

# Suffolk Multi Agency Safeguarding Hub

## Standard Operating Procedures

### Version History:

Version	Issue date	Review date	Changes
V2	May 2019	May 2020	<ul style="list-style-type: none"> <li>Rewrite based on Operational and System changes within MASH</li> </ul>
V3	March 2020	March 2021	<ul style="list-style-type: none"> <li>Amendments based on Operational changes within MASH</li> </ul>
V4	July 2020	July 2021	<ul style="list-style-type: none"> <li>Amendments to MASH CYP Hub process</li> </ul>
V5	January 2021	January 2022	<ul style="list-style-type: none"> <li>Amendments to DVA procedures and Acronyms and Glossary</li> </ul>
V6	July 2021	July 2022	<ul style="list-style-type: none"> <li>Changes to structure of document</li> <li>Amendment to Multiple Contact Reviews</li> </ul>

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## Introduction to the MASH:

The Suffolk Multi Agency Safeguarding Hub (MASH) performs two key functions:

1. To receive all child and adult safeguarding contacts via Customer First:
  - Contacts are prioritised
  - Information is gathered from relevant partners
  - The most appropriate course of action is determined
2. To provide a Professional Consultation Line (PCL) for professionals to speak with a staff member from the MASH to discuss the most appropriate course of action for any concerns:
  - The PCL will provide advice to professionals when they are uncertain as to whether they should submit a safeguarding referral to CYPS or ACS

The MASH Standard Operating Procedures (SOP) outlines the governance, administrative and operational arrangements, and procedures for the Multi Agency Safeguarding Hub.

This SOP is for use by all staff working in the MASH and should be used in conjunction with the policies and procedures on the adult and children's safeguarding board's websites.

The procedures are to be used as guidance and do not preclude the need for workers to make professionally competent decisions supported by an effective rationale.

This SOP will ensure that:

- Managers and staff in the MASH have a clear understanding of MASH processes and procedures for workflow, information sharing and multi-agency working
- Managers and staff have a point of reference for all operational procedures within MASH
- Managers and staff know where and how to access further information and how to signpost to other services

## **MASH Purpose:**

***‘Suffolk Multi Agency Safeguarding Hub is a service where, through integrated information sharing, risk is identified, and timely, proportionate interventions are made which keep children and vulnerable adults safe.’***

Information which informs safeguarding decisions in relation to vulnerable children, young people and adults is held by numerous statutory and non-statutory agencies. In order to deliver the best safeguarding decisions that ensure timely, necessary, and proportionate interventions, decision makers need access to all relevant Information. Information viewed alone or in silos is unlikely to give the full picture or identify the true risk. There are many instances, cited within serious case reviews, where the lack of effective information sharing is directly linked to a failure to identify harm.

Therefore, all relevant information from various agencies needs to be available and accessible in one place. The MASH will ensure this occurs and aid communication between all safeguarding partners. By ensuring all statutory and non-statutory partners have the ability to share information securely, it will help to identify those who are subject to, or likely to be subject to harm in a timely manner, which will keep individuals safe from harm and assist signatories to this agreement in discharging their obligations.

The MASH SOP is compliant with Working Together 2018 (WT18) and Children Act 1989.

The information contained within this Standard Operating Procedure Guide should be read in line with the policies and procedures from the relevant area.

***‘The welfare of children is paramount, and they are best looked after within their families, with their parents playing a full part in their lives unless compulsory intervention in family life is necessary’ (WT18).***

## **MASH Governance:**

MASH Whole Team Meeting - Annually

Strategic Board – Quarterly

Operational Board – Quarterly

Performance Meetings – Monthly

MASH Management Meetings – Weekly

Team Huddles – Twice Weekly

## **Suffolk MASH Operating Hours:**

Monday to Thursday 08:45-17:20

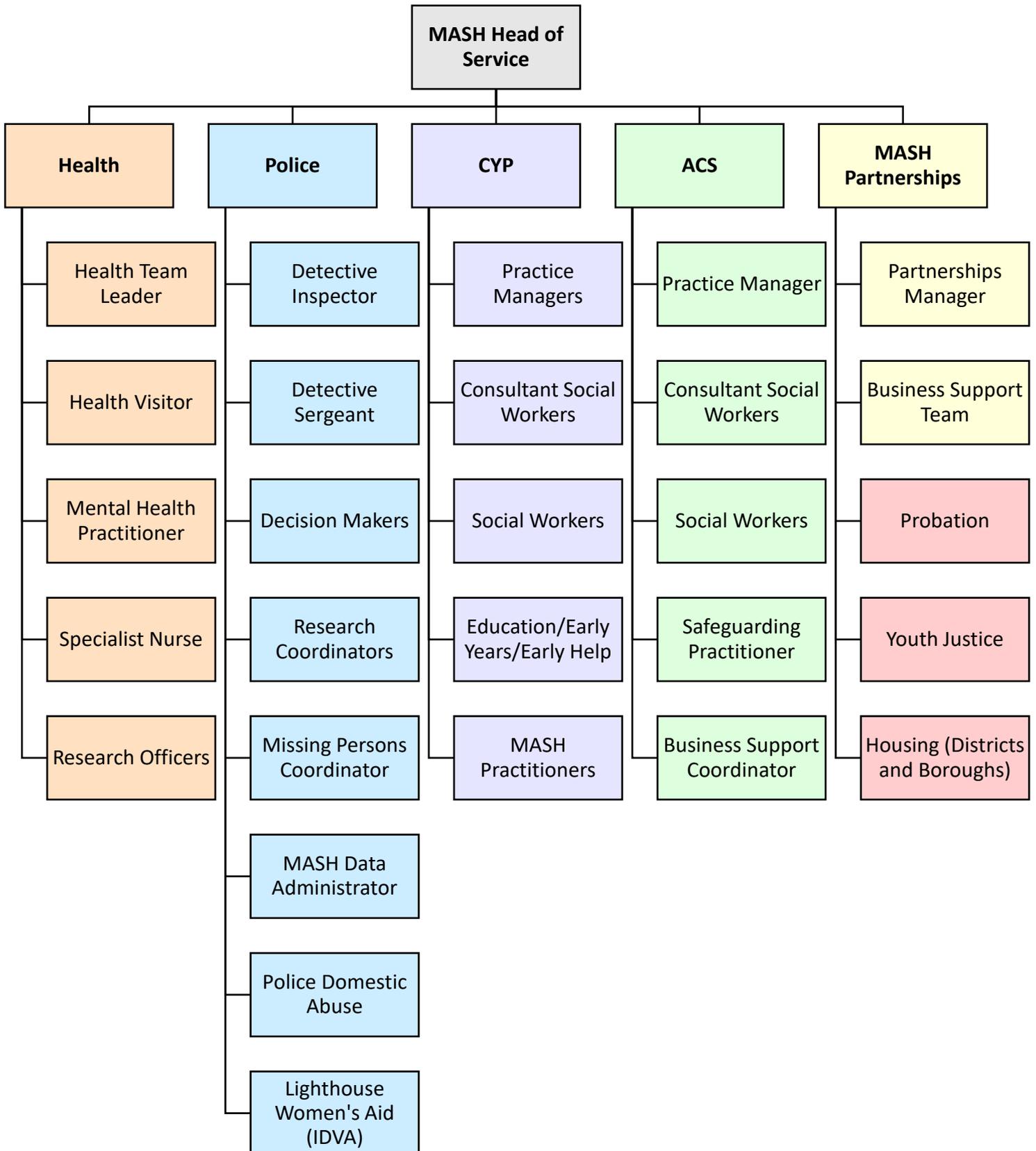
Friday 08:45-16:25

## **Emergency Duty Service:**

The Emergency Duty Service (EDS) provides seamless cover during non-working hours and takes responsibility for urgent contacts submitted after 5pm Monday to Thursday or 4pm on a Friday. The Emergency Duty Service is an out of hours emergency service for people to use when they have critical social care problems that cannot reasonably wait until the next working day.

During out of hours, there are three Social Workers available for the whole County and an Operations Manager. Additionally, there are two Approved Mental Health Practitioners for Statutory Mental Health Act assessments. ACS, CYP and CSD Practitioners who have serious concerns that there may be a risk to the safety or liberty of a customer or family carer outside of the usual working day can alert EDS via Liquid Logic and also with **an acknowledged email or phone call** to the EDS call handling team about a possible need for input.

### MASH Structure:



## 1. Safeguarding Children:

### Contacts and Referrals for CYP:

- All requests for a Social Care service sent to the MASH via Customer First are defined as a contact
- Contacts remain a contact unless the MASH decides there is a need for a MASH assessment
- The MASH decision is determined by the MASH RAG rating, which is informed by the Suffolk Threshold Matrix and the multi-agency information gathering process within the MASH
- The RAG ratings are red, amber, and green and have timescales for decisions to be made; they complement those timescales described within WT18:
  - RED – 4 hours
  - AMBER – 24 hours
  - GREEN – 72 hours
- Blue ratings can also be used, but indicate where a contact can be completed without the need for a MASH Assessment
- More information about the BRAG system can be found in this SOP document

### Definition of a Referral:

#### From the Department for Education (DfE):

‘A referral is defined as a request for services to be provided by Local Authority Children’s Social Care via the assessment process outlined in Working Together 2018 and is either in respect of a child not previously known to the authority or where a case was previously open but now closed. New information about a child who is already an open case does not constitute a referral for the purpose of this return’.

#### The Current Agreement in Suffolk:

- Suffolk has agreed that the Child in Need (CIN) census definition of a referral as a ‘request for services to be provided by the Local Authority Children’s Social Care’ is decided at the MASH decision making process.
- The outcome of the MASH decision determines whether the contact becomes a MASH Assessment and ultimately a referral to Social Care Services.

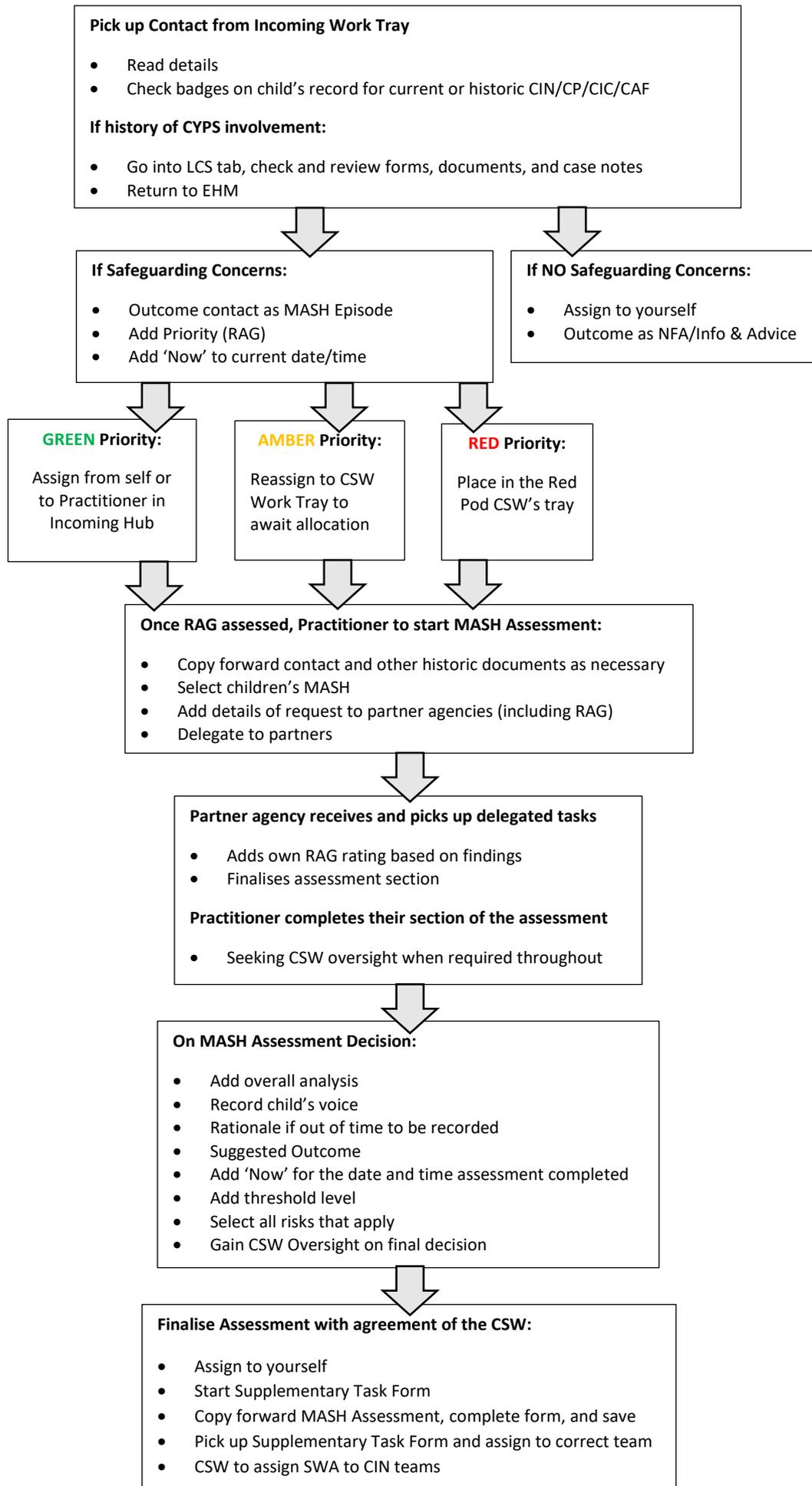
## **Contact and Referral Recording Process:**

1. Customer First receive all contacts and upon receipt of a referral, Customer First should check Liquid Logic to check to see if there is an existing open Social Work allocation for the child, or a sibling living in the same household
  - If there is an existing allocation, details of the contact should be recorded on Liquid Logic as a Case Note and the information sent to the allocation team via a Liquid Logic Notification (this also applies to siblings of children managed by Disabled Children and Young Person's Teams)
  - If something is allocated to Early Help but clearly meets the threshold for MASH, Customer First will discuss with MASH/Early Help and consider if Early Help allocation is appropriate
  - If the contact is received on a new or closed case, Customer First will create the person if not previously known on Liquid Logic and enter minimum data, including an updated information on known persons. They will then use the person's Liquid Logic ID to create a new contact
2. Customer First will consider if further involvement from CYPS is needed upon receipt of a referral, if it clearly does not meet the threshold, they will offer information/advice and signposting. If further involvement is needed then Customer First send all contacts to the MASH (with the exception of some information requests, parent carer needs assessments and the contacts concerning cases already open to a team)

## **Submitting a contact into the Local Authority – CYP:**

- The Multi-Agency Referral Form (MARF) must be completed and submitted using the secure Suffolk Children and Young People's Portal
- The portal is easy to use, and it is a secure space where professionals can complete and send forms directly to the right Children's Services team
- The first time someone completes a form, they will be asked to create a new portal account; this is to ensure the information sent is secure and they will need to log into the account each time
- There are user guides and video guidance available on the Suffolk LSCB website if required

## CYP MASH Hub Working Process:



## Suffolk MASH BRAG Rating and Timescales for CYP:

**Working Together requires the MASH to make an initial decision within one working day on contacts. Within the MASH, this is demonstrated by a contact either being closed or being moved to a MASH Episode.**

A key element of good performance is making accurate decisions in a timely way; the following timescales are for the use of MASH staff to ensure good performance:

- The first RAG threshold decision must be made as soon as it is practical and no later than **1 hour** after being received into the Incoming Hub

The final outcome for a contact should be completed within:

- **RED** contact - **4 hours**
- **AMBER** contact - **24 hours**
- **GREEN** contact - **72 hours**

The information requested to agencies should be completed and received within:

- **RED** – **3 hours**
- **AMBER** – **22 hours**
- **GREEN** – **69 hours**

By limiting the time available to agencies, agency information is available to Social Workers at an earlier point in the process, thus maximising their chances of outcoming a contact within expected timescales.

\*It is accepted that a number of contacts will not be completed with the allocated timescale, but these should be exceptional and the justification for any timing out should be recorded.

