Buckinghamshire
Safeguarding Children Partnership

Multi-agency Safeguarding Hub (MASH) Partner Practice Standards

Introduction

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

If a case meets Level 4 red RAG rating as per the continuum of need document and MASH managers make the decision that multi agency checks are required, then specific agencies will be asked to undertake these checks and return these within 4 hours.

If a case meets Level 3 amber RAG and MASH managers make the decision that multi agency checks are required, then specific agencies will be asked to undertake these checks and return these within 24 hours.

There have been some challenges about how much information is required from each agency in order to make a safe threshold decision and be ready with complete information for a timely strategy discussion where this is the outcome.

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

The key requirement in all cases is that checks are completed for **all children and all adults by each agency**.

These practice standards are a baseline for all multi agency checks and if there is any deviation, the reasons for this must be set out in writing so that the rationale for not undertaking a particular check is clear. This will be recorded on the child's file.

Contents

Practice Standards for Social Care checks in MASH

The following points are good practice on every case:

- Check each adult and each child using name, address, and date of birth on LCS.
- Check each adult and each child using name, address, and date of birth on EHM.

Sexual abuse

- If there are concerns raised about a current sexual abuse allegation – check with a manager and organise a strategy meeting.
- Refer to the Thames Valley Policy for the management of children who may have been sexually assaulted/abused/exploited. Policy for the Management of Children who may have been sexually assaulted/abused/exploited
- When collating the history check for history of sexual abuse/or exploitation on all children in the home/family.
- Clarify where the child is now and if they are safe.
- If an adult in the household is a registered sex offender, liaise with Police MASH to see who will liaise with VISOR re their involvement with the adult.

Familial Sexual Abuse and Sex Offenders

Familial or intrafamilial sexual abuse refers to sexual abuse that occurs within the family. In this form of abuse, a family member involves a child in (or exposes a child to) sexual behaviors or activities. The 'family member' may not be a blood relative but could be someone who is considered 'part of the family' such as a godparent or very close friend.

- When working on these cases, to support and assist practitioners there is information, guidance and tools for use. These can be accessed in the Local Resources folder in Tri.x and include:
  - A support booklet that can be shared with families where familial sexual abuse has been identified as a risk.
  - A crib sheet about internet sexual offending to use with families. This is particularly relevant for the MASH when dealing with new referrals.

Sexual exploitation

- Complete the CSE toolkit with parents and professionals.
- https://www.buckssafeguarding.org.uk/childrenpartnership/documents/child-exploitation-indicator-tool/
- Liaise with the Child Exploitation Team to see if they are involved.
- Check with the team manager whether a strategy discussion is required – this will generally be when it is high risk, or there is clear evidence of exploitation.
- Inform the Missing and Exploitation Hub Manager.

Domestic abuse

- Check with IDVA/Police the DASH score. If it is high risk, check with a senior to consider whether a strategy meeting is required.

- Phone 01865 291046/or liaise directly with OIC from DAIU to alert them of the case so they can dial-in and attend the strategy meeting if able to. Ensure the OIC has a copy of the minutes from the strategy meeting.
- Speak to both parents, unless it is unsafe to do so. When talking to victims ensure that they are safe to have the conversation. If they feel unsafe consider if Refuge would be an option. Explain the impact of domestic abuse on children to both parents. Clarify what their plans are for the relationship. When collating the history – look for previous incidents of domestic abuse, have they separated and subsequently resumed their relationship? Was the case closed with a working agreement that they could live together? Is there a history of violent/abusive partners?

Neglect

- If concerns are about neglect check the history for previous concerns related to the same issues. Look for situations where children were left home alone, or found alone in the street, poor home conditions, persistent head lice, poor hygiene, lack of food and clothing. Use the Graded Care Profile neglect assessment tool as an aide memoir to do this. Speak to professionals about the impact on the child of the neglect. Is one child being neglected more than others? Speak to parents about the neglect and consider if they have financial issues, if they have learning needs or mental health issues or drug/alcohol abuse issues. Is there a cycle of neglect? Did the parents grow up in a neglectful home?
- Children who have been found in seriously neglectful environments may also need paediatric assessments. **(*A medical should be outcome of the strategy).***
- Significant injuries occur because of poor supervision; this are classed as neglect but still requires a Paediatric assessment. If a child has suffered a significant injury due to neglect or poor supervision contact the paediatrician/Health Safeguarding Lead. bht.mashbucks@nhs.ne

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

These children must have a pediatric assessment. Speak to a senior and arrange a strategy meeting. Call the pediatrician immediately following the strategy meeting and book this in, Consider whether a Need to Know is required. https://proceduresonline.com/trixcms/media/6528/need-to-know-v2-april-2021.docx

Injuries to children under 3 years old

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

Consider whether a Need to Know is required.

