

# Suffolk Multi Agency Safeguarding Hub

## Standard Operating Procedures

Version	Issue date	Review date	Changes
V26	September 2017		Operational and process/procedure changes
V27	May 2019	May 2020	Rewrite based on operational and system changes within MASH

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## Introduction:

Suffolk MASH performs two key functions:

- To receive, via Customer First, all child and adult safeguarding contacts; to prioritise these contacts; gather information about these contacts and to then determine the most appropriate course of action.
- To provide a professional consultation line (PCL) for professionals to speak to a social worker or other relevant professional about the most appropriate course of action. The PCL will provide advice to professional's when they are uncertain as to whether they should submit a referral to Children and Young People's Services, a Safeguarding referral to Adult Services or to complete a CAF to access early help services for children and young people.

The MASH Standard Operating Procedures (SOP) outlines the governance, administrative and operational arrangements and procedures for the multi-agency safeguarding hub.

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

The SOP will ensure that:

- Managers and staff in the MASH have a clear understanding of the MASH processes and procedures for workflow, information sharing and multi-agency working.
- Manager's 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.

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.

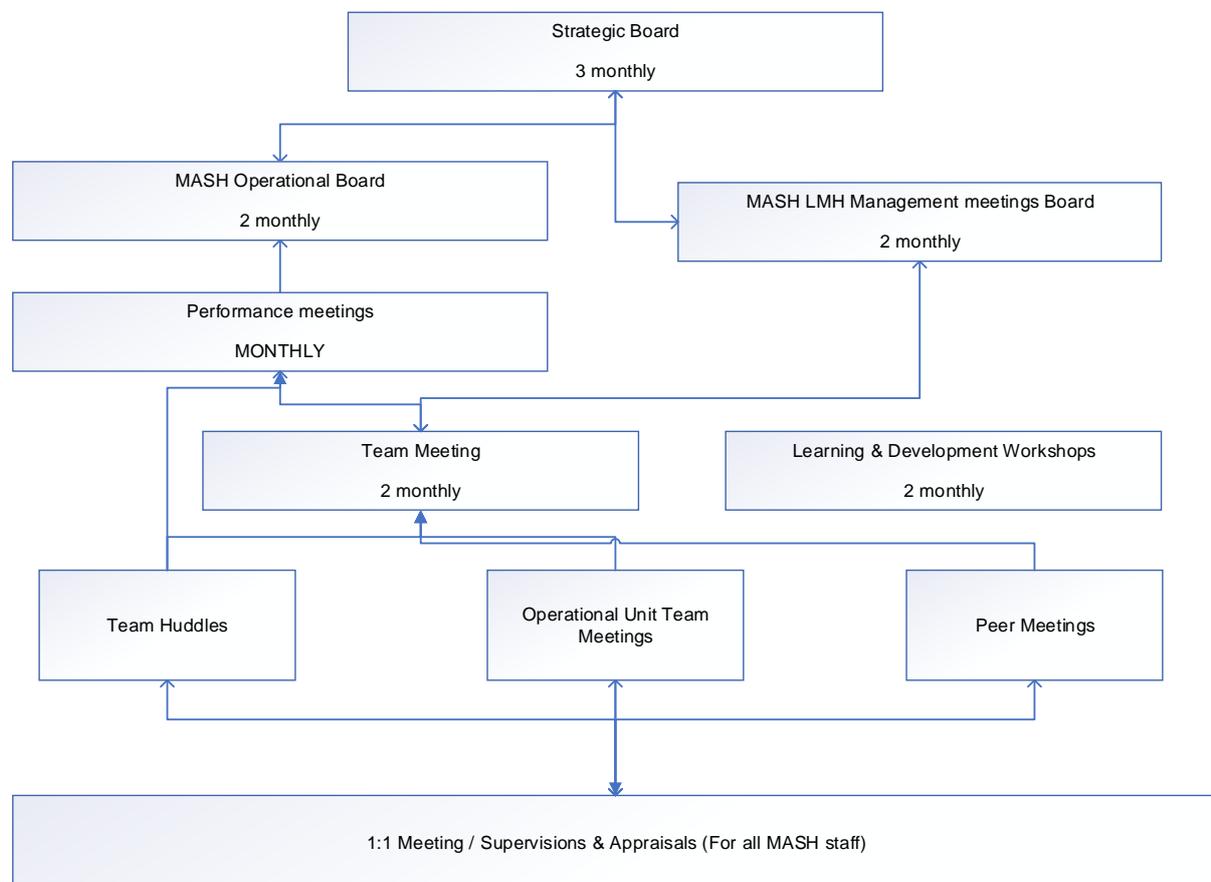
## MASH – purpose & governance:

***'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 also 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 the relevant information from various agencies needs to be available and accessible in one place. The MASH will ensure this 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.