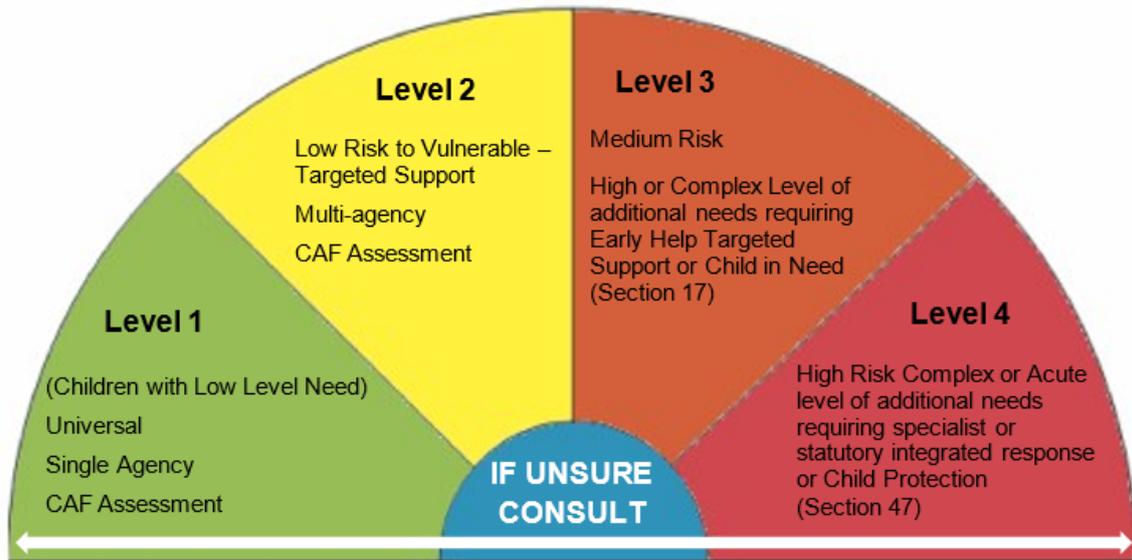
There will be scenarios whereby it makes good sense to delay decision making where there is a realistic opportunity to gather **crucial** information in a safe and acceptable timescale out of the set period, in order to arrive at a more informed threshold decision.

### **Process for contacts at risk of timing out:**

Where a partner agency is near the end of their allotted time and they do not anticipate being able to complete their task, they should inform the Consultant Social Worker and agree the next steps. This could occur for various reasons, for example being unable to contact parents, despite multiple attempts.

The Consultant Social Worker will then make and record a decision as to whether further efforts should be made to complete the task, or tasks should be amended, or to conclude that the information already obtained allows them to make a safe threshold decision.

**Threshold of Need:**



**BLUE – LSCB Level 1 Universal**

- Examples might be those contacts that are for information only or simple requests for early intervention

**RED – LSCB Level 4**

- MASH information package to be completed as soon as possible, but **within 4 hours**, unless it is clear that the child’s best interests are better served by a slower response which must be evidenced
- Police and Child in Need receive immediate notification with research to follow
- Immediate and/or serious safeguarding concern requiring action to ensure safety of the child and possibly to secure and preserve evidence that might otherwise be lost as there is ‘reasonable cause to suspect that a child is suffering or likely to suffer significant harm’ (Section 47 of the Children Act 1989)
- Should include cases where there is an urgency to conclude on the same working day, for example homelessness or requests for Local Welfare Assistance
- **Management Oversight must be added to any reds not resolved overnight**

**AMBER – LSCB Level 3**

- MASH information package to be completed as soon as possible.
- MASH decision **within 24 hours**
- There are significant concerns, but immediate urgent action is not required to safeguard the child

**GREEN – LSCB Level 2**

- MASH information package to be completed as soon as possible but **within 72 hours**
- Consider redirection to other appropriate agency for early intervention or advice
- Screening of initial contact and CYP information had assessed the contact as not meeting the threshold for Social Care
- Obtaining further information and determining alternative interviews may be required

## MASH Fast Track for CYP:

MASH Fast Track may be appropriate for contacts where child outcomes are improved through use of retrospective strategy discussions. This approach should only be used in rare circumstances where it can be demonstrated that the needs of the child are best served through using this method.

**Protective action must always be initiated immediately if required**

Fast Track management of CYP contacts requires a whole MASH response:

- Contacts that require a fast-track approach must be identified as early as possible
- Other MASH partners must be made aware immediately, **in person**, that a contact requires prioritisation – this is a decision that will be made by the Practice Manager, Police Sergeant or deputy who identifies such a contact
- It will be the responsibility of the identified Consultant Social Worker to guide the contact as fast as possible through the MASH
- Competing priorities will be considered by the Practice Manager and a decision will be made as to the other of precedence
- In such situations, the MASH process must be fully completed retrospectively, and information passed to the Social Work team as necessary
- The decision to initiate action before an outcome has been completed must only be made when the highest levels of confidence regarding the level of harm are evident within the contact itself, and there is a pressing need to proceed with protective actions or to operate within a forensic window to safeguard a child
- **Planning is still required for such contacts:**
  - It is essential that **direct contact** is made with the receiving Social Work team who will require all available information to be made available to them – this may only be the contact information
  - It is essential that **direct contact** is made with other partners (Police) and that they have all available information – this may only be the contact information
  - It is essential that all partners engaged in joint enquiries **contacted each other** to plan the enquiry – the MASH must ensure this has happened

## Strategy Threshold Discussions:

Where it is apparent on information received or gathered as part of the MASH process, that the threshold is clearly met for a strategy discussion (e.g., there is reasonable cause to suspect that a child **is suffering or is likely to suffer significant harm**), a meeting should take place in the designated strategy room.

Attendees should consist of, as a minimum:

- A local authority Social Worker (CSW in MASH)
- Health Practitioners
- Police Representative

Other relevant practitioners will depend on the nature of the individual case, but may include:

- The practitioner or agency which made the referral
- The child's school or nursery
- Any health or care services the child or family members are receiving

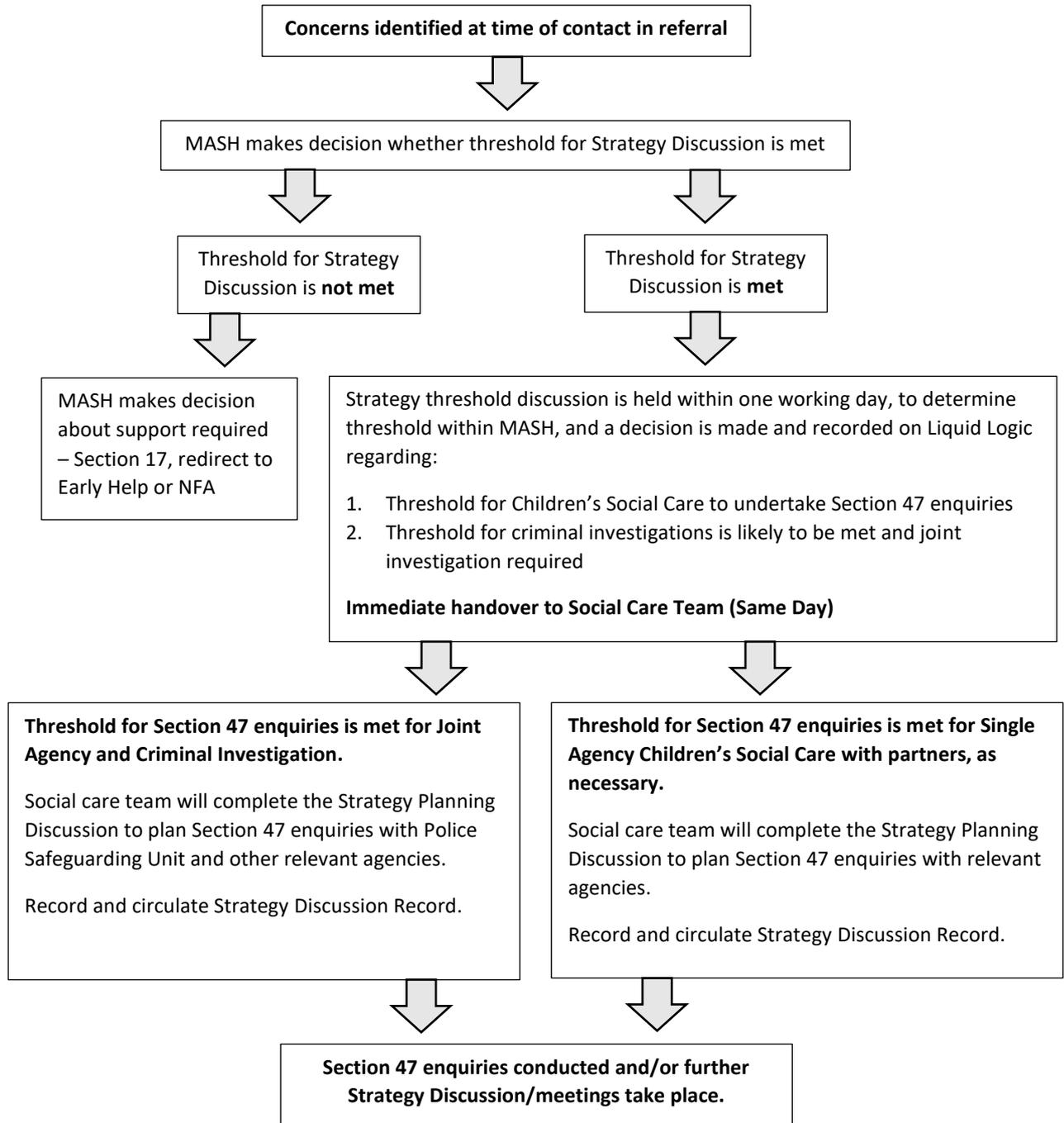
All attendees should be sufficiently senior to make decisions on behalf of their organisation and agencies.

## Complex Threshold Discussions

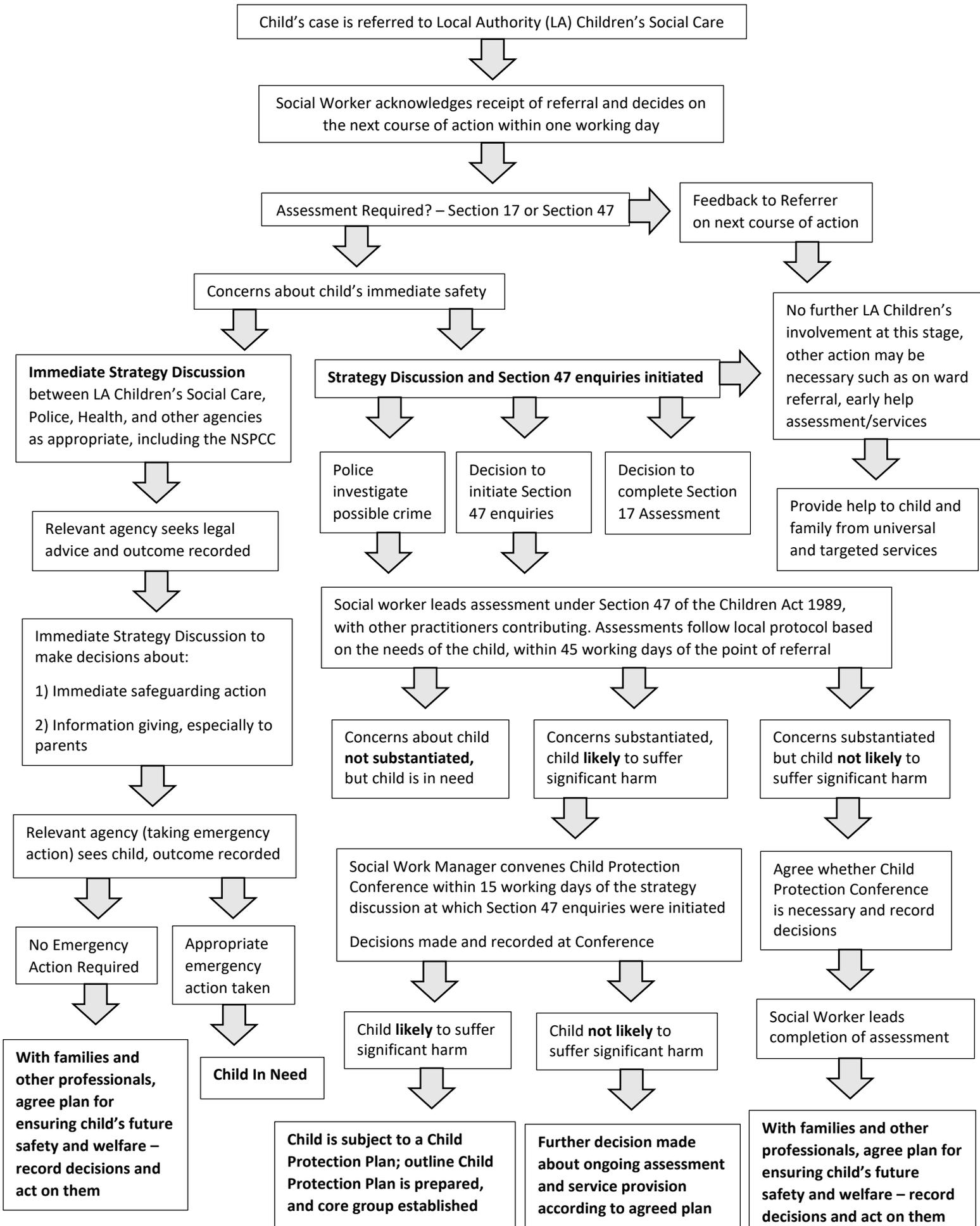
When a CSW becomes aware of a Threshold Discussion which will involve more than three agencies (for example in addition to the three core MASH Agencies - CYP, Police and Health), they will contact Business Support who will arrange the Threshold Discussion and be present in the meeting in a minute taking capacity.

Further guidance can be found: \\euser\SCC\Data\CYP\EDUCATION\MASH\Bus Support\Complex Threshold Discussions.

**Strategy Discussion Flowchart:**



The following has been taken from Working Together 2018:



## **Responsibilities:**

**Social Workers (CSW in MASH)** should convene the strategy discussion and make sure it:

- Considers the child's welfare and safety, and identifies the level of risk faced by the child
- Decides what information should be shared with the child and family (on the basis that information is not shared if it would jeopardise a police investigation or place the child at risk of significant harm)
- Agrees what further action is required, and who will do what by when, where an EPO is in place, or the child is subject to the Powers of Police Protection (PPO)
- Records agreed decisions in accordance with local recording procedures
- Follows up actions to make sure what was agreed gets done

**Health Practitioners** should:

- Provide and coordinate any specific information from relevant practitioners regarding family health, maternity health, school health, mental health, domestic abuse and violence, and substance misuse to assist strategy and decision making
- Advise about the appropriateness or otherwise of medical assessments and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment
- Secure additional expert advice and support from named and/or designated professionals for more complex cases following preliminary strategy discussions (e.g., consider and contact, if necessary, use of Sexual Assault Referral Centre (SARC), paediatrician if paediatric medical assessment may need to be considered)
- Discuss with relevant health colleagues to highlight those appropriate examinations or observations and further investigations/tests to determine how the child's health or development may be impaired, may be required (or to highlight that this should be undertaken during assessment in threshold)
- Have spoken to SARC in cases of sexual abuse
- Where a child is reported to have an injury, MASH will provide advice within the MASH Assessment, that the child will require a paediatric medical assessment – When Safeguarding Nurses within MASH have provided research information or been part of a formal discussion about the child/family, they will provide a recommendation and rationale for a medical assessment within their recording (MASH CSWs will provide the advice in other instances)
- In respect of the Social Care team's involvement, they will convey this advice to parents and compliance may be noted during subsequent involvement with the family – for child protection enquiries, the expectation is that the advice will be adhered to
- If a physical injury regarding an allocated child is discovered, the Social Worker will liaise with colleagues in health regarding the required level of intervention

**The Police** should:

- Discuss the basis for any criminal investigation and any other relevant processes that other organisations and agencies may need to know about, including the timing and methods for evidence gathering

- Lead the criminal investigation where joint enquiries take place, however Local Authority Children's Social Care have the lead for the Section 47 enquiries/assessment of child's welfare

**It should be agreed between partners/agencies:**

- Whether the threshold for Section 47 enquiries by Children's Social Care is met
- Whether the threshold for a criminal investigation of child abuse is likely to be met and a joint investigation with the police is required
- Consider and record decisions about parental consent, which as a principle should always be sought, but in some cases can be overridden - for example there are reasonable grounds to suspect the child would be at risk of further significant harm, or there are serious concerns about the likely behaviour of a suspected/alleged abusive adult such as the child may be coerced into silence or that vital evidence might be destroyed, or the child does not want their parents to be informed and is assessed as competent to make this decision
- Where emergency actions are required for the immediate protection of a child, these will be communicated without delay to relevant agencies
- Recommendation where it is clear that a strategy discussion in the form of a meeting is required with partner agencies, and who should be involved (see section 5), in these cases, the strategy discussion will be concluded including this action and a second strategy discussion meeting commenced by the Social Care team Practice Manager or CSW, which will include threshold and planning (Safeguarding Managers will be alerted by email for those cases where they are required to chair the meeting)
- Consideration of the role of the Sexual Assault Referral Centre (SARC) should always be considered when sexual abuse has occurred – reference to the revised policy should be made

This information will be recorded on the strategy discussion document within LCS on Liquid Logic. Where a decision has been made for Section 47 enquiries, either joint or single agency, there will be an immediate handover to the Practice Manager or CSW of the CIN team, to complete the strategy discussion to plan the Section 47 enquiries with the relevant partner agencies. A statutory assessment is assigned to the team's duty tray in Liquid Logic, and a telephone call is also made to the team's Assessment Coordinator.

