing with the family.
- Review the attendances to professional, why, diagnosis and treatments given.
- Who they attended with?
- What hospitals have been involved with them for treatments?

Mental health and suicide attempts

- What is the engagement with mental health services?
- Previous admission and assessments
- Are they safe, what protective factors/family is there?

Children missing

- Is there any push and pull factors
- Drug and alcohol misuse
- D/A
- CSE
- What is their sexual health?

Radicalisation

- Are they or have they converted their religion?
- Have they been abroad for period of time/ travel vaccinations?
- Mental health history

Dog Bites

- Type of dog, is it dangerous dog
- History of dog bites previously
- History of dogs in the family or extended family
- Boundaries/protection of children from Dogs e.g. Stair gates

Families in Crisis

- Look for parents not coping at home.
- Mental health history.
- Extended family support
- Behavioural problems with children and referral to CAMHS.

Unaccompanied asylum seekers

- Health information will not be required in these situations.

Unborn babies

- Need to be over 12 weeks, ring community midwife or H/V for information.
- Obtain history of pregnancy, DNAs, consultant appointments, scans, blood taken, confirm Estimated Date of Delivery (EDD).
- If the Father Vulnerabilities?
- What preparation has been made for pregnancy?
- Planned pregnancy?
- Consensual sex?

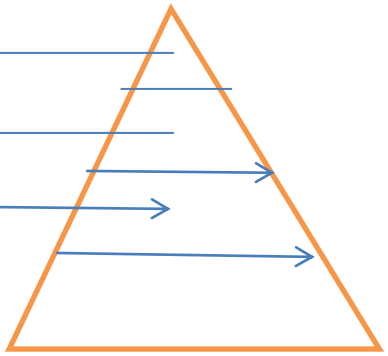
Concealed pregnancy

- Ring hospital asks for health of baby and what was delivery if concealment found out at delivery.
- Who was present at delivery?
- Age of the mother
- Details of father, was this a consensual relationship?
- Whether any antenatal care given and what this care consisted of?