**Governance structure: -**



**Suffolk MASH operating hours -** The Mash works within the following hours.

Monday to Thursday 08:45 – 17:20, Friday 08:45 – 16:25.

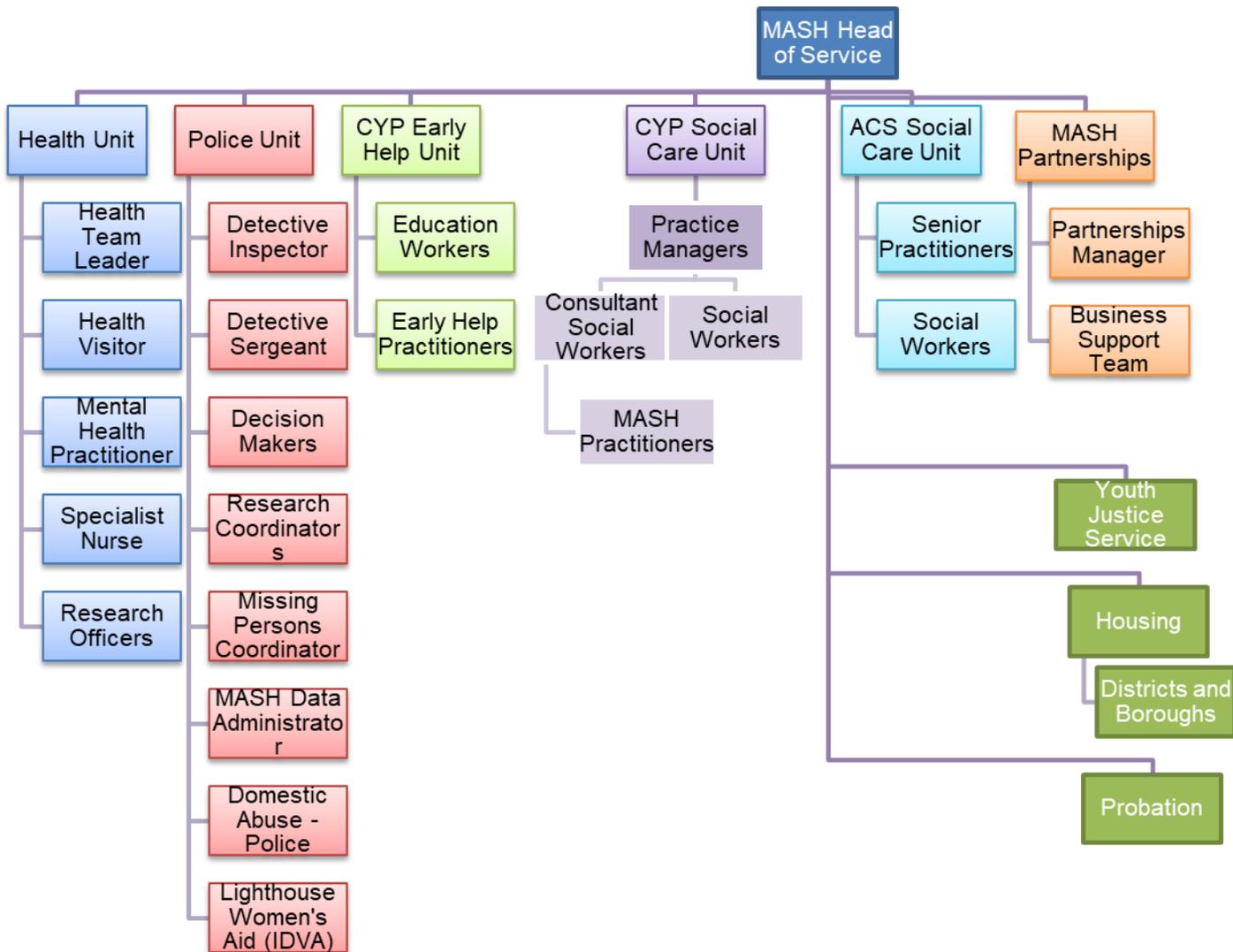
Emergency Duty Service provides seamless cover during non-working hours.

The **Emergency Duty Service (EDS)** 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**.