**Medical Assessments:**

A paediatric medical assessment should always be considered when there is a suspicion of, or a disclosure that indicates a child is at risk of significant harm, as per Section 47 of the Children Act 1989. This includes child abuse and/or neglect involving injury, suspected sexual abuse or serious neglect, which is often referred to as a child protection medical or Section 47 medical – for the purpose of this guidance, this will be referred to as 'medical assessment'.

A specialist medical opinion is required to:

- Perform medical evaluation and documentation of signs of abuse or neglect, to provide evidence in the child protection investigation and in some cases for subsequent legal proceedings
- Identify unmet medical or developmental needs
- Analyse known medical or developmental concerns and interventions in the context of abuse and neglect, and advise on their significance
- Contribute to a multi-agency management plan

## Components of a good MASH Assessment:

**The effective safeguarding of children, and the wider reputation of the MASH, rests largely on the quality of the assessments completed. It is therefore important that MASH assessments are of a high quality and consistently adhere to minimum standards of recording:**

1. CSWs should provide a brief overview of the how the decision for RAG rating has been arrived at, linking the rationale to Suffolk Safeguarding Partnership thresholds and with reference to the Children Act where applicable
2. Practitioners should develop the RAG comments with their own summary, explaining any actions taken and the rationale for doing so, and delegate to partners for information
3. Information should be recorded in a standardised way to aid review and audit of MASH decision making
4. The content of MASH Assessments should be recorded in accordance with the SOS framework, using the headings provided in the assessment, using plain language, and avoiding professional jargon
5. MASH Assessments should convey the complexity of situations and evidence consideration of all options that are available - good assessments provide a logical account as to why decisions have been made
6. All information written and recorded by practitioners should contain the name of the person who completed the work and where relevant, the date on which the work was completed (for example, when the assessment is passed to another practitioner to complete)
7. Practitioners will record the numbers used to contact family and professionals within the assessment, as well as updating Liquid Logic
8. Practitioners will record the date and time they have spoken with parents/carers/family
9. The Child's World will be captured, whether this is from the direct view of the child or through showing an understanding of the potential impact of the concerns on the child
10. Partner information will be clear and thorough, providing their professional view on the concerns and their recommendations as to the next steps - deviation from suggested outcomes should be explained clearly with a supporting rationale
11. Practitioners will use the SOS framework to analyse the information from all professionals, using this analysis to inform their decision making
12. In the decision section, practitioners should record a clear summary of the key concerns (risks) and whether these have been substantiated or not, thus providing a rationale for the outcome decision
13. MASH Assessments should clearly outline suggested next steps
14. MASH Assessments will be completed within a timeframe that focuses on the needs of the child – and delays in reaching an outcome should be explained with a clear rationale
15. Assessments will have a clear record of who has provided Management Oversight and where relevant, the Management Oversight is recorded within the assessment - this should reference the key risks and how they have been mitigated

## Management Oversight of Multiple Contacts – Multiple Contact Reviews:

### Children Aged 5 and under:

A MCR will be undertaken in MASH, as part of the MASH Assessment, where there have been **three contacts** to Suffolk MASH.

### Children Aged 6 to 18:

A MCR will be undertaken in MASH, as part of the MASH Assessment, where there have been **five contacts received** by Suffolk MASH **in the past 12 months**. If a Social Work Assessment has been completed, the 12 months begins from the time the Social Care team close their involvement, however all history should still be considered

### Completing a MCR:

- The MCR should be recorded within the individual practitioner's section of the MASH Assessment
- The person turning the contact into the MASH Assessment will be the person who identifies the trigger for a MCR has been met
- Sometimes we will receive several contacts about the same incident – if these contacts trigger a MCR, then the CSW will firstly need to decide whether a MCR would be of benefit; if it is decided not to proceed with a MCR, within the outcome it should be made clear why this has not been completed:
  - For example, 'A MCR has not been completed on this occasion, as the 5 contacts received to MASH all relate to the same incident and all contain similar information. Each contact has been carefully considered'
- Where a Social Care team has had previous involvement with a child/ren, we should always consider contacting the Social Care team to inform our decision making
- Where we are completing a MASH Assessment and the Social Care team have been involved in the **last four months**, they should **always be contacted** to discuss the presenting concerns and to gain their view as to what should happen next
- Vulnerable children will include those who 'fall through the cracks' and are sometimes referred to, rather negatively, as a 'revolving door case'.
  - These are children and families who are referred to MASH. Allocated to the Social Care team for assessment, closed with or without Child in Need (CIN) planning, then re-referred and so on...
  - For these children, we should always be liaising with the Social Care team to share concerns, gain their views and agree on the next steps
- When the MCR is complete and the suggested outcome/decision has been recorded by the practitioner, the MASH Manager should complete a management decision within the outcome. It will be rare for the manager to disagree with the suggested outcome, but if there is a disagreement, a discussion should take place in the first instance between the practitioner and the manager.

## Multiple Contact Review Template:

<b>1. List of previous contacts and MASH Assessments</b>	<ul style="list-style-type: none"> <li>• Referrer</li> <li>• Date</li> <li>• Brief description of concerns (e.g., physical abuse by mother)</li> <li>• If MASH Assessment, list which agency returned checks (e.g., police, health, IVDA), no further detail is required</li> <li>• MASH Decision (Not full outcome)</li> </ul>
<b>2. Last MASH Outcome and Summary</b>	
<b>3. Last Social Work Assessment</b>	<ul style="list-style-type: none"> <li>• Date</li> <li>• Summary</li> </ul>
<b>4. Any recent CAF information</b>	<ul style="list-style-type: none"> <li>• Episode Dates</li> <li>• Summary</li> </ul>
<b>5. Any Child Protection History?</b>	<ul style="list-style-type: none"> <li>• If so, dates and reason for CP, and when CP ended</li> </ul>
<b>6. Any Child in Care History?</b>	<ul style="list-style-type: none"> <li>• If so, dates, reason and why/when did this end</li> </ul>
<b>7. Has there been a conversation with the previous team or allocated Social Worker, in accordance with the MCR guidance?</b>	<ul style="list-style-type: none"> <li>• If so, have the next steps been suggested/agreed?</li> </ul>
<b>8. Is there any other information we need to consider?</b>	

## **Children with Additional Needs and/or Disabilities:**

“A child is disabled if he is blind, deaf, or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed” (Development means physical, intellectual, emotional, social, or behavioural development; health means physical or mental health). Children Act 1989 Section 17

Under the Children Act 1989, a child is regarded as a ‘Child in Need’ if:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services
- They are disabled

Identifying the social care needs of disabled children and young people does not necessarily require an assessment by a social worker. In many cases, needs can be met through universal services or early help without the need for a formal assessment, provided there is a good understanding of those needs and families have access to clear information about what support is available and how to get it. In a few cases, there will be a need for a more formal assessment. If advice and support about a child/young person’s emotional wellbeing is required, this support is available through the Emotional Wellbeing Hub

## **Referrals to the Disabled Children and Young People’s team:**

Appropriate referrals to the team would include:

- Children will have a severe, substantial, and permanent disability or life threatening or life limiting illnesses
- Children who have severe learning disabilities and attend either a special school for children with severe learning disabilities or are educated therapeutically at home
- Children with physical disabilities that significantly impact on the child’s ability to access the community, that require a high level of personal care support, without which their independence would be significantly restricted
- Children and young people with severe learning disabilities
- Children and young people who fall on the severe end of the Autistic spectrum with associated learning disability which has a significant impact on their communication needs, social and behavioural development
- Children and young people with severe global development delay which seriously impedes daily functioning.

**More detailed information can be found in the Suffolk’s Threshold of Need Guidance.**

### **Parent Carer Needs Assessments:**

- Parents of a disabled child have a right to a parent carer assessment
- The purpose of a Parent Carer Needs Assessment is so parents can have their own assessment, allowing them to discuss with a practitioner their caring role and how it affects:
  - Their wellbeing
  - Their feelings
  - Choices about caring
- It also provides the opportunity to discuss what help and support they may need as a carer of a child/young person with additional needs and/or disabilities
- In Suffolk, eligibility for short breaks is assessed through Activities Unlimited, not through a Parent Carer Needs Assessment, so if parents are looking for funding, they may want to explore support available through the Family Fund: <https://www.familyfund.org.uk/>

### **Occupational Therapy Requests:**

- Referrals for children with disabilities requesting Occupational Therapy enter the MASH in the same way as other referrals – via Customer First
- CSWs in the MASH use the Children with Additional Needs flowchart and threshold document to support them in decision making
- Contacts not determined as needing specific support from the Disabled Children's team could be signposted for support from:
  - Activities Unlimited service
  - Social Care team
  - Early Help team
  - Occupational Health team
- Contacts which enter the MASH requesting the Transitions Services Post 18 will be checked against the Disabled team's transition database

## LADO Arrangements:

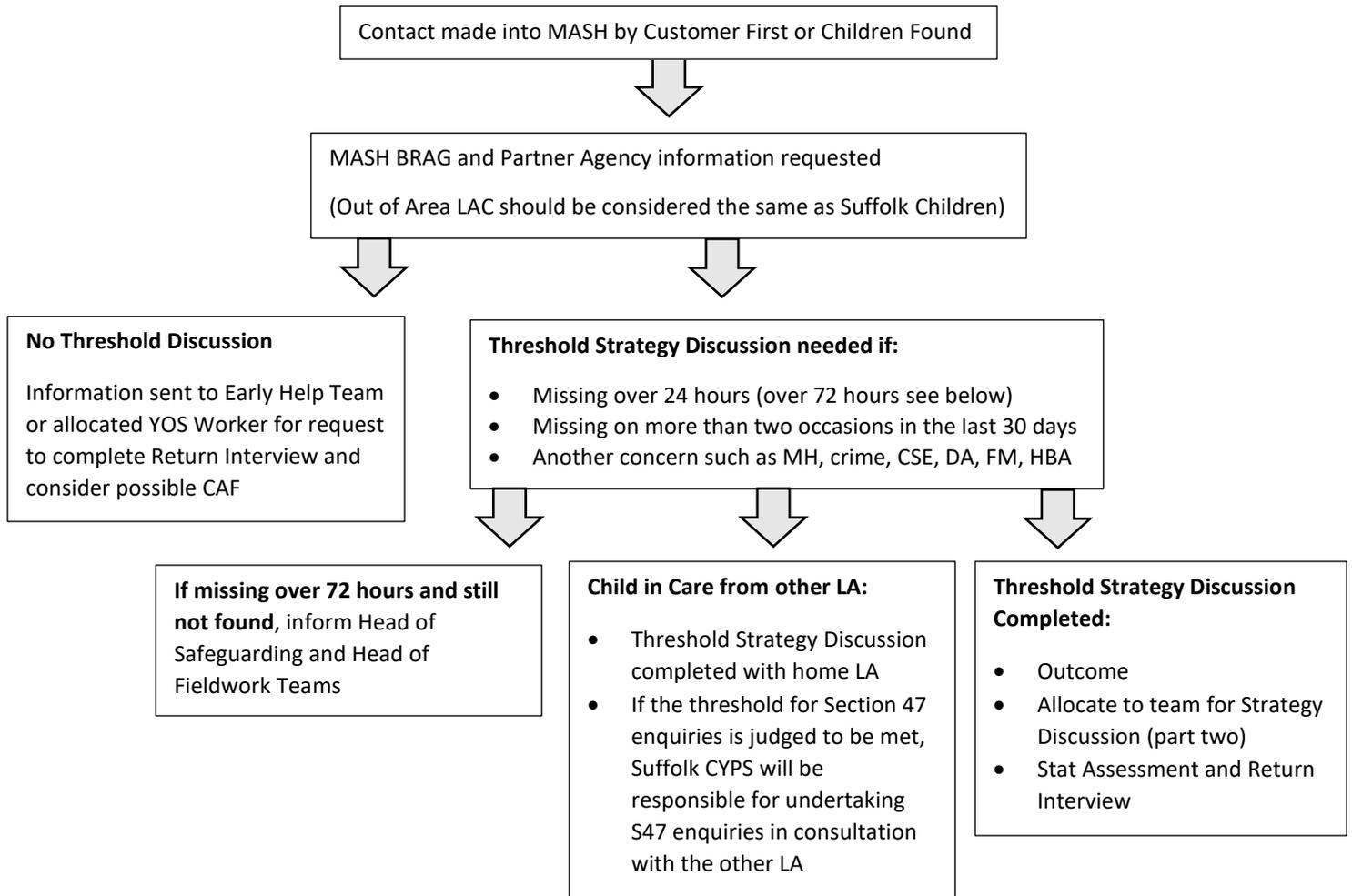
Contacts which raise safeguarding concerns involving children where the concern involves an adult in a position of trust as a potential risk to children – these occur in various ways:

- Direct contact via the LADO (Local Authority Designated Officer)
- Via a LADO referral form, sent to either the LADO or Customer First
- Concern from other forms of contact received by Customer First, where it becomes known that adult in a position of trust may be posing a risk

Regardless of how this contact is received at the first point of entry, the following principles and process should be adhered to:

- The overarching principle is that MASH and LADOs must work together with regard to safeguarding concerns around children and allegations of abuse
- Where a concern is received by Customer First that is not about a specific child, they will ask that the caller refer to the centralised safeguarding number (0300 123 2044) or via the email box ([LADOCentral@suffolk.gov.uk](mailto:LADOCentral@suffolk.gov.uk))
- Customer First will pass any contact that involves a safeguarding issue in respect of a specific child, where an adult in a position of trust poses potential risk, to the MASH – this will include contacts that have been passed to Customer First from the LADO
- Once a contact has been received in the MASH, it should be RAG rated as red or amber as the LADO will need to be made aware within 24 hours of receipt – all contacts RAG rated as red will be passed to the appropriate LADO immediately
- The MASH will request such information from agencies that is necessary in order to make appropriate decisions about a child
- An appropriate outcome should be recorded based on the contact information and any other information gathered in the MASH
- At the point of outcoming the case, the LADO should be made aware of the contact details, relevant information gathered and the MASH outcome via [LADOCentral@suffolk.gov.uk](mailto:LADOCentral@suffolk.gov.uk) – in some cases it may be necessary to contact the LADO directly via 0300 123 2044
- Investigations about the adult in a position of trust are not explored by the MASH
- The MASH's role remains around ensuring any child in immediate contact with the adult is safe
- If a contact is received by the LADO, they make take immediate safeguarding action; they will also send simultaneous information directly to Customer First, with the MASH following the process as above
- Concerns about the adult in a position of trust will be explored by the LADO and they may gather additional information in relation to them, and this remains the LADO's responsibility
- The role of the MASH remains about safeguarding the child and does not include decision making in respect of the adult in a position of trust and their employment
- **Detailed information on arrangements for managing allegations of abuse and LADO procedures can be found on the Suffolk Safeguarding Partnership website**

## Missing Children:



### Missing/Found Episode Tasks and Return Interviews (Early Help):

- The Missing Children Coordinator is responsible for creating any missing episodes (based on data reported directly from the Police Misper system)
- The Missing Coordinator will create a Missing Person record and enter the details of both the missing episode and the found (if applicable) on the LCS site
- Once created, the found report will be sent to MASH for consideration of next steps and/or a return interview
- If MASH decides a return interview is required, they will send the notification to the relevant Early Help team – the Missing Coordinator will also assign the Missing Person episode to the relevant team’s LCS tray stating: ‘please complete the return interview as per MASH Outcome’
- The PM/PL can then allocate and re-assign to a specific worker to complete the RI

### **Missing/Found Episode Tasks and Return Interviews:**

- The Missing Children Coordinator is responsible for creating any missing episodes (based on data reported directly from the Police Misper system)
- The Missing Coordinator will create a Missing Person record and enter the details of both the missing episode and the found (if applicable)
- Once created, the episode will appear automatically in the ASW tray – the missing coordinator will also notify the duty tray in addition
- When the child is found, an additional task will appear in the duty tray stating: ‘Missing Person Episode PM/CSW – please consider a return interview’

### **Missing Families:**

1. Contact is received into the MASH
2. A Threshold Strategy Discussion is convened, discussion informed by Police COMPACT report
3. Notification made to lead SW/Practice Manager and central Safeguarding service
4. The Head of Safeguarding in Children’s Services must be informed of any children missing with their parents for whom there are concerns
  - Consider if the child has been taken overseas – if any concern, contact the Consular Directorate at the Foreign and Commonwealth Office ([www.fco.gov.uk](http://www.fco.gov.uk))
  - Suffolk Constabulary to contact relevant enquiries overseas

## **Private Fostering:**

### **Definition**

‘A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a Local Authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family such as a cousin or great aunt. However, a person who is a relative under the Children Act 1989, e.g., a grandparent, brother, sister, uncle, or aunt (whether of full blood, half blood or by marriage) or stepparent will not be a private foster carer (DfES, 2005).’