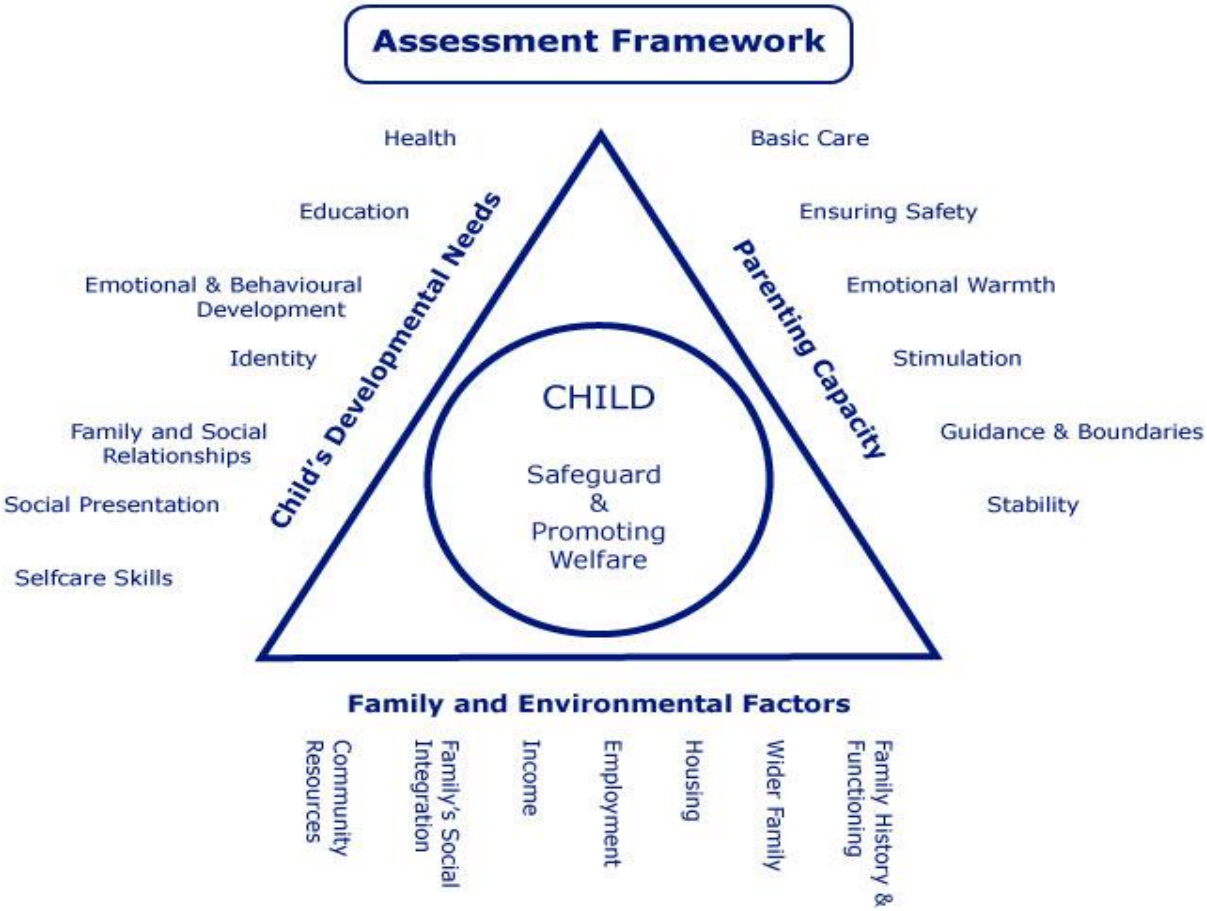
Ragging of cases

Use in conjunction with Thresholds and Pathways document for NSCB

RED	Level 4
AMBER	Level 3
Green	level 2



Universal services



Practice Standards for Education checks in MASH

For each case read all details: enquiry details, adults involved, other children, MASH rag.

Make sure checks are completed on all children listed.

Record school, attendance, exclusions and any relevant involvements open from ONE. Some of this information may have to be obtained from school.

Contact the DSLs of each school to get up to date information about education/welfare plus specific questions as below.

Social care may ask MASH- Education to get schools to speak to children.

Sexual abuse/sexual exploitation

Are Rise involved – check ONE

Specific questions for DSLs: any known concerns about child's vulnerability in relation to CSE/ sexual abuse. If concern is CSE ask about any known relationships, new clothes, phones, money, truanting, have they been seen or known to associate with adults. If young, are they hanging around with older students?

If Sexual abuse- is child withdrawn, display sexualised behaviour, what is their behaviour around adults? Do they have issues about leaving school at the end of the day?

Domestic Abuse

Check ONE for number/date/level/child's involvement of DA notifications.

Specific questions for DSL: is child withdrawn, concerned about going home? What is their behaviour around adults? How do they react with their peers? Do they have behaviour issues/exclusions in school?

Neglect

Specific questions for DSLs: How does child present at school-tidiness, hygiene, uniform? Do they have lunch or lunch money? Are they always hungry? What is their behaviour like with adults? Do they have persistent head lice? Have they been seen outside school unsupervised, do they come to school on their own?

Physical Abuse

Specific questions for DSLs: Is child withdrawn or do they have behaviour issues? How do they behave around adults? Do they regularly have injuries/suffer from pain? Are they regularly not attending PE?

Drug/Alcohol abuse

Check ONE – any exclusions relating to drugs/alcohol?

Specific questions for DSLs: is child known to use drugs/ alcohol? Any issues related to these at school? Does child have money/ new clothing /technology (may indicate involvement in selling drugs?) Are parents known to be drug users? Are their peers/ associates involved in drugs/alcohol?

Homelessness

Specific questions for DSLs: is school aware? Do they have information about current carers if child is in temporary accommodation? Do they have any information as to causes of child becoming homeless? What is child's relationship like with parents/carers they usually reside with?

HBV/FGM/Forced Marriage

Specific questions for DSLs: Does school have any knowledge of child's ethnicity/country of origin? Does the family engage with professionals (health, education or other)? Does the child/family have a limited level of integration within UK community? Has the child talked about a long holiday to her country of origin or another country where the practice is prevalent? Have parents (or the child) stated that they or a relative will be taking them out of the country for a prolonged period? Has the child been withdrawn from Personal, Social, Health and Economic (PSHE) education or PE? Has child talked of an 'engagement or ceremony abroad?

Fabricated Induced illness

Specific questions for DSLs: Has child got a history of prolonged illness and absence from school? What evidence does school have about these illnesses? Does the school feel that the absences are justified?

Mental Health/Suicide attempt

Specific questions for DSLs: is there a history of self harm? Has mental health affected attendance? Are CAMHS involved? Has school put together a special education package e.g. tutoring or hospital and outreach?

Children Missing

Check ONE for previous missing reports/involvement forms.