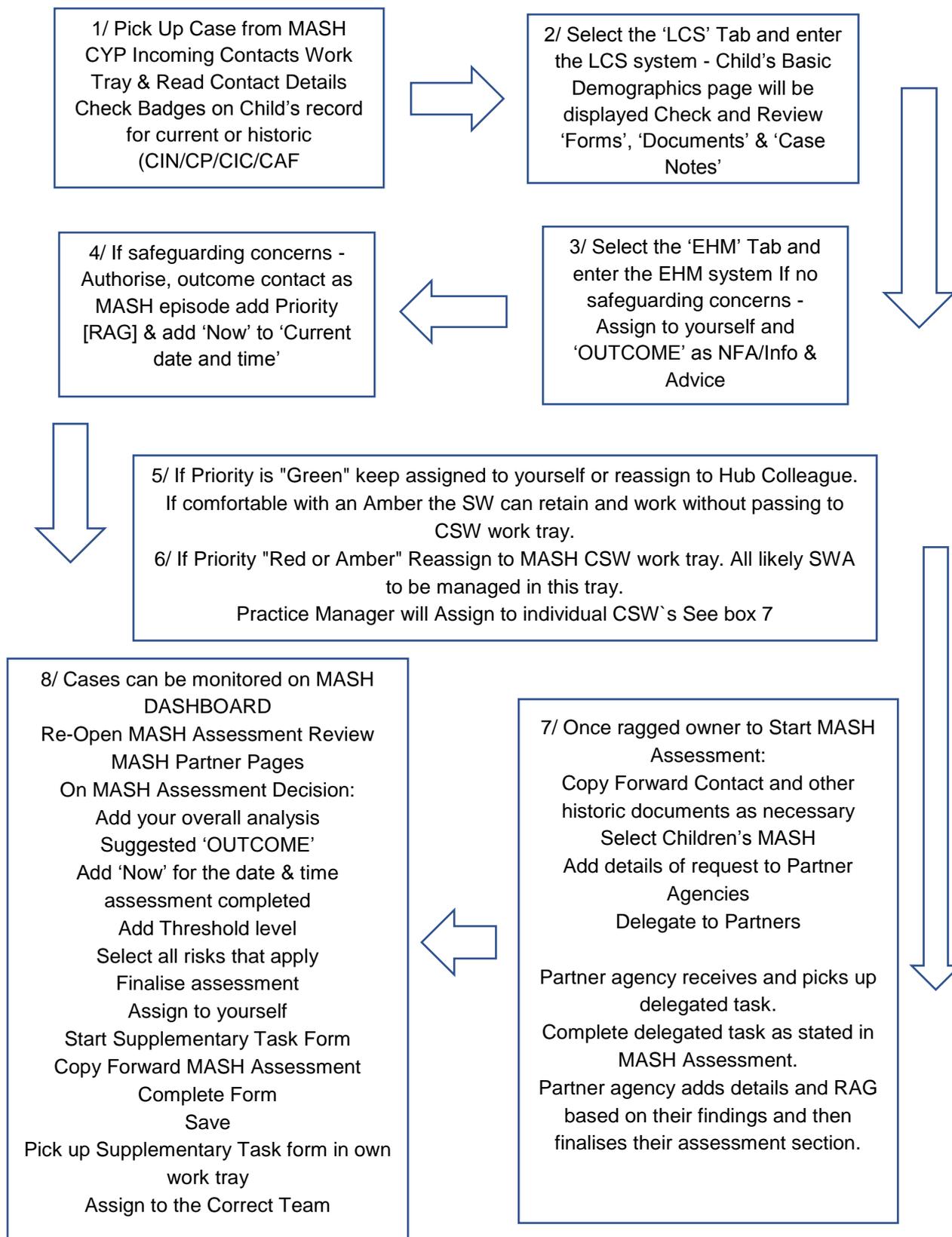
During these hours there are three Social Workers available for the County as a whole, and an Operations Manager. Additionally, there are two Approved Mental Health Professionals for statutory mental health act assessments. ACS, CYP and CSD Practitioners who have serious concerns that there

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** e-mail or phone call* to the EDS call handling team about a possible need for input.

**MASH structure**



Suffolk MASH Hub/Pod working process: -



## Safeguarding Children – The Context

### Suffolk MASH SOP is compliant with Working Together 2018

Principles of the Children Act as stated within WT18:

***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***

## Contact and Referral Definitions – Children and Young People

### Definition of a Contact

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 decision is that there is a need for a MASH assessment and potentially a social care service. 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, Green. The timescales for decisions to be made are as follows and compliment those timescales described within WT18:

Red: 4 working hours,

Amber: 24 hours,

Green: 72 hours

*Blue indicates a contact that can be completed without the need for a MASH Assessment.*

### Definition of a Referral

#### DfE Definition

'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 local authority or, where a case was previously open but is 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 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.