### **Local Authority Duties**

Local Authorities are under a legal duty to ensure that the welfare of children who are, or are to be, privately fostered is being satisfactorily promoted and safeguarded. It is expected that the child remains at the centre of the practice.

### **MASH Process for referring to Private Fostering Team**

1. Customer First to ensure the referral form has been completed as part of the notification of Private Fostering arrangement, returning to the referrer if the form has not been completed
2. On identifying a child is either going to be Privately Fostered or is already in a Private Fostering arrangement, the contact will be processed through to MASH Episode/Assessment
3. MASH will apply threshold to determine if the child requires Section 17 service
4. Where threshold is met, will refer the child to the relevant CIN team for a SWA after completing relevant agency checks - MASH will also send a notification to the Connected Persons Team through an Information and Advice notification on Liquid Logic, ensuring the name, address and contact details of the private foster carer is clearly recorded
5. Where threshold is not met for Section 17 services, MASH will refer straight to the Connected Persons Team through Liquid Logic without completing agency checks, ensuring the name, address and contact details of the private foster carer is clearly recorded

## Trafficked Children:

- Local Authorities have a duty to safeguard and promote the welfare of all children in Suffolk, regardless of their immigration status
- Local Authorities also have a responsibility for unaccompanied children as well as those who arrive in the UK with their parents and for whom there are concerns regarding their safety and welfare
- Local Authorities have a duty to identify children who are being internally trafficked
- In Suffolk, the County Private Fostering and Asylum team has a dual role to meet the needs and statutory requirements of the Local Authority in respect of Privately Fostered children and unaccompanied minors
- The Suffolk Constabulary Safeguarding Investigations Unit has the responsibility to investigate any potential child trafficking
- Local Authorities have a duty to complete a National Referral Mechanism when a child is deemed to be at risk of child trafficking

## MASH Arrangements:

- When it is suspected that a child may have been or is being trafficked and exploited:
- The Social Worker should obtain as much information as possible from the referrer, including the child's name, DOB, address, name of carer/guardian and their address, phone number, country of origin, home language and whether they speak English, names of siblings or other children
- In the case of a referral from a school or education department, the list of documentation provided at admission should also be obtained
- A Home Office check should be completed to clarify status of the child/children and the adult(s) caring for them
- Immediate Protection may be required to ensure the child is in a safe place and beyond the reach of suspected traffickers; Police powers, under Section 46 of the Children Act 1989, last for up to 72 hours – a location of interest should be put on the child/children's address
- A National Referral Mechanism should be initiated for the child and a discussion should be undertaken with the child about this referral, however consent is not essential for a child. This form can be found at: <https://www.modernslavery.gov.uk/start>
- Any concerns that a criminal offence has been committed (e.g., trafficking, illegal entry, fraud, deception) is the remit of the police
- The child/children's Liquid Logic should be protected with only appropriate professionals having access to their Liquid Logic

NSPCC Child Trafficking Advice and Information Line: 0800 107 7057

Information on the NRM can be found at <https://www.modernslaveryhelpline.org/learn-more/frontline-professionals/nrm-overview-and-form>

## **Movement of Prisoners – Contact Requests:**

MASH will get involved in the following requests:

### **1. Requests for Prisoner to have contact with children:**

- Unallocated children sent to Customer First
- Care First is updated with an observation, stating that the notification has been received and forwarded to Customer First for action
- Requests for contact are then treated as a contact
- Replies sent to referrer from either the allocated team or MASH

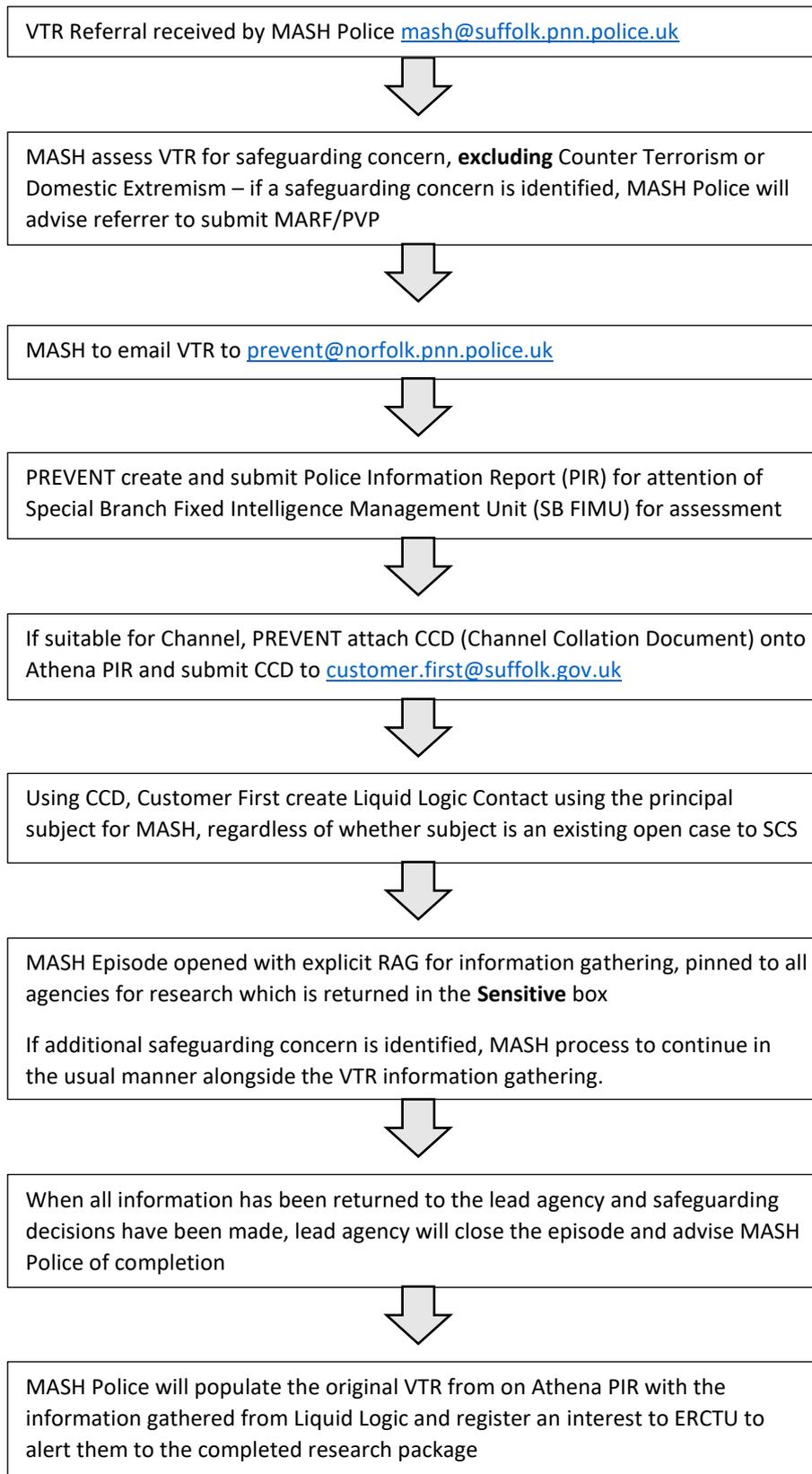
### **2. Release or Release Pending:**

- Customer First will check Liquid Logic and will register information under the child if identified at the address and send contact to MASH
- If no children are shown at the address, the information will be recorded as an observation under the about to be released offender (adult) for information only

### **3. Information given or requested by the Prison Service when assessing a person posing a risk to children (PPRC2)**

- Assessments requested should be forwarded to Customer First for action by MASH

## Vulnerable to Radicalisation Process:



### **PREVENT Strategy:**

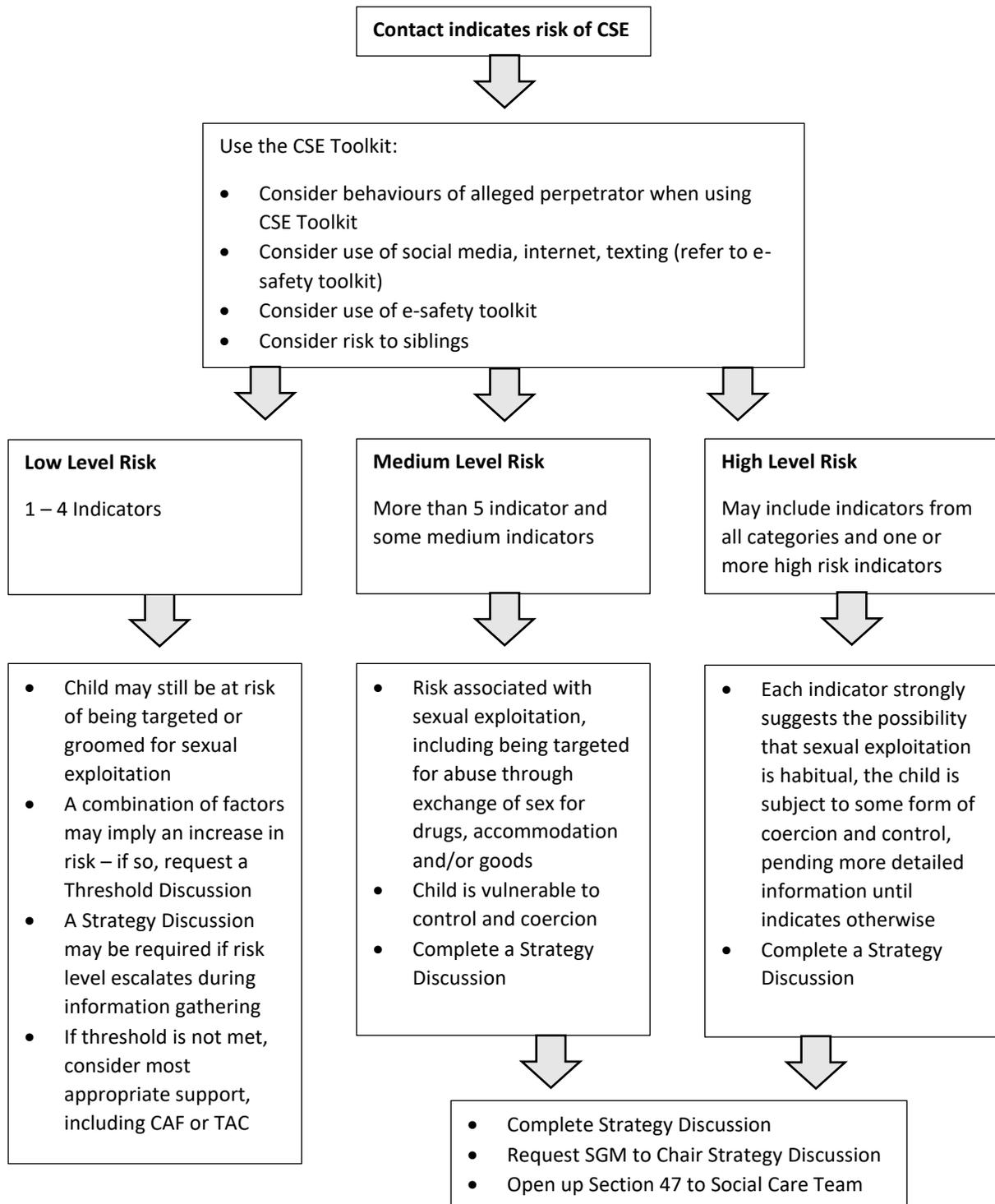
- The purpose of the PREVENT Strategy is to stop people becoming terrorists or supporting violent extremism in all its forms
- The strategy has three objectives, one of which is to prevent people from being drawn into extremism and ensure they are given appropriate advice and support

### **Channel Panel**

- A Channel meeting is held every six weeks for the purpose of discussing new referrals and managing existing cases
- There is a core of attendees, including Housing, Adult and Children Safeguarding, Health, Education, YOS and Police
- Cases are brought before the panel to assess the options available to support each individual having assessed their suitability for support under Channel

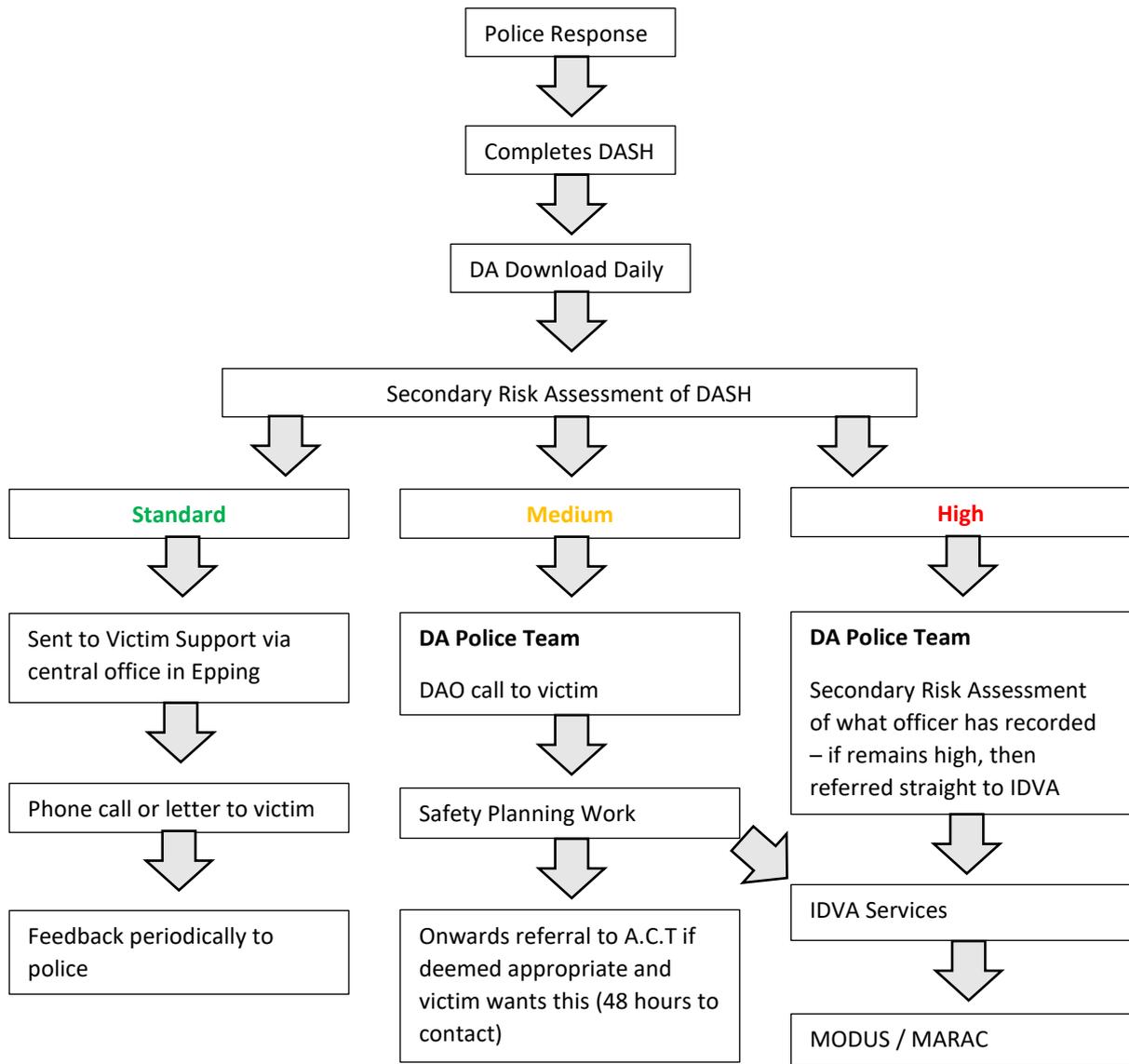


## Child Sexual Exploitation:



## Domestic Abuse – Pathways Following Police Involvement:

- MASH Police will always share Domestic Abuse cases with MASH CYPS and/or Child Health where there is a child/pregnancy in the household
- Careful consideration of DA BRAG ratings ensures the incidents with the highest threat, harm and risk are shared with and reviewed by partners at the earliest opportunity
- The decision to whether to share with MASH CYPS is guided by the DASH risk level assigned by the attending officer, in combination with the wider risk assessment completed by the MASH Police Decision Maker
- This is a subjective process; the following guidance has been issued to assist in decision making:
  - If the attending officer rates the DASH as **Standard Risk** and there are no other worrying factors or high-risk indicators, then a **GREEN** BRAG could be appropriate, and a referral shared with Child Health only
  - If the attending officer rates the DASH as **Standard Risk** but involves one or more of the below concerns, then consider an **AMBER** or **RED** BRAG and share with MASH CYP and Child Health:
    - There is a violent offence
    - The couple have recently been high or medium risk
    - There is a very young child, particularly a newborn
    - Presence of the toxic trio
    - Parent's protectiveness is in question
    - The child is an open case to CYPS
    - Other significant concerns are noted in the investigation
    - DASH has not been completed/refused and there is obvious risk



## Police Operation Encompass:

Suffolk Police have signed up to Operation Encompass, which means the police must inform a 'key adult' at the relevant local school if they have been called to an incident of domestic abuse at a child's home. This should be before 9am the next morning or before 9am on the Monday if an incident occurs over a weekend. This enables schools that have signed up to this process of information sharing to provide support to the child(ren) involved and offer practical help and information to the child's parent in a safe space.