Specific questions for DSLs: Does the school have any previous concerns about the child? Does the school have any information about child's relationships/peer groups/ parental situation that may be causing missing episodes? Does the child truant or have school absence issues?

Radicalisation

Specific questions for DSLs: Is child known to be connected to any specific community/religion? Has the child talked about these issues with peers or staff? Does child have attendance issues? Does school have any information about peer group- inside and outside of school?

Families in Crisis

Check one for domestic abuse notifications +EIPT referrals for attendance.

Specific questions for DSLs: does child have behaviour issues/ exclusions? Do parents engage with school? Any known issues about family situation?

Practice Standards for YOS checks in MASH

Firstly on each case please read the referral:

The following points are good practice on every case:

- Check each adult and each child using name, address and date of birth. Open Careworks and check the system for any of the names and dates of births that have been listed. Check surnames using the "soundex" option and also check dates of births separately.

- Collate a history of involvement; this should include any previous convictions and information on related offences. If open to YOS is the child a current case? Who is their worker? What are their previous offences? What are their previous outcomes?

- Are there any safe guarding/risks raised in the latest assessment and associated documentation (Asset/RoSH/LOVA/RMP/VMP)?

Sexual abuse/sexual exploitation

If the concerns regarding sexual abuse check for historical information in relation to sexual abuse/exploitation, look for specific previous concerns of this nature.

Domestic abuse

For victims of domestic abuse, check whether any current/historical information is recorded on YOS system regarding this.

Neglect

If concerns are about neglect, look for concerns regarding anti social behaviour, poor home conditions, absent parents and children left home alone etc. Look for issues about alcohol and drug misuse as well.

Physical abuse

If concerns relate to physical abuse look for previous incidents where this child or other children in the household have been victims previously have been physically assaulted. There may also be domestic abuse as well.

Drug/alcohol abuse

If drug/abuse, please look for previous information about drugs or alcohol abuse.
Look for related crimes, for e.g. shoplifting, sex working, handling stolen goods.

Homelessness

If teenager is homeless check with SC if checks required.
If a family is homeless check with SC if checks required.

Female Genital Mutilation

Look for trips out of the country and anything relevant in relation to immigration.

Trafficking

Look for immigration status and unusual intelligence re trips out of country etc.

Fabricated induced illness

Treat this like neglect/physical abuse cases.

Mental health/suicide attempt

Look for call outs re previous suicide/self harm attempts either the adult or child, look for other concerns regarding child abuse as this could be a trigger.

Children Missing

Look for information about missing periods, check for any recorded information around CSE, or who they are associating with.

Radicalisation

Any known concerns

Dog Bites

Look for any information on dangerous dogs.

Families in Crisis

Look for information re parents not coping, suggesting giving child up, anti social behaviour, incidents involving weapons. Be specific about who is the offender in this scenario.

Practice Standards for Change Grow Live (CGL) checks in MASH

If the concerns are historical sexual abuse/exploitation, look for specific previous concerns of this nature. If sex offender, liaise with Senior if necessary.

Look for information relating to all adults involved with child and or in household.

If sex working or on an order from Probation – contact Probation for input if required.

- Check each adult you are asked for information on, check name, date of birth, address (ensure to flag if different to MASH details).
- Follow guidelines provided by CGL MASH partner workers.
- List all substances used by SU, ensure to flag primary substance.
- Provide detailed account of current treatment: (e.g. engagement/prescribing/group work/engagement with other services i.e. Mental Health).
- Provide detailed account of believed or evidenced Risk/Safeguarding concerns in relation to safeguarding children, using your professional judgement and or evidence (e.g. IV use/mental health/risk to children).
- Is anyone else believed to be involved? I.e. living in household, in a relationship with?
- If SU has history of non-engagement, please provide details – i.e. how many episodes, outcome of previous treatment.
- If on an order, (please specify i.e. court/probation) or involved with CJIT Team please provide details of offending history.
- Provide details of tests carried out, results/dates etc., please state also if there is non-compliance around being tested i.e. attending with children.
- Record if domestic abuse has been declared.
- Provide all information required on time and treat as a priority.

Professional judgement should be applied to select one of the below statements. This will help the MASH team to assess the risk based on the information you have provided).

RED - The client poses a high risk to children. This could either be due to illicit substance use, criminal activity, health issues or non-engagement and or compliance with treatment.

AMBER- The client could potentially pose a risk to children but is not deemed to be high risk.

GREEN- The client is not believed to pose a risk, is not using illicit substances, is engaging well & complying with treatment.