## The Contact and Referral Recording Process

1. Customer First receive all contacts and open a contact on our case management system Liquid Logic.
2. Customer First staff send all contacts with the exception of some information requests and contacts concerning cases already open to a Social Care team

Contact outcomes determine when the contact changes to a MASH Assessment and the outcomes from these Assessments determine if a referral is required for Social care.

## Referring into the MASH - Children or Adults who are at risk of abuse

If a professional would like to discuss whether or not a referral is required, they can call the Professional Consultation Line on [03456 061 499](tel:03456061499) to speak with a MASH worker.

The Multi-Agency Referral Form (MARF) **must** be completed and submitted using the new secure Suffolk Children and Young People's Portal: The Children and Young People's Portal is an easy to use, secure space where professionals can complete and send forms directly to the right children's services team. The first time they complete a form they will be asked to create a new portal account. It's quick and easy to register for an account. To make sure the information they send to us is secure, they will need to log into this account every time you access the portal. There are user guides and video guidance available on the Suffolk LSCB website if they need help using the portal.

The Multi-Agency Referral Form (MARF) **must** be completed and submitted using the new secure Suffolk Adult Care Portal: The Portal is an easy to use, secure space where professionals can complete and send forms directly. The first time they complete a form they will be asked to create a new portal account. It's quick and easy to register for an account. To make sure the information they send to us is secure, they will need to log into this account every time you access the portal. There are user guides and video guidance available on the Suffolk Adult safeguarding Board SAB website if they need help using the portal.

## Information Sharing

The starting point in relation to sharing information is that 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 this is not necessary, due to already having a lawful basis for processing**, however conversations are valuable, but should be unambiguous and clearly advise the reasons for the call where appropriate. The very act of asking for consent when it is not required could mislead the individual into thinking they can prevent the processing by withdrawing consent.

## Contact & Referral Journey- Consultation Line

### Professional Consultation Line (PCL)

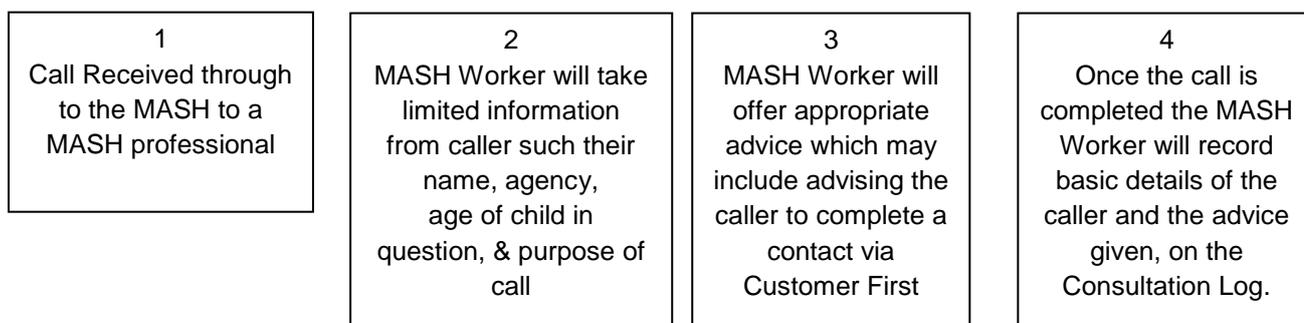
**The PCL is an important part of MASH operations. It works most effectively when it is supported by as many staff as possible. A priority for the MASH every day is to ensure that it is effectively resourced.**

Where a professional is uncertain as to whether they should submit a contact to Children and Young People's Services or a Safeguarding referral to Adult Services or to complete a CAF to access early help for children and young people, they can contact the Professionals Consultation Line to discuss the most appropriate and effective way of providing or obtaining help and support. The PCL works best with high levels of staffing.

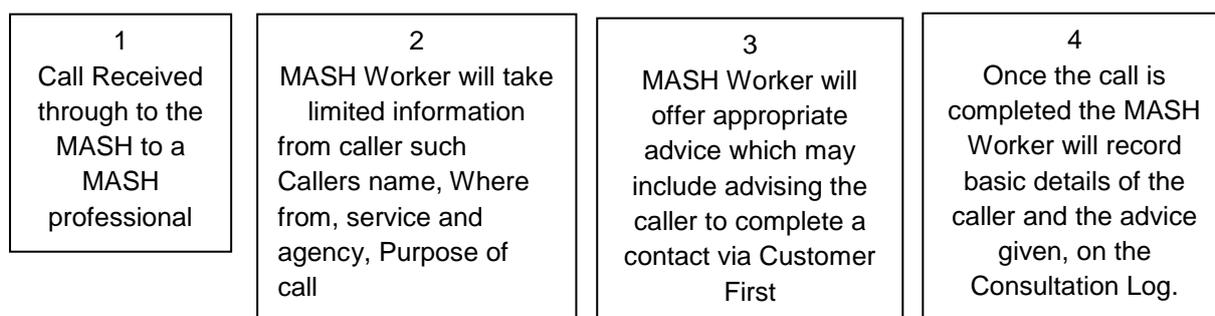
*All crimes will require a MARF to be completed: All crimes must be shared with the police.*

- There is **no minimum age** for someone to commit a crime, just a minimum age for prosecution
- Lawful chastisement by parent is still a crime that needs to be recorded by 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 police.