## MASH DVA Notifications to schools:

The templates for the DVA Notifications can be found in the business support folder, alongside a copy of the process details as below:

### Process:

#### 1. Timescales

- To be completed within the same day as received

#### 2. Email from the Suffolk/Norfolk Police

- Go to the CYP MASH mailbox
- Move email from Suffolk Police to Op Encompass inbox
- If spreadsheet has not been received by 10am, send an email to Megan Harvey to chase
- Check email to see if explanation has been provided for delay, e.g., Athena being down

#### 3. Saving Spreadsheet in the P Drive

- Save the DVA Spreadsheet in the P Drive: P Drive>MASH> MASH Domestic Abuse>DVA Notification Spreadsheet (current year)
- Save as DVA Spreadsheet dd.mm.yy

#### 4. Creating columns on spreadsheet

- Create an additional 6 columns on the spreadsheet to record your input:
  - Childs ID (Liquid Logic Number)
  - DVA Notification: Sent or Not Sent (include date)
  - Allocated Team (Social Care or Early Help Area)
  - School (School Name/Not of School Age/Not Enrolled in Education/Unknown/Out of County/Awaiting Placement or A&T Holding/Alternative Education i.e., Parental EOTAS)
  - Who Confirmed (Name and Job Role of person who confirmed at school or N/A)
  - Staff Initials
- Check previous days spreadsheet to see if any duplicates have been recorded from the spreadsheet the day before (Look to see if the Investigation Reference number is the same) - If duplicated write duplicate in column Y and move onto next Notification

#### 5. Identify child's details

- Start with EHM
- Click find to start search for child
- Use DOB to search in first instance, if this does not work, search using name
- Once child has been identified, insert child's case number

#### 6. Identify where/if child attends school

- Switch from LL to ONE V4 (Education System) to search for child's school details
- To search for child, click Focus > People > Students - this will bring up the search window
- Always use DOB to search for child in the first instance, if not use name, if this still brings up no results you can search using postcode (found on personal page of LL)
- Once child has been found on, click on record (should highlight in blue), double click to bring up child's details in separate window
- Scroll down to school history to locate latest school data
- Once school has been found, scroll to the right to identify start date and check if there is an end date. (School should only be recorded as ended if child has left school – sometimes this data is missing)
- Once these details have been checked, add school name onto spreadsheet and repeat for each child on DVA. If more than one child within the same family attends the same school, you can send one email for all children.
- If child does not attend school write in the applicable reason:
  - Not of school age (this applies to a child who attends nursery/pre-school)
  - No Longer Enrolled in Education (EMS will show all school history as ended)
  - School is unknown (high school age and latest school data shows pre-school or primary) or not able to identify child on EMS or school data blank or if child attends Out of County school or receives alternative education.
- Check schools list to make sure the school children attend is signed up to receive DVA Notifications – schools signed up will be marked in green, schools not signed up marked in red (School list can be found in the P Drive: P Drive > MASH > MASH Domestic Abuse > School List August 2020)
- If the school is enrolled (is highlighted green) and the safeguarding lead emails have been checked this term we can use these details to send the email - if the details have not been checked, call school, and confirm whether the details are still correct and update the spreadsheet, including the date checked and your initials

#### 7. Recording on Liquid Logic (EHM)

- Search for one of the children within the incident using the child's case number recorded
- Click General notes on the left-hand side
- Add General note:
  - Complete contact date (today's date)
  - Time (current time)
  - Contact Type (Contact and correspondence)
  - Click the green plus symbol to include all other children included with incident

## **Domestic Violence Disclosure Scheme (DVDS):**

- The aim of the scheme is to give an individual a formal mechanism to make enquiries about their partner, ex-partner, or potential partner
- The scheme also allows professionals to apply for information, for the purposes of protecting an individual from harm

### **Process:**

1. An application is received into MASH Police via Police Control Room (Right to Ask) or directly from a professional (Right to Know)
2. In depth research is completed in relation to the subject and applicant/person of risk before a disclosure/non-disclosure recommendation is forwarded to the Detective Inspector, with the proposed wording for disclosure
3. Police will consider sharing information with a person at risk if the subject has a record of violent and/or domestic related behaviour
4. The Detective Inspector will review the information and decide for a disclosure or non-disclosure
5. If children are present in the relationship, a threshold discussion must be held between CYPS and Police Decision Makers to confirm single/joint agency visit
6. The disclosures are completed by a Domestic Abuse Officer, sometimes with an Independent Domestic Violence Advisor or a professional from CYPS if relevant
7. The disclosure is read to the person at risk who is required to sign a confidentiality agreement and if a joint visit, CYPS will conduct their assessment throughout the disclosure visit

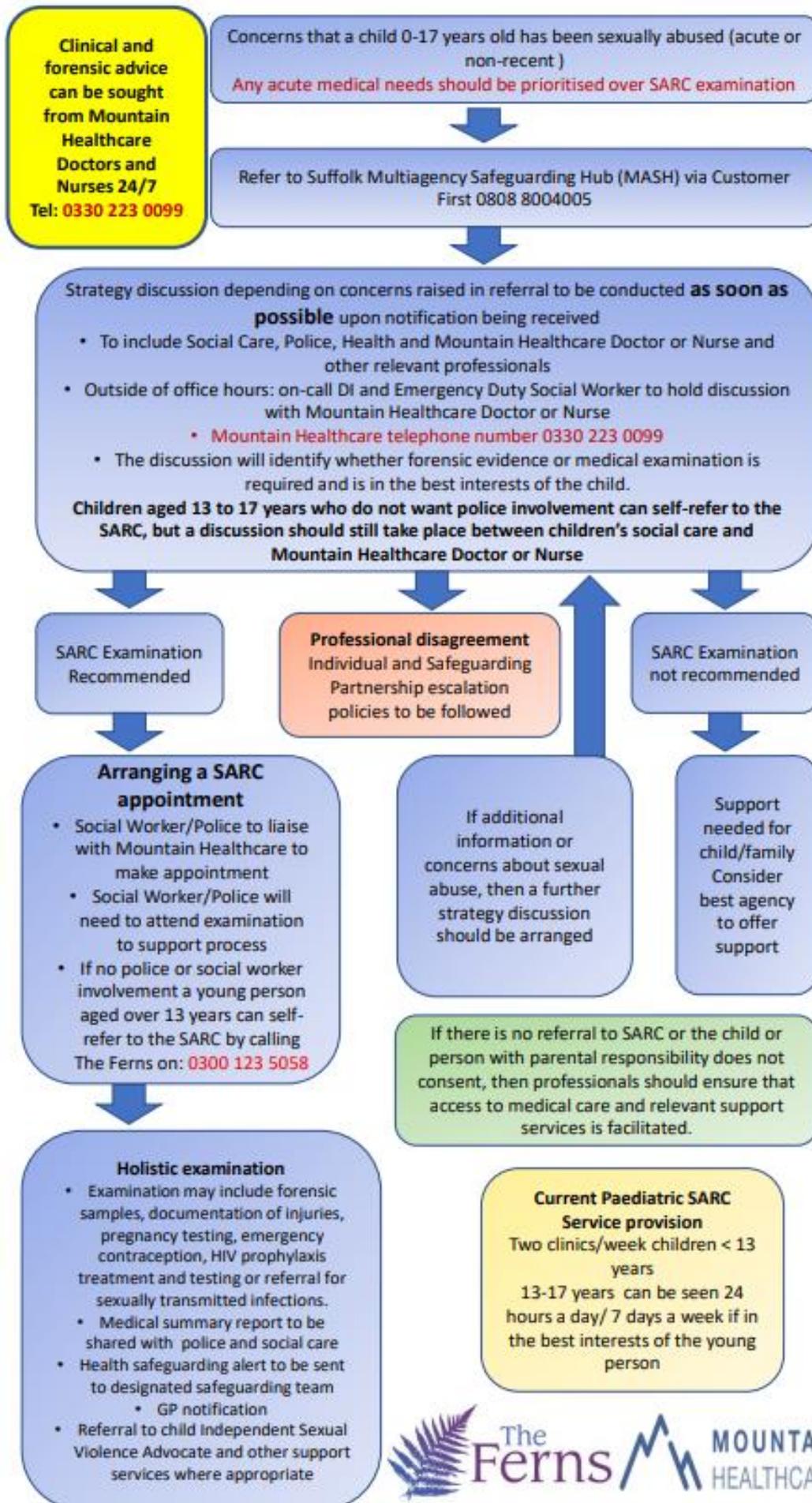
## Child Sex Offender Disclosure Scheme (CSODS):

- The purpose of this scheme is to allow parents, guardians or any third party, to find out if there is information for disclosure to protect a child or children in their care
- In order for an application to be progressed, it **must** meet one of the following criteria:
  - The subject is having unsupervised contact with the child or children
  - There is potential for unsupervised contact with the child or children

### Process:

1. An application is received into the MASH via the Police Control Room
2. In depth research is completed in relation to both the subject and applicant before a disclosure or non-disclosure recommendation is forwarded to the MASH, with proposed wording for disclosure
3. MASH makes a decision, and this is then forwarded to the Detective Inspector, who then reviews the information and authorises the disclosure or non-disclosure
4. If Police research shows that the subject has a history of child sex offences and/or is considered a risk to the child concerned, then disclosure will be authorised, and the application must be sent to CYPS to facilitate a threshold discussion between CYP and Police Decision Makers to confirm single/joint disclosure
5. Once agreed, confirmation of the disclosure decisions together with agreed wording is forwarded to the appropriate police team to arrange appointment with the person best placed to protect, alongside the CYP worker if a joint visit
  - a. If a registered sex offender, disclosure is completed by the Public Protection Unit
  - b. If not a registered sex offender, disclosure is completed by the Area Safeguarding Team

## Process for Paediatric Referral to SARC Service:



## 2. Safeguarding Adults:

### Referring into the MASH – Adults:

- The Multi-Agency Referral Form (MARF) must be completed and submitted using the secure Suffolk Adult Care Portal
- The portal is easy to use, and it is a secure space where professionals can complete and send forms directly to the right Children’s Services team.
- The first time someone completes a form, they will be asked to create a new portal account; this is to ensure the information sent is secure and they will need to log into the account each time
- There are user guides and video guidance available on the Suffolk Adult Safeguarding Board (SAB) website if required.

### Safeguarding Contact Process in ACS:

- Customer First Safeguarding Champions will undertake an initial triage in conjunction with MASH Duty
- **If it is an Adult Safeguarding referral**, Customer First will create the person if not previously known and enter minimum data, including any updated information on known persons onto Liquid Logic; Customer First will then use the person’s Liquid Logic ID to create a new contact, and link records across both EHM and LAS
- **If the referral is not of a Safeguarding nature**, it will be inputted onto Liquid Logic and directed to the Local Neighbourhood Team
- Each contact when received will be looked at within the MASH, by MASH Duty within two hours
- Should they have been defined incorrectly as safeguarding or non-safeguarding by the referrer, they will be redirected to the appropriate team
- For referrals that are received in Customer First, not on the correct form or via telephone, Customer First will make the initial determination of whether a case is safeguarding or not

### A referral is safeguarding if it concerns:

An adult aged 18 or over meets the three statutory criteria (Care Act 2014)

Meets the three-stage test as applied within the Care Act 2014:

1. The individual has a need for care and support (whether or not the Local Authority is meeting any of those needs) **AND**
2. There is reasonable cause to suspect there is a risk of, or experiencing abuse and/or neglect **AND**
3. As a result of the care and support needs is unable to protect themselves from either the risk or experience of abuse or neglect

However, practitioners need to be mindful that Safeguarding duties apply to family carers experiencing intentional or unintentional harm from the adult they are supporting, from professionals and organisations they are in contact with as well as victims of domestic abuse or modern slavery who are in receipt of care and support. In some situations, the Local Authority can undertake enquiries for those that only have support needs, such as high-risk DA.

**The referral is not safeguarding if it refers to:**

Isolated incidents of missed personal care, missed meals/drinks, missed activities, inappropriate moving and handling, missed medication, lack of heating, poor recording (however this list is not exhaustive). Please refer to Suffolk Safeguarding Adults Framework for further information.

**Overview of Suffolk Safeguarding Adults Framework:**

- This framework has been developed by multi-agency partners of the Suffolk Safeguarding Adults Board, in consultation with a number of organisations across Suffolk
- It was developed in response to the 2017 Independent Review of Safeguarding Adults and aims to assist practitioners and their organisations with a common understanding of the indicators of abuse
- This framework should be read in conjunction with your own organisation’s Safeguarding Adults policies and procedures and will help inform a more consistent terminology and response to safeguarding adults in Suffolk
- The framework will help identify the abuse type and what, if any, interventions are required and can be used at the time
- Practitioners should always use their knowledge, skills, and professional judgement in deciding what actions to take
- The decision-making process must always be recorded in the person’s notes or records, even if no intervention has occurred
- Individual cases may not sit within one specific abuse type, or one category, so practitioners need to ensure they have a full understanding of the situation to inform their decision-making process and identify the support or interventions required
- The Suffolk Safeguarding Adults Framework format is based on the Oxford Thresholds Document and utilises the health thresholds guidance and health safeguarding thresholds triage from the NHS Best Practice Guidance.
- It compliments existing guidance from Social Care in Excellence (SCIE), the Royal College of General Practitioners and has been developed in line with the safeguarding requirements set out in the Care Act 2014
- Full Framework can be found here: <https://suffolksp.org.uk/working-with-children-and-adults/adults/safeguarding-adults-framework/>



**CONSULTATION OF THE SAB FRAMEWORK - SAFEGUARDING CONCERN RAISED AT CUSTOMER FIRST**

- Apply the SAB framework
- Obtain customer's views where appropriate, for example when on the phone to a customer directly or information available from a referrer
- Consider the person's capacity to consent to the concern being raised

Yes, it is a safeguarding concern that requires sending to the MASH as it is likely that a safeguarding enquiry is required:

**SEND TO MASH**

Not a safeguarding concern but requires a social work response:

**IF ALLOCATED** send to relevant Integrated Neighbourhood Team (INT) OR Learning Disability and Autism Team (LD&A)

**IF UNALLOCATED** send to Independence and Well-Being Service (IWS)

**Not a safeguarding concern** but requires an alternative response from other teams or agencies, for example:

- Contracts and Service development
- Provider support Team
- Health
- Trading Standards
- CQC

**MASH ASSESSMENT TAKES PLACE (ON EHM)**

- Obtain customer's view when appropriate
- Obtain referrer's view when appropriate
- Research relevant background information
- Obtain MASH partner information
- Complete strategy discussion and decision (based on Care Act three statutory criteria)
- Initial **PROTECTION PLAN**

**ALLOCATED TO NSFT TEAM?**

**New Suffolk Safeguarding Pathway**

**ALLOCATED WORKER LED SAFEGUARDING ENQUIRY**

- Customer has an allocated worker
- Send enquiry to worker tray and add notification to intake tray for the team

**Customer does not have an allocated worker and safeguarding concern does not warrant Central Safeguarding Team enquiry**

- FCST or LD&A Complex Case team for consideration of allocation to area safeguarding practitioners
- FCST and LD&A Complex Case Team to reallocate to relevant team if allocation to safeguarding practitioner is not appropriate

**Wherever possible to encourage consistency, including urgent action, a safeguarding enquiry will be allocated to the team who will be undertaking the enquiry, if this is not possible then the areas usual duty procedures are to be followed.**

**Customer is currently in hospital and safeguarding concern does not warrant Central Safeguarding Team Enquiry**

- Allocate to relevant hospital team
- Hospital team to undertake safeguarding work as required and then reassign to relevant team if necessary, as per allocation model

**CENTRAL SAFEGUARDING TEAM**

- Customers who are experiencing self-neglect and hoarding and previous intervention has not affected change
- Customers who continue to experience significant harm from abuse or neglect and safeguarding plans have not affected change
- Organisational abuse where there is suspicion that multiple customers have been harmed
- Customers where a non-statutory safeguarding enquiry is required as they are a carer or an individual with support needs only

If a safeguarding enquiry is not required send to relevant team (this depends on whether there is an allocated worker, see above) and/or agency

## **Safeguarding Allocation Model:**

### **Role of the MASH**

When an adult safeguarding enquiry under Section 42 of the Care Act is commenced, the MASH will need to determine the scope of the enquiry, who leads it, who else needs to be involved and indicative timescales for completion based on presenting information. How long an enquiry takes will though depend on the individual circumstances. Timescales should reflect the ethos of the Making Safeguarding Personal agenda. It is important that timely action is taken whilst respecting the principle that the views of the adult at risk are paramount.