Physical abuse

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

Drug/alcohol abuse

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

Homelessness

If teenager is homeless call the parents and the teenager, see if they can go home, or if there is somewhere else they can stay. If not, this will require an assessment. Obtain consent from the teenager and their parents for checks. https://proceduresonline.com/trixcms/media/4090/joint-protocol-for-homeless-16-17-year-olds.pdf

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

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

Female Genital Mutilation

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

Fabricated induced illness

Refer to the FII procedure ass_protocol.pdf (proceduresonline.com) 3.5 Fabricated or Induced Illness: Procedure and Guidance | Buckinghamshire Safeguarding Children Board Procedures Manual and do not tell parents that professionals have concerns about them fabricating or inducing illness. Check with the team manager about what to share. The procedure states that you need to talk to the referrer to agree a plan about what should be shared. Also contact the paediatrician as they need to look at the information and consider if a strategy meeting should be held.

Mental health/suicide attempt

With teenagers/children check to see if there been previous suicide or self-harm attempts. Self-harm episodes, like jumping off a bridge, taking a large number of tablets etc. require a strategy discussion/meeting. Check if CAMHS are involved.

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

Consider whether a Need to Know is required.

Children Missing

Look for patterns and dates of missing periods, check for any intelligence around CSE and consider undertaking the CSE toolkit. Check that parents are reporting them as missing on each occasion. Read the return interviews and see if there are any other concerns. Specifically comment on when reported missing and when child found. Children missing for more than 24 hours need a strategy meeting.
https://www.buckssafeguarding.org.uk/childrenpartnership/wp-content/uploads/sites/2/2021/05/MISSING-CHILDREN-PRACTICE-GUIDANCE-FINAL.pdf

Radicalisation

Check if Prevent team has been involved and liaise with them about any concerns raised:
preventreferralsaylesbury@thamesvalley.pnn.police.uk
01296 566079

Dog Bites

Check who the dog belongs to and if there are children in the household. How have the adults responded to the concerns? What breed of dog is it? Medical treatment may be necessary. Any child under 2 years old with a dog bite needs consideration for a strategy meeting.

Families in Crisis

Look for parents not coping, is the behaviour of a child impacting on siblings? Has the child or any family member picked up a weapon? Speak to parents about what support they have. Consider whether an early help assessment is needed.

Unaccompanied asylum seekers

If you are made aware of an unaccompanied asylum seeker in custody, inform the team manager in the Children in Care Team. Be aware that these are vulnerable children who have often travelled long distances to get here.

Unborn babies

MASH accepts referrals for women who are 12 weeks and above gestation. This is because prior to this the baby is not deemed as viable. If the pregnancy is more than 22 weeks, arrange a strategy meeting if the concerns meet the threshold for s47 enquiry. When speaking to mothers, try to ascertain who the father is, name, and date of birth etc. and how involved he will be. Then speak to the father about the concerns. Speak to the mother about preparation for the baby and how she feels about the pregnancy, as well as the concerns that lead to the referral. If the mother is looked after or leaving care (or an open case) ensure that the allocated social worker is contact. Where previous children have been removed, drug and alcohol use, poor mental health or other high-risk cases may need to be sent straight to the Court Team.

If it is ascertained that the pregnancy is not yet viable share the concerns with the relevant hospital via email so they and the midwife can record it and refer when appropriate. Refer to the guidance below.
1.7 Pre-Birth Procedures and Guidance | Buckinghamshire Safeguarding Children Board Procedures Manual

Concealed pregnancy

There are two types of concealed pregnancy, 'denied' where a person does not know, or denies the symptoms to them, or 'concealed' where a person does know but has chosen to not tell professionals.

Not accessing antenatal care is a choice and must be respected; however, there could be significant consequences for the baby if ante natal care is not accessed. If a concealed pregnancy is the concern, consider the same questions as 'unborn babies', but also try to ascertain why ante natal care has not been sought. Assess the risks. Professional concerns are heightened if previous children have been removed from parental care, have concealed a previous pregnancy, or have a medical condition that could harm the unborn medical treatment is not sought. Consult the procedure in these scenarios to consider whether it meets the threshold for a strategy meeting.

Practice Standards for Police checks in the MASH

On each case read the referral:

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

Look for intelligence about adults in household.

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

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

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

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

Homelessness

If teenager is homeless check with the MASH manager for checks required. If a family is homeless check with the MASH manager if checks required.

FGM

Look for trips out of the country and anything relevant in relation to immigration, call outs to the home address.

Trafficking

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

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

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

Children Missing

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

Radicalisation

Check if Prevent team has been involved. Trips in or out arrested/Intel, in relation to this **(Put own DS expectations on, try to summarise where possible if appropriate)**.

Dog Bite

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

Families in Crisis

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

Be specific about who is offender in this scenario.

Practice Standards for Health checks in the MASH

Health Checks

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

Checks need to be completed for all adults and children in the household from across the health system.

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

Information gathered from RIO / Name DOB NHS Number
Registered at surgery?
Immunisations
S/N, H/V level at surgery Ethnicity/UK entry
Last seen by GP
Other health professionals involved such as CAMHS or Paediatrician
Risks and concerns

If possible, consider the following:

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

Children and Adults – mental health/Learning Disabilities information gathered

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

- Contact details for treating clinician.

Strategy discussion/meeting

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

Mental health

Check all relevant recording systems including RIO and Care Centric for the Information Template to use.