The MASH will usually start with asking the adult their view and wishes which will often determine what the next steps need to be. Everyone involved in an enquiry must focus on improving the adult's well-being and work together to that shared aim. At this stage, the MASH has a duty to consider whether the adult requires support to be involved in the enquiry and whether an advocacy referral is needed. This will not always be known at this time and will need to be a priority for the person undertaking the enquiry.

The MASH will decide based on the assessment they have undertaken, and the information shared between partners who should undertake the enquiry. In many cases this will be the professional who already knows the person best. They may be a social worker, health professional, police, or service provider (this list is not exhaustive) and there may be circumstances when this is done jointly. If time allows and the allocated practitioner is available, they will be contacted and their views will be key to a robust strategy discussion and decision, where possible they will be involved in the strategy discussion.

In all circumstances though there is an expectation that the lead person undertaking the enquiry feeds back their findings to the local authority who have responsibility for overseeing all enquiries.

### **Who will undertake the enquiry?**

When there is an allocated worker for an individual, the MASH will allocate the enquiry to them (even if the local authority is not leading), including a notification to the team intake tray. It is important that allocated workers approach their manager and/or supervisor when they receive the request for an enquiry to review the MASH outcome and plan the next steps. This also gives the worker and their supervisor the opportunity to ensure they are the appropriate person to undertake the work.

All other cases will be allocated to the relevant Flexible Care and Support team (FCST) or the Complex Case Team for customers open to Learning Disability and Autism Teams. In circumstances when the safeguarding enquiry is not appropriate for the safeguarding practitioner (see below) they will pass this to the relevant team for allocation.

The MASH will also send safeguarding enquiries directly to the Central Safeguarding Team and Contracts and Service Development Team when appropriate (see below).

### **Role of the Independence and Well-Being Service (IWS)**

The IWS operate a duty service for most of the county and therefore if there is no capacity to undertake an urgent piece of work by the area safeguarding practitioners, INTs, or central safeguarding team then IWS will be used as per the duty procedures for that area. Action required on the same day would be considered urgent.

### **Role of the Area Safeguarding Practitioners**

The area Safeguarding Practitioners who are in the FCST or Complex Case Team will be responsible for undertaking enquiries and providing support to practitioners in their areas undertaking safeguarding enquiries. Allocation to the safeguarding practitioners is most likely to be for enquiries in the following circumstances:

- An ABE interview is required (Safeguarding Senior Practitioner and Social Worker)
- High risk and likely involvement of legal services (Safeguarding Senior Practitioner and Social Worker)
- Low level enquiries that have a high degree of multi-agency involvement (IWP)
- Internal enquiries not allocated to PST and/or Contracts and Service Development Team (IWP), most likely NSFT or other health partner enquiries

### **Role of the Central Safeguarding Team**

Allocation to the Central Safeguarding Team from the MASH will only occur in the following circumstances:

- Customers who are experiencing self-neglect and hoarding and previous intervention and support has not achieved the desired outcome to prevent harm occurring
- Customers who continue to experience significant harm from abuse or neglect and safeguarding plans have not prevented further harm and the situation is unstable and complex
- Organisational abuse where there is suspicion that multiple customers have experienced significant harm
- Customers where a non-statutory safeguarding enquiry is required as they are a carer or an individual with support needs only

### **Role of Contracts and Service Development Team**

If the concern has been raised about a regulated provider and the concerns:

- Are about the service not an individual
- Will not require an individual safeguarding enquiry (although customer views may need to be sought)
- Are not considered large scale or complex
- Have been allocated to the provider for an internal enquiry and require oversight on their return

Examples may include:

- Recurring medication errors for more than one person that have caused no harm (but have potential for harm)
- Rigid/inflexible routines that are not always in the customers best interests (more than one person)
- Concerns regarding multiple customers dignity being undermined e.g., lack of privacy during support with intimate care needs
- Recurrent poor or bad practice that lacks management oversight or response and/or is not being reported to relevant organisations/ departments
- Unsafe and unhygienic living environments that could cause harm to customers
- Inability of providers to manage own safeguarding enquiries or concerns (including appropriate consultation and/or referral)
- Recurrent missed home care visits where risk of harm escalates

Consider previous responses and current responses from the provider. The Contracts and Service Development Team will be responsible for making the appropriate referral to the Provider Support Team.

### **Role of the Hospital Team**

- Hospital team practitioners will be doing safeguarding enquiries, but this will be done with the acknowledgement that they will only be able to undertake limited tasks due to being hospital based
- This means that if the breadth of the enquiry goes beyond speaking with the person and liaising with professionals and others e.g., evidence gathering at a care home this will require joint working
- The approach needs to be person centred and flexible to take account of what is best for the person and the breadth and depth of the enquiry
- The MASH practitioners will ensure that the hospital teams are made aware of safeguarding concerns for people in hospital at the earliest opportunity by sending a case notification on LAS
- For Ipswich Hospital this will be the Complex Hospital Ipswich and East work tray and for West Suffolk Hospital this will be Hospital to Home West

MASH will also call the teams when it is of high urgency and there is a risk that someone maybe discharged.

### **Role of NSFT**

This pathway applies to individuals 18 years and above who have a primary mental health condition and who are open to specialist mental health services (this excludes Suffolk Wellbeing Services). It covers people who are 65 years and over who have functional mental health difficulties and are open to an Adult, Autism or Youth pathway. It excludes individuals with learning difficulties and dementias who fall under the responsibility of the Learning Disability and Dementia neighbourhood teams in Adult Social Care and have an allocated social worker.

Adult safeguarding concern to Suffolk County Council via Customer First preferred method or 0808 800 4005

<https://www.suffolk.gov.uk/care-and-support-for-adults/how-social-care-can-help/suffolk-adult-care-portal>

Prior to raising concern, if urgency permits, contact customer to gain consent to raise concern and discuss with NSFT safeguarding team on 01603 421311 or email [safeguarding@nsft.nhs.uk](mailto:safeguarding@nsft.nhs.uk)

NSFT referrer to complete DATIX

Customer First to send safeguarding concern through to MASH

Not appropriate or proportionate:

Redirect and/or feedback to [safeguarding@nsft.nhs.uk](mailto:safeguarding@nsft.nhs.uk)

MASH Health Practitioner will review the referral to ensure it is appropriate and proportionate to accept into multi-agency hub

1) MASH to request information from appropriate partner agencies

2) Following information sharing, appropriate MASH partners will be involved in a multi-agency strategy discussion to agree steps and if a Section 42 enquiry is required, which agencies will be involved

Section 42 enquiry required?

No

MASH practitioner informs referrer/care coordinator who updates care records as appropriate on Lorenzo and IAPTUS

Yes

- MASH informs NSFT safeguarding team via secure email [nmh-tr.NSFTSafeguardingTeam@nhs.net](mailto:nmh-tr.NSFTSafeguardingTeam@nhs.net) and relevant partners of strategy decision to undertake enquiries
- MASH outcome to include details and contact numbers of relevant partners
- MASH will assign Section 42 enquiry to NSFT Safeguarding work tray to be accessed by responsible practitioner for Section 42. The practitioner allocated will be able to provide advice, guidance, and support as required and is responsible for ensuring all relevant aspects of the enquiry are completed and recorded.

NSFT Safeguarding Duty Worker will consider request

- NSFT Safeguarding Duty Worker will allocate and complete a warm handover to the appropriate worker and plan the enquiry, including tasks, time frame, responsibilities and communication required with appropriate partners
- Guidance and template to be forwarded to NSFT practitioner
- NSFT Safeguarding Duty Worker to support with any concerns/barriers in undertaking enquiry. Where barriers cannot be remedied, NSFT Safeguarding Duty Worker will escalate to relevant safeguarding lead.

#### Escalate Decision

NSFT Safeguarding Duty Worker will email MASH Health [health.mash@suffolk.gov.uk](mailto:health.mash@suffolk.gov.uk) to escalate decision

#### Outcome

NSFT practitioner to send completed template to [safeguarding@nsft.nhs.uk](mailto:safeguarding@nsft.nhs.uk) for oversight and ensure it has been completed to the best possible standard

NSFT Safeguarding team will send completed template via secure email [nmh-tr.NSFTSafeguardingTeam@nhs.net](mailto:nmh-tr.NSFTSafeguardingTeam@nhs.net) to the relevant local authority allocated worker

If LA worker requires additional information, email [nmh-tr.NSFTSafeguardingTeam@nhs.net](mailto:nmh-tr.NSFTSafeguardingTeam@nhs.net) stating what actions needed

NSFT Safeguarding team to either discuss with practitioner or escalate to ACS Safeguarding Operational Manager or MASH Operational Manager

## MASH Fast Track for Adults:

MASH Fast Track may be appropriate for contacts where adult outcomes are improved through use of retrospective strategy discussions. This approach should only be used in rare circumstances where it can be demonstrated that the needs of the adult are best served through using this method.

**Protective action must always be initiated immediately if required**

Fast Track management of ACS contacts requires a whole MASH response:

- Contacts that require a fast-track approach must be identified as early as possible
- Other MASH partners must be made aware immediately, **in person**, that a contact requires prioritisation – this is a decision that will be made by the Practice Manager, Police Sergeant or deputy who identifies such a contact
- It will be the responsibility of the identified Adult Decision Maker to guide the contact as fast as possible through the MASH
- Competing priorities will be considered by the Practice Manager and a decision will be made as to the other of precedence
- In such situations, the MASH process must be fully completed retrospectively, and information passed to the Adult Protection team as necessary
- The decision to initiate action before an outcome has been completed must only be made when the highest levels of confidence regarding the level of harm are evident within the contact itself, and there is a pressing need to proceed with protective actions or to operate within a forensic window to safeguard an adult
- **Planning is still required for such contacts:**
  - It is essential that **direct contact** is made with the receiving Social Work team who will require all available information to be made available to them – this may only be the contact information
  - It is essential that **direct contact** is made with other partners (Police) and that they have all available information – this may only be the contact information
  - It is essential that all partners engaged in joint enquiries **contacted each other** to plan the enquiry – the MASH must ensure this has happened

## ACS Roles and responsibilities of CSW:

- Consultant Social Workers align their roles to decision making both when referrals come into MASH and leave
- There will be a CSW on duty every day who triages contacts and decision making to progress to MASH Assessment
- There will be a CSW chairing strategy discussions and proposals each day
- When possible, there will be a CSW available for Reds and general support for the team

## People in a Position of Trust:

Position of Trust (PoT), in legal terms, refers to a situation where one person holds a position of authority over another person and uses that position to their advantage to commit a crime or to injure the victim in some way. The adult at risk may be deterred from making a complaint or taking action out of a sense of loyalty, fear of abandonment or other repercussions. Where concerns are raised, it will be necessary for the employer of the individual concerned (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults.

Examples of such concerns could include allegations that the individual in question has:

- Behaved in a way that has harmed, or may have harmed an adult or child
- Possibly committed a criminal offence against, or related to, an adult or child
- Behaved towards an adult or child in a way that indicates they may pose a more general risk of harm to adults with care and support needs

A referral can be made to [ACSpositionoftrust@suffolk.gov.uk](mailto:ACSpositionoftrust@suffolk.gov.uk) in relation to the above concerns where a Section 42 may not be taking place or breadth of Section 42 would not include concerns raised.

- [Responding-to-Position-of-Trust-Concerns-UPDATED.pdf \(suffolksp.org.uk\)](#)
- [Safer Recruitment » Suffolk Safeguarding Partnership \(suffolksp.org.uk\)](#)

## Organisational Abuse:

Organisational abuse is stated in the Care Act (2014) as ‘neglect and poor practice within an institution or specific care setting such as hospital or care home...or in relation to care provided in one’s own home’. There is statutory guidance to provide advice on the response to abuse and neglect in a regulated care setting.

The Suffolk Safeguarding Partnership has produced a comprehensive Managing Organisational Safeguarding concerns Policy 2020: [https://suffolksp.org.uk/assets/Safeguarding-Topics/Organisational-Abuse/managing\\_organisational\\_concerns\\_policy\\_v4.pdf](https://suffolksp.org.uk/assets/Safeguarding-Topics/Organisational-Abuse/managing_organisational_concerns_policy_v4.pdf)

All referrals and intelligence in relation to providers should be added to the individual provider record on LAS (OSS module). The decisions page has a button ‘Organisational Support & Safeguarding’ which initiates a supplementary task to contracts and service development tray, these tasks will be picked up by the relevant contracts manager and added to the record for intelligence purposes and to initiate appropriate action.

## **Service Development & Contracts (SD&C):**

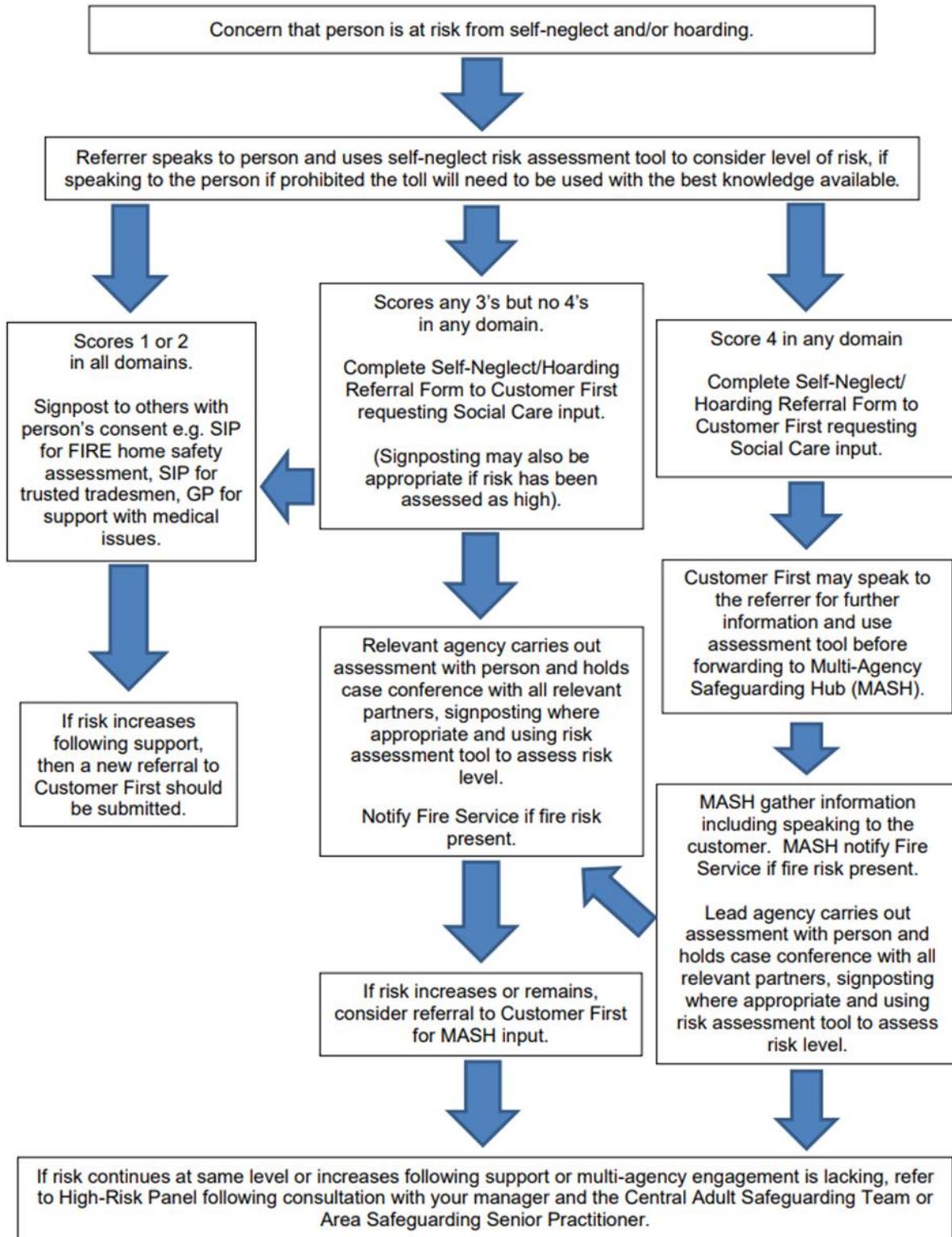
MASH have a close network with Service Development & Contracts, this is essential to ensure concerns are provided with the appropriate intervention to minimise the risk of developing to safeguarding concerns. Colleagues in SD&C are virtual MASH partners and will provide research in relation to providers through delegation tasks. SD&C have a clear process in place to prioritise and allocate work to the appropriate contract manager.

## **Self-Neglect & Hoarding:**

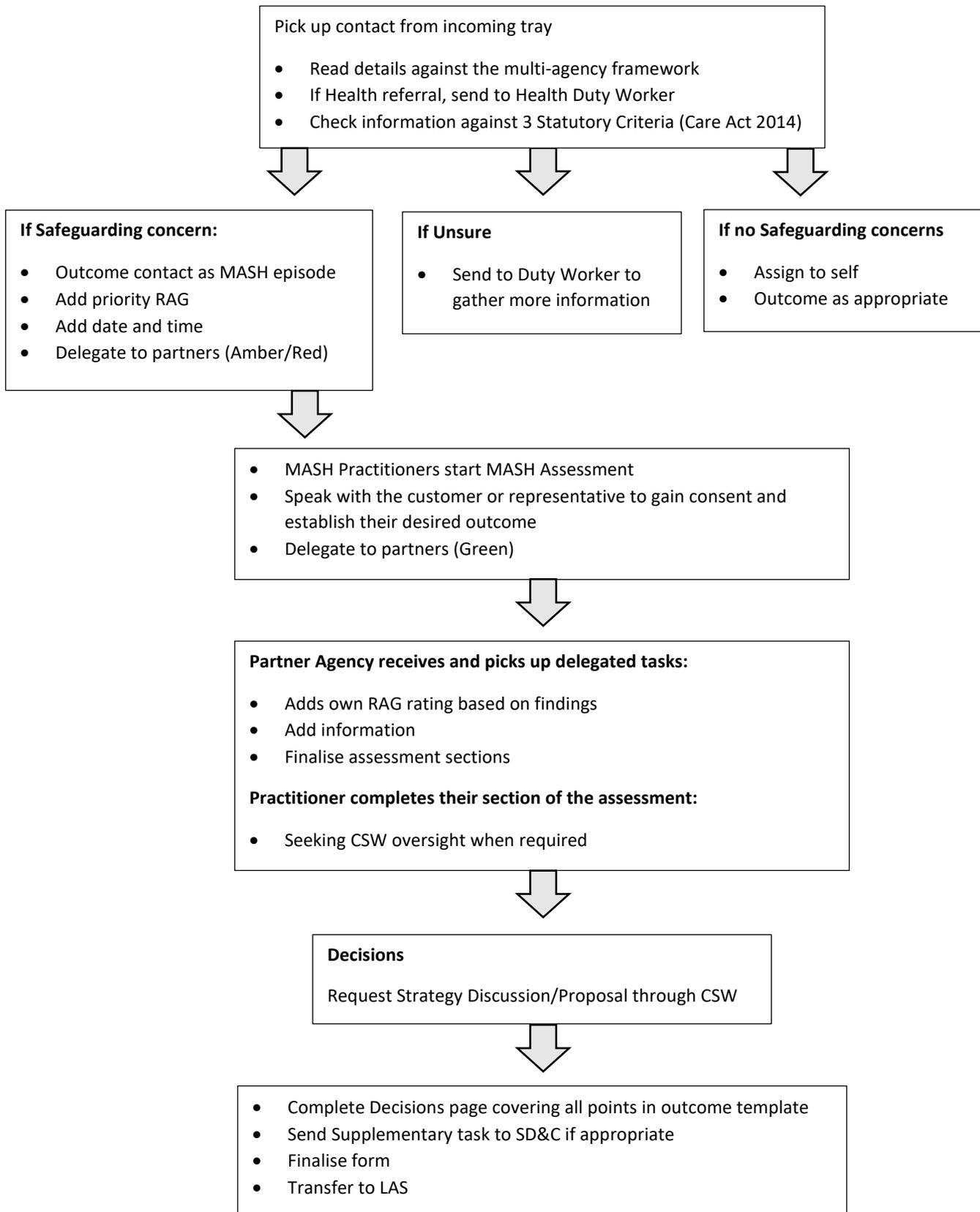
The Care Act Guidance states that self-neglect covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-Neglect involves physical, mental, social, personal, and environmental factors negatively affecting a person's well-being. Hoarding is considered a mental disorder and distinct from the act of collecting as it is not a lifestyle choice. The referral process into MASH differs from that of other abuse types, due to the need for assess the specific risk.

- [Multi-agency-SN-risk-assessment.pdf \(suffolksp.org.uk\)](#)
- [Self-Neglect & Hoarding » Suffolk Safeguarding Partnership \(suffolksp.org.uk\)](#)

## Self-Neglect and Hoarding Pathway for Professionals



## ACS MASH Hub Working Process:



### 3. Professional Consultation Line:

- Professionals can call the Professional Consultation Line (PCL) on 03456 061 499 to speak with a MASH worker
- There is an additional option of using webchat, which can be accessed via the Suffolk Safeguarding Partnerships MASH webpage
- When a professional is uncertain as to whether they should submit a contact to CYPS, a safeguarding referral to ACS, or to complete a CAF to access early help for children and young people, they can contact the PCL to discuss the most appropriate and effective way of providing or obtaining help and support
- The PCL is an important part of MASH operations
- It works most effectively when it is supported by as many staff as possible

#### Consultation Line Process for CYP and ACS:

1. Call received by the MASH from a professional
2. MASH worker will take limited information from the caller, such as their name, agency, age of child in question and the purpose of the call
3. MASH worker will offer appropriate advice, which may include advising the caller to complete a contact via the portal
4. Once the call is completed, the MASH worker will record basic details of the call and advice given on the Consultation Log

#### Crime Reporting:

- All crimes must be shared with the police
- There is no minimum age for someone to commit a crime, just a minimum age for prosecution
- Lawful chastisement by a parent is still a crime which needs to be recorded by the police; there is a legal defence, but the parent still commits assault
- Assault does not have to result in injury
- Causing someone to fear they will be assaulted, even if no physical contact occurs, is also an assault
- Possession or use of a weapon can be a crime
- All Domestic Abuse incidents, regardless of circumstances must be recorded by the police

## 4. MASH Information:

### Information Sharing:

- Agencies will be open and honest with families and individuals from the outset about why, what, how, and with whom information will or could be shared
- Families and individuals should be directed to the relevant Directorate's Privacy Notice for further information about how SCC uses their data
- **Consent will not be sought on all contacts**
- **Where there is already a lawful basis for processing information, families will be informed that information will be gathered and asked to support the process**
- **It is wrong to ask for consent when the information will be shared regardless of the response**

### Information Requests:

- Customer First and the MASH co-fund the role of Information Compliance Officer to assist both teams to comply with Information Requests across both services, processing information quickly and accurately to ensure SCC remains compliant
- The aim of this role is to provide information and guidance to colleagues, partners and directly to children, young people, and families.
- Such requests come from CAFCASS, Ofsted, the Police service, and other Local Authorities

## **Child Safeguarding Practice Reviews (SPRs) - Formerly Serious Case Reviews (SCRs):**

These are undertaken when a child dies (including death by suspected suicide), and abuse or neglect is known or suspected. Additionally, Local Safeguarding Children Partnerships (formerly LSCBs) may decide to conduct an SPR if a child has been seriously harmed and in accordance with the guidance in Working Together 2018. In Suffolk, these are managed by the Head of Service for Safeguarding.

### **Serious child safeguarding cases are those in which:**

- Abuse or neglect of a child is known or suspected **and**
- The child has died or been seriously harmed

### **The criteria which the local safeguarding partners must take into account include whether the case:**

- Highlights or may highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified
- Highlights or may highlight recurrent themes in the safeguarding and promotion of the welfare of children
- Highlights or may highlight concerns regarding two or more organisations or agencies working together effectively to safeguard and promote the welfare of children
- Is one which the Child Safeguarding Practice Review Panel have considered and concluded a local review may be more appropriate

### **Safeguarding partners should also have regard to the following circumstances**

- Where the safeguarding partners have cause for concern about the actions of a single agency
- Where there has been no agency involvement, and this gives the safeguarding partners cause for concern
- Where more than one local authority, police area or clinical commissioning group is involved, including in cases where families have moved around
- Where the case may raise issues relating to safeguarding or promoting the welfare of children in institutional settings

## The Eight Caldicott Principles:

### 1. Justify the purpose(s) for using confidential information

- Every proposed use or transfer of confidential information should be clearly defined, scrutinised, and documented, with continuing uses regularly reviews by an appropriate guardian

### 2. Use confidential information only when it is necessary

- Confidential information should not be included unless it is necessary for the specified purpose(s) for which the information is used or accessed
- The need to identify individuals should be considered at each stage of satisfying the purpose(s) and alternatives used where possible

### 3. Use the minimum necessary confidential information

- Where use of confidential information is considered to be necessary, each item of information must be justified as necessary for a given function

### 4. Access to confidential information should be on a strict need-to-know basis

- Only those who need access to confidential information should have access to it, and then only to the items that they need to see – this may mean introducing access controls or splitting information flows where one flow is used for several purposes

### 5. Everyone with access to confidential information should be aware of their responsibilities

- Action should be taken to ensure that all those handling confidential information understand their responsibilities and obligations to respect the confidentiality of patients and service users

### 6. Comply with the law

- Every use of confidential information must be lawful
- All those handling confidential information are responsible for ensuring that their use of and access to that complies with legal responsibilities set out in statute and under the common law

### 7. The duty to share information for individual care is as important as the duty to protect patient confidentiality

- Health and Social Care professionals should have the confidence to share confidential information in the best interests of patients and service users within the framework set out by these principles – they should be supported by the policies of their employers, regulators, and professional bodies

### 8. Inform patients and service users about how their confidential information is used

- A range of steps should be taken to ensure no surprises for patients and service users, so they can have clear expectations about how and why their confidential information is used, and what choices they have about this
- These steps will vary depending on the use: as a minimum, this should include providing accessible, relevant, and appropriate information – in some cases, greater engagement will be required

[The Caldicott Principles - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

## **MASH Health Team:**

- The MASH Health team are involved in gathering and sharing of health information regarding the individual and their family, ensuring it is proportionate and pertinent to the risk being raised
- MASH health will share researched information to the MASH that is pertinent to the risk in the referral and any information that should be kept in the MASH should be recorded in the Significant Information section which is restricted to MASH
- Specialist Nurses are best placed to liaise with medical colleagues regarding specific assessments that may be required
- Consideration should be taken to contact Mountain Health Care regarding the need for assessment following a referral for sexual abuse, alongside a paediatric medical assessment
- The Health team should highlight any health needs the individual may need to access and be part of the decision about how this is communicated to family
- The Health team works across all MASH referrals and provides information and support to health colleagues outside of the MASH
- MASH Health are available to answer the Professional Consultation Line (PCL)
- The Health team, work as part of the CCG Designated Safeguarding teams for children and adults
- Consideration should be taken as to when communication with the designated teams occurs when a concern arises, particularly around Health Trusts and Care Homes
- The Health team have access to Primary Care Health patient information systems in full
- MASH Health facilitates MASH colleagues to access a read only Summary Care record to gain information such as address and DOB
- When a child dies, the Health team may be asked for relevant information regarding Safeguarding within the MASH – they do not need to undertake a full chronology as this will be the duty of the Specialist team within the CCG, however MASH Health will contact the CCG Designated team to ensure they are aware of the death.
- The CCG specialist Child Death Review team will let MASH health know of any child deaths they become aware of to ensure a sharing of information to the MASH
- Where a child is reported to have an injury, MASH will provide advice within the MASH Assessment that the child will require a paediatric medical assessment – when Safeguarding Nurses within MASH have provided research information or have been part of a formal discussion about the child/family, they will provide a recommendation/rationale for a medical assessment within their recording, MASH CSWs will provide the advice in other instances:
  - The allocated Social Care team will convey this advice to parents and compliance may be noted during subsequent involvement with the family – for child protection enquiries, the expectation is that the advice will be adhered
  - If a physical injury regarding an allocated child is discovered, the Social Worker will liaise with colleagues in Health regarding the required level of intervention
- MASH Health team provides statistics for health colleagues regarding referrals and contribute towards multi-agency audits of MASH work and undertake standalone audits as required
- For families with children aged five and under, MASH Health should be involved and asked to provide health information with consent where it is safe to do so – there will be times where MASH Health information is not required, such as for very low-level concerns, but health information for this age group should always be considered, if MASH Health is not involved for cases with under 5s, there should be a clear MASH rationale as to why

## Useful Links:

### Abuse/Neglect:

- NSPCC Leaflet: <https://learning.nspcc.org.uk/research-resources/2014/neglect-emotional-abuse-children-aged-5-14-core-info-leaflet>
- Recognising Child Abuse and Neglect: <https://www.nice.org.uk/guidance/ng76/chapter/Recommendations#recognising-child-abuse-and-neglect>
- Spotting the Signs of Neglect: <https://suffolksp.org.uk/assets/Safeguarding-Topics/Neglect/2019-12-10-SSP-Neglect-Guidance-v4.pdf>
- TOPE: Confidential, specialist support for young people (13+) in Suffolk and Norfolk who are or have experienced abuse <https://tope.org.uk/>

### Child Sexual Exploitation:

- DoF Guidance: [Department for Education \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- Toolkit: <https://www.suffolksp.org.uk/assets/Safeguarding-Topics/Child-Sexual-Exploitation/2017-06-02-CSE-Toolkit-SSP.pdf>

### Community Information:

- Community Directory: <https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/home.page>
- Find your Local Council: <https://www.gov.uk/find-local-council>

### Counselling for Children:

- Emotional Wellbeing Gateway website – Local Support around child’s MH, Including Eating Disorders, Depression, Anxiety, Self-Harm, Stress, Suicidal Thoughts: <http://infolink.suffolk.gov.uk/emotionalwellbeinggateway>
- The Source - young people's website with lots of information, advice, and resources <http://www.thesource.me.uk/>
- Young Minds - For online help and support around dealing with emotional or mental health difficulties: <http://www.youngminds.org.uk/>

### Disabled Children:

- Contact a Family – Charity supporting disabled children: <http://www.cafamily.org.uk/> 0808 808 3555
- SCC specialist service for Learning Disabilities: <https://www.suffolk.gov.uk/children-families-and-learning/childrens-health/specialist-service-for-learning-disabilities/>
- Suffolk Local Offer – Support and Social Opportunities for children with SEN and Disabilities: <http://infolink.suffolk.gov.uk/kb5/suffolk/infolink/localoffer.page?localofferchannelnew=0>

### Domestic Violence:

- Bright Sky - a mobile app and website for anyone experiencing domestic abuse, or who is worried about someone else
- Dealing with DV: <https://suffolksp.org.uk/assets/Safeguarding-Topics/Domestic-Abuse-Violence/2019-07-01-Guidance-for-Dealing-with-Domestic-Abuse-v7.pdf>

- Impact of DV on Children: <https://suffolksp.org.uk/assets/Safeguarding-Topics/Domestic-Abuse-Violence/2019-07-01-Guidance-for-Dealing-with-Domestic-Abuse-v7.pdf>
- Power and Control Wheel: <http://www.stopdomesticviolence.org.uk/violence-wheel/> and <https://www.theduluthmodel.org/wheels/>
- Quick Guide for DV: <https://www.suffolksp.org.uk/assets/Safeguarding-Topics/Domestic-Abuse-Violence/A-quick-guide-for-professionals-who-dont-work-in-domestic-violence-services.pdf>
- Safe Lives Dash Risk checklist: <https://suffolksp.org.uk/assets/Safeguarding-Topics/Domestic-Abuse-Violence/Dash-for-IDVAs-FINAL.pdf>
- Safety Planning for DV Victims: [https://suffolksp.org.uk/assets/Basic-safety-planning-advice\\_.pdf](https://suffolksp.org.uk/assets/Basic-safety-planning-advice_.pdf)
- Supporting Women and Babies after DA: <https://www.womensaid.org.uk/wp-content/uploads/2019/12/Supporting-women-and-babies-after-domestic-abuse.pdf>