Is not known/known to Buckinghamshire or Oxfordshire Adult Mental Health Teams

Name in full, DOB NHS Number (If you have this)

Points to consider when collecting the mental health information:

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

Check children in the family to see if known on Health recording systems.

The following points are good practice on every case:

- Child's wishes/feelings/ voice of the child
- Interaction with parents/ within family
- Child's behaviour
- Relevant medical history in child and parents
- Attendance at appointments

Sexual abuse

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

Child Sexual Exploitation (CSE)

- Look for push and pull factors within the records/family
- Voice of the child
- Domestic abuse in family
- Absences/ truancy /exclusion from school
- Drugs/Alcohol/smoking habits
- Referral to Children Adolescents Mental Health Service (CAMHS) for behavioural issues
- Repeated UTIs, vaginal infections, Termination of pregnancy, contraception, STI's
- Bereavement
- Attending appointments with older adults who are not carers/parents

Domestic abuse

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

Neglect

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

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

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

Physical abuse

- Attendances to A&E explanation given for injuries and do they match the story?
- Are they visible to health?
- Supervision of children by parents, boundaries in place for the children by parents.

- Voice of child.
- History of Domestic Abuse.
- Accessing different services e.g. A&E, Out of Hours, Minor injuries, Stoke Mandeville General Hospital, Wycombe Hospital, Wexham Park or other A&E's around the county.
- Domestic abuse notifications and domestic abuse in the household.

Drug/Alcohol abuse

- Previous history of drug and alcohol abuse.
- Concerns around neglect of the children.
- Mental health information on the parents and input from services in Buckinghamshire Health Care Foundation Trust.

Homelessness

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

Female Genital Mutilation (FGM)

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

Fabricated Induced Illness (FII)

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

Mental health and suicide attempts

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

Children missing

- Is there any push and pull factors?
- Drug and alcohol misuse?

- Domestic abuse?
- CSE?
- What is their sexual health?

Radicalisation

- Are they or have they converted their religion?
- Consider far right views/activities
- Have they been abroad for period of time/travel vaccinations?
- Mental health history.

Dog Bites

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

Families in Crisis

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

Unaccompanied asylum seekers

Health information will not be required in these situations.

Unborn babies

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

Concealed pregnancy

- Ring hospital to ask for health of baby, current status, confirm type of delivery if concealment found out at delivery.
- Who was present at delivery?
- Age and status of the mother.
- Details of father, was this a consensual relationship?

- Whether any antenatal care given and what this care consisted of?

Practice Standards for Education checks in the MASH

For each case read all details: enquiry details, adults involved, other children, MASH RAG rate. Make sure checks are completed on all children listed.

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

Contact the DSL's of each school to obtain up to date information about education/welfare plus specific questions as below.

Social care may ask MASH Education to request best school staff member to speak to children.

Sexual abuse/sexual exploitation

Is the Child Exploitation Team involved – check LCS.

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

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

Domestic Abuse

Check ONE for number/date/level/child's involvement of domestic abuse notifications through Operation Encompass and any other knowledge source.

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

Neglect

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

Physical Abuse

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

Drug/Alcohol abuse

Check ONE system and any other recording systems in use – any exclusions relating to drugs/alcohol?

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

Homelessness

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

HBV/FGM/Forced Marriage

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

Fabricated Induced illness

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

Mental Health/Suicide attempt

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

Children Missing

Check ONE and any other recording system in use for previous missing reports/involvement forms.

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

Radicalisation

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

Families in Crisis

Check ONE and any other recording system in use for domestic abuse notifications referrals for attendance.

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

Practice Standards for YOS checks in the MASH

Firstly, on each case please read the referral:

The following points are good practice on every case:

- Check each adult and each child using name, address, and date of birth. Open CORE+ and check the system for any of the names and dates of births that have been listed. Collate a history of involvement; this should include any previous convictions and information on related offences. If open to YOS is the child a current case? Who is their worker? What are their previous offences? What are their previous outcomes?
- Are there any safeguarding/risks raised in the latest assessment and associated documentation (Asset/RoSH/LOVA/RMP/VMP)?

Sexual abuse/sexual exploitation

If the concerns regarding sexual abuse check for historical information in relation to sexual abuse/exploitation, look for specific previous concerns of this nature. Has a referral been made to the Missing and Exploitation Hub?

Domestic abuse

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

Neglect

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

Physical abuse

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

Drug/alcohol abuse

If drug/abuse, please look for previous information about drugs or alcohol abuse.

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

Homelessness

If teenager is homeless check with MASH managers if checks required. If a family is homeless check with the MASH manager if checks required.

Female Genital Mutilation

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

Trafficking

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

Fabricated induced illness

Treat this like neglect/physical abuse cases.

Mental health/suicide attempt

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

Children Missing

Look for information about missing periods, check for any recorded information around CSE, or who they are associating with. Have they previously been referred to the Missing and Exploitation Hub?

Radicalisation

Any known concerns

Dog Bites

Look for any information on dangerous dogs.

Families in Crisis

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

Practice Standards for Probation checks in the MASH

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

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

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

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

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

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

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

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

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