### Family Information Services

- Dealing with Child Behaviour Problems: <https://www.nhs.uk/conditions/baby/babys-development/behaviour/dealing-with-child-behaviour-problems/>
- Guidance on Universal Services for under 5s: <https://suffolknet.sharepoint.com/sites/myscc/CYP%20Content%20Library/2016-02-12%2010070%20CYP%20FIS%20Universal%20pp%20A5%20RefCard%20R1%20LR.pdf>
- Practitioner Checklist for Universal and Targeted Services: <https://suffolknet.sharepoint.com/sites/myscc/CYP%20Content%20Library/2017-03-29%20Universal%20Services%20Checklist%202013.pdf>

### Gangs/County Lines:

- At Risk of Gang Involvement: <https://www.suffolksp.org.uk/assets/Safeguarding-Topics/Gangs-CE-County-Lines/2016-05-10-Safeguarding-Children-and-Young-People-at-Risk-of-Gang-Involvement.doc.pdf>
- County Lines Resource Pack: <https://suffolksp.org.uk/assets/Safeguarding-Topics/Gangs-CE-County-Lines/County-Lines-and-Gangs-Resource-Pack-2018.pdf>
- Exploitation Toolkit: <https://www.csepoliceandprevention.org.uk/sites/default/files/Exploitation%20Toolkit.pdf>
- Government Guidance: <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

### Housing Help:

- Suffolk County Council Homelessness and Housing: <https://www.suffolk.gov.uk/care-and-support-for-adults/how-social-care-can-help/homelessness-and-housing-support/>

### Information Sharing:

- Caldicott Principles: <https://www.gov.uk/government/publications/the-caldicott-principles>

### Liquid Logic Support:

- Support form for logging issues/roll backs: <https://forms.office.com/Pages/ResponsePage.aspx?id=7GqcEEZQIUqPPIT2O6GK9L4Yps-Gf9IOhMPFkmn-gQhUOVdOOEgzMkZXS0xGRVo3SlpISFIZMEJQVS4u>

### Missing Young People:

- General Guidance: <https://www.suffolksp.org.uk/assets/Safeguarding-Topics/Missing-Children/2018-11-01-Safeguarding-Children-Who-Run-Away-or-Go-Missing-from-Home-or-Care-v7.pdf>
- Safeguarding Children Who Run Away or Go Missing: <https://www.suffolksp.org.uk/assets/Safeguarding-Topics/Missing-Children/Quick-Guide-6-Safeguarding-Children-Who-Run-Away-Go-Missing-From-Home-Care-Sep16-.pdf>

### NEET/Missing from Education:

- Missing from Education Protocol: <https://suffolksp.org.uk/assets/Working-with-Children-Adults/Education/CME-Protocol-December-2016.pdf>, <https://suffolksp.org.uk/assets/Working-with-Children-Adults/Education/CME-Quick-Guide.pdf>
- NACRO: Provides skills to help reduce anti-social behaviour: <https://www.nacro.org.uk/services/suffolk/>

### Online E-Safety:

- CEOP - <https://www.ceop.police.uk/safety-centre/>
- E-Safer Suffolk: <https://www.suffolk.gov.uk/community-and-safety/staying-safe-online/e-safer-suffolk/>
- Parent Guidance: <https://www.gov.uk/government/publications/coronavirus-covid-19-keeping-children-safe-online/coronavirus-covid-19-support-for-parents-and-carers-to-keep-children-safe-online>
- Setting up Parental Controls on Internet Access: <https://www.saferinternet.org.uk/advice-centre/parents-and-carers/parental-controls-offered-your-home-internet-provider>
- Sexual Abuse Online: [https://www.mariecollinsfoundation.org.uk/assets/news\\_entry\\_featured\\_image/NWG-MCF-Parents-Leaflet.pdf#Online%20Sexual%20Harm%20Reduction%20Guide](https://www.mariecollinsfoundation.org.uk/assets/news_entry_featured_image/NWG-MCF-Parents-Leaflet.pdf#Online%20Sexual%20Harm%20Reduction%20Guide)

### Pre-Birth Assessments:

- Flowchart: <https://suffolksp.org.uk/assets/Working-with-Children-Adults/Policies-CYP/Pre-birth/2017-05-11-Pre-birth-flowchart-v1.5.pdf>
- Guidance under Safeguarding Procedures: <https://suffolksp.org.uk/assets/Working-with-Children-Adults/Policies-CYP/Pre-birth/Pre-birth-Assessment-Guidance-v1.3.pdf>
- Toolkit: <https://suffolksp.org.uk/assets/Working-with-Children-Adults/Policies-CYP/Pre-birth/Pre-Birth-Assessment-Tool.pdf>

### Resource and Assistant Contacts:

- Family Action – charity for low-income families: <https://www.family-action.org.uk/what-we-do/grants/>
- Foodbank Locator: <http://infolink.suffolk.gov.uk/kb5/suffolk/infolink/results.page?qt=foodbank&term=&sorttype=relevance>
- Ipswich Furniture Project: <http://www.ipswichfp.org/> - 01473 404004
- Local Welfare Assistance: <https://www.suffolk.gov.uk/adult-social-care-and-health/budgeting-planning-and-paying-for-care-services/local-welfare-assistance-in-suffolk/>
- Suffolk Resilience – To access information and support relating to debt, benefits, housing, and employment: 0800 068 3131

### Self-Harm/Suicide:

- Harm Management Toolkit: <https://www.healthysuffolk.org.uk/advice-services/children/self-harm-a-management-toolkit-for-educational-settings>
- What to do if you believe a child or young person might be at risk of suicide: <https://suffolksp.org.uk/assets/Safeguarding-Topics/Suicide/2019-04-02-What-to-do-if-you-believe-a-child-or-young-person-might-be-at-risk-of-suicide.pdf>

### Sexual Abuse:

- Fresh Start New Beginnings: <https://www.fsnb.org.uk/>
- Independent Sexual Violence Advisor (ISVA) Support
- Survivors in Transition - For 18+ who have experienced any form of sexual abuse in their childhood: <https://survivorsintransition.co.uk/>
- The Ferns. Sexual Assault Referral Centre (SARC): <https://www.theferns-suffolk.org.uk/>
- What is child abuse? <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/>

### Sexually Harmful Behaviour:

- Brook Traffic Light Tool: [https://legacy.brook.org.uk/brook\\_tools/traffic/](https://legacy.brook.org.uk/brook_tools/traffic/)
- FPA Sex Education Resources: <https://www.fpa.org.uk/relationships-and-sex-education/growing-up-with-yasmine-and-tom>
- Guidance for Professionals: [https://www.proceduresonline.com/swcpp/plymouth-local/local\\_files/pscb\\_hscb\\_guide.pdf](https://www.proceduresonline.com/swcpp/plymouth-local/local_files/pscb_hscb_guide.pdf)
- Lucy Faithful Foundation Prevention Toolkit: <https://ecsa.lucyfaithfull.org/>
- Norfolk Advice Page for parents: <https://www.norfolk.gov.uk/safety/harmful-sexual-behaviour-in-children-and-young-people/parents-and-carers/are-you-worried-about-a-child-or-young-person>
- NSPCC: <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/#prevent>
- Sex and the Law: [https://www.thinkuknow.co.uk/14\\_plus/Need-advice/Sex-and-the-law/](https://www.thinkuknow.co.uk/14_plus/Need-advice/Sex-and-the-law/)
- ThinkUKnow: <https://www.thinkuknow.co.uk/>

### Substance Misuse:

- DAROS: <https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/service.page?id=5CDLH1RcDaQ&adultchannel=0>
- Drug Use Screening Tool: [https://www.healthysuffolk.org.uk/uploads/2019-10-03\\_FINAL\\_DUST\\_SF1661.pdf](https://www.healthysuffolk.org.uk/uploads/2019-10-03_FINAL_DUST_SF1661.pdf)
- Icen: <https://www.iceniipswich.org/>
- Suffolk Recovery Network/Turning Point: <https://www.turning-point.co.uk/services/suffolk-recovery-network>
- Talk to Frank: <https://www.talktofrank.com/>

### Suffolk Safeguarding Partnership:

- <https://suffolksp.org.uk/>

### Support for Young People:

- 4YP: <http://www.4yp.org.uk/>
- Action for Children: <https://www.actionforchildren.org.uk/>
- Barnardo's: <http://www.barnardos.org.uk/>

- Breaking Barriers Ormiston Families:  
<https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/service.page?id=lu30oAWUHAI&infolinkchannel=2-1-1>
- Cruse Bereavement Care: <http://www.cruse.org.uk/> - 0808 808 1677
- I Need Help: <http://www.ineedhelp.org.uk/> - 0800 141 2055
- Making Tracks: 01473 261113 / 01473 345400
- Minding the Gap: <https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/service.page?id=Ef4EPA-ol5s>
- NAPAC: <http://napac.org.uk/> - 0800 085 3330
- Ormiston Trust: 01473 724517
- Prince's Trust: <https://www.princes-trust.org.uk/about-the-trust>
- SupportLine: <http://www.supportline.org.uk/index.php> - 01708 765200
- The Mix: <http://www.themix.org.uk/> - 0808 808 4994
- The Source: <https://www.thesource.me.uk/>

#### **Transgender Children:**

- Schools Toolkit: <https://suffolksp.org.uk/assets/2019-12-10-LSCB-Trans-Inclusion-Schools-Toolkit-v2.pdf>

#### **Working Together/Threshold of Need Guidance:**

- Suffolk LSCB Threshold Matrix: <https://www.suffolksp.org.uk/assets/2020-06-18-LSCB-Threshold-Matrix-13.pdf>
- Suffolk Threshold of Need Guidance 2020: <https://www.suffolksp.org.uk/assets/Safeguarding-Topics/Safeguarding-Policy-Guidance/Suffolks-Threshold-of-Need-Guidance-08-10-2020.pdf>
- Working Together to Safeguard Children 2018 Documents:  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

## MASH Glossary and Acronyms:

<b>ADD</b>	Attention Deficit Disorder
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>Adoption</b>	Adoption is a way of providing new families for children who cannot be brought up by their birth parents or within their birth family. The granting of an adoption order transfers all legal responsibility and rights to the adoptive parents.
<b>ASD</b>	Autistic Spectrum Disorder
<b>CAF</b>	Common Assessment Framework
<b>CAFCASS</b>	Children and Family Court Advisory and Support Service
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CAO - Child Arrangements Order</b>	Decides on arrangements for the child, such as where they live and when/how much time they spend with each parent. (Replaces Residence Orders and Contact Orders)
<b>Care Leavers</b>	A care leaver is a young person aged 16-25, who has been 'looked after' at some point since they were 14 years old and were in care on or after their 16 <sup>th</sup> birthday. Care leavers are entitled to some ongoing help and support from Children's Services after they leave care. From the age of 18, young people are no longer legally 'in care' or 'looked after' and therefore fostering arrangements and legislation relating to children placed with foster carers no longer applies. In circumstances where a young person remains with their former foster carer(s) after their 18 <sup>th</sup> birthday, the arrangement becomes a 'Staying Put' arrangement.
<b>CBT</b>	Cognitive Behaviour Therapy
<b>CEOP</b>	Child Exploration and Online Protection centre Tackling child sex abuse and providing advice.
<b>CIC – Child in Care (Looked After Child)</b>	A child who is being looked after by their Local Authority is known as a Child in Care, Looked after Child, or Child Looked After.
<b>CME</b>	Child(ren) Missing from Education
<b>CO</b>	Care Order - Section 31 of the Children Act 1989. A Care Order places a child in the care of a Local Authority, with parental responsibility (PR) being shared between the parents and the Local Authority (PR to the parent might be limited). When a child is made the subject of a Care Order, the Local Authority has legal responsibility for the child (Also see Section 20)
<b>CP</b>	Child Protection
<b>CSA</b>	Child Sexual Abuse
<b>CSE</b>	Child Sexual Exploitation
<b>CSODS</b>	Child Sex Offender Disclose Scheme (sometimes referred to as Sarah's Law)
<b>DA</b>	Domestic Abuse
<b>DASH</b>	Domestic Abuse Stalking and Honour Based Violence

	<p>The DASH risk checklist can be used for all intimate partner relationships, including LGBTQ+ relationships, as well as for ‘honour’ based violence and family violence.</p> <p>It is primarily intended for professionals including specialist domestic violence workers, such as IDVAS, and other professionals working for mainstream services. It aims to provide a uniform understanding of risk across professions (<a href="https://safelives.org.uk">https://safelives.org.uk</a>)</p>
<b>DBS</b>	Disclosure and Barring Service (Previously known as CRB checks)
<b>DfE</b>	Department for Education
<b>DoLS</b>	Deprivation of Liberty Safeguarding
<b>DSL</b>	Designated Safeguarding Lead - The member of staff that coordinates child safeguarding concerns and makes/agrees to referrals.
<b>DVDS</b>	Domestic Violence Disclosure Scheme
<b>EHCP</b>	Education, Health and Care Plan EHCPs replaced ‘statements’ for children and young people with additional needs.
<b>EHE</b>	Elective Home Education
<b>EPO</b>	Emergency Protection Order Section 44 of the Children Act 1989 (also see PPO or PPP) The Local Authority can apply for an Emergency Protection Order (EPO) where there are reasonable grounds to believe there is an immediate risk of significant harm to a child; applications will usually be made to the Family Proceedings Court. The EPO will grant the Local Authority Parental Responsibility for the child, which will enable the child to be removed to other accommodation or to remain in a place where he/she is being accommodated (e.g., a hospital or foster placement). An EPO can be made for up to 8 days, with a possible extension of up to 15 days. Just to note, other people can also make applications for EPO, not just the LA.
<b>FGM</b>	Female Genital Mutilation
<b>FNP</b>	Family Nurse Partnership
<b>FM</b>	Forced Marriage
<b>HBA</b>	Honour Based Abuse
<b>HSB</b>	Harmful Sexual Behaviour
<b>ICO</b>	Interim Care Order
<b>IRO</b>	Independent Reviewing Officer
<b>LA</b>	Local Authority
<b>LADO</b>	Local Authority Designated Officer
<b>LSCB</b>	Local Safeguarding Children Board
<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>MARAC</b>	Multi-Agency Risk Assessment Conference
<b>MARF</b>	Multi-Agency Referral Form
<b>MCR</b>	Multiple Contact Review
<b>ODD</b>	Oppositional defiant disorder
<b>Ofsted</b>	Office for Standards in Education, Children’s Services and Skills
<b>PF</b>	Private Fostering
<b>PNC</b>	Police National Computer

<b>PPO or PPP</b>	Police Powers of Protection section 46 Children Act 1989 (also see Emergency Protection Order). Police have legal authority to remove a child if they believe that remaining in their current situation would leave them exposed to significant harm. Police do not need a Court Order to carry this out. The child may be kept at the Police Station or removed to suitable accommodation (e.g., relative's home) for up to 72 hours. Normally, the child would be immediately passed over to the Local Authority to place into foster care. When these powers are exercised, the child is considered to be in police protection. The LA should undertake s47 enquiries after a child has been subject to PPO.
<b>PR</b>	Parental Responsibility PR is assigned to all birth mothers and fathers married to the mother at the time the child was born. PR is also given to fathers who are not married to the mother but are registered on the child's birth certificate. The registration or re-registration must have taken place on or after 1 December 2003. PR is also given to civil partners and partners of mothers registered as the child's legal parent on the birth certificate.
<b>Prohibited Steps Order</b>	A Court Order used by one parent to stop another parent from making certain decisions about their child's upbringing
<b>RSO</b>	Registered Sex Offender
<b>SARC</b>	Sexual Assault Referral Centre
<b>SCR</b>	Serious Case Review
<b>Section 17</b>	Section of the Children Act 1989, which gives Local Authorities a general duty to safeguard and promote the welfare of children within their area who are In Need
<b>Section 20</b>	Section of the Children Act 1989, provides the Local Authority with the power to provide accommodation for children without a court order when they do not have somewhere suitable or safe to live or when they are lost or abandoned. It is widely known as voluntary accommodation because the parents must agree to the child being accommodated. A Section 20 Agreement does not give the Local Authority Parental Responsibility over the child. 'Agreement' is the key word here, as it <i>should be</i> just that (between LA and parent).
<b>Section 47</b>	Section of the Children Act 1989, which places a duty on Local Authorities to make enquiries into the circumstances of children considered to be at risk of significant harm and where these inquiries indicate the need, to decide what action, if any, it may need to take to safeguard and promote the child's welfare.
<b>SGO</b>	Special Guardianship Order. A SGO is an order appointing one or more individuals to be a child's 'special guardian'. It is a private law order made under the Children Act 1989 and is intended for those children who cannot live with their birth parents and who would benefit from a legally secure placement.
<b>SMOF</b>	Suffolk MASH Outcomes Framework
<b>SUDIC</b>	Sudden Unexplained Death in Childhood
<b>WTSC</b>	Working Together to Safeguard Children
<b>YJ</b>	Youth Justice