### Consultation Line CYP



### Consultation Line ACS



## Customer First

### **Contact for CYPS**

Upon receipt of a referral, Customer First should first check the Social Care recording system, Liquid Logic to check if there is an existing open social work allocation for the child, or a sibling living in the same household. Where this is the case, details of the contact should be recorded on Liquid Logic Case note, and the information sent to the allocated team<sup>1</sup> via Liquid Logic notification.

If the contact is received on a new or closed case, then Customer First will create the person, if not previously known and enter minimum data, including any updated information on known persons, onto Liquid Logic. They will then, using the person's Liquid Logic ID to create a new contact.

### **Safeguarding Contacts for ACS**

If Customer First receive a Safeguarding Adult referral, then they will create the person, if not previously known and enter minimum data, including any updated information on known persons, onto Liquid Logic. They will then, using the person's Liquid Logic ID to create a new contact. If the referral is not of a safeguarding nature, it will be inputted onto Liquid Logic and directed to the local Cluster team.

Each contact, when received will then be looked at within the MASH by a Mash Hub worker, or in the Cluster Team by a Cluster Duty Worker within 2 hours. Should they have been defined incorrectly as safeguarding or non-safeguarding by the referrer, they will then be redirected to the appropriate team.

For referrals that are received in Customer First, not on the correct form, or those that are telephoned, then Customer First will make the initial determination of whether a case is safe guarding or not. A referral is safeguarding if it concerns - An adult aged 18 or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (DH, 2000) **and** there is reasonable cause to suspect that they are at risk of abuse including:

- Sexual assault, Physical assault, Financial Abuse, Verbal Abuse, Neglect, Discriminatory Abuse, Institutional Abuse

The referral is not safeguarding if it refers to a concern of self-neglect/self-harm or single, isolated incidents of: Missed personal care, missed meals/drinks, missed activities, Inappropriate moving and handling, missed medication, Lack of heating. (The list is not exhaustive)

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<sup>1</sup> This also applies to siblings of children managed by Disabled Children and Young Person's Teams

## Suffolk MASH BRAG rating and timescales for CYP

BRAG ratings are made on contacts received within the MASH as part of the initial determination process and prior to information sharing within the secure hub.

BRAG ratings are made on contacts received within the MASH as part of the MASH Episode after risk assessment process and prior to information sharing within the MASH hub.  
All CYP contacts should wherever possible be considered and ragged within 1 hour of being sent from customer first

**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 four hours. 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” (children act 1989 sec 47) Should include cases where there is an urgency to conclude on the same working day. E.g. homelessness or requests for Local Welfare assistance.

**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 and no later than 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. Further information and determine any other alternative intervention if required.

**Red within 4 hours, Amber within 24 hours, and Green within 72 hours**

*These are not statutory timeframes but support good performance*

***Management oversight must be added on any reds not resolved overnight***

## Guidance on managing contacts (Children)

**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 moved to MASH Episode**

A key element of good performance and effective safeguarding is making accurate decisions in a timely way. The following timescales are for the use of MASH staff to ensure good performance

The timescale for the final outcome on a contact is:

- 4 hours for a contact with a Red RAG rating
- 24 hours for an Amber
- 72 hours for a Green.

The first RAG threshold decision must be made as soon as it is practical and no later than one hour after the initial trawl.

However, the time that is given to **agencies for completion** of their requested agency information is:

- 3 hours for a Red
- 22 hours for Amber
- 69 hours for a Green.

By limiting the time available to agencies, agency information is available to Senior Practitioners 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 within 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 outside 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 at the point of their allotted time coming to an end, and they do not anticipate being able to complete their task, (reasons for which may be various, e.g. several attempts to contact a parent have been fruitless) they should inform the Consultant Social Worker and agree next steps.

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

**MASH Fast track for those 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 approach.**

**protective action must always be initiated immediately if required.**

Fast track management of contacts requires a whole MASH response.

- a. Contacts that require a fast lane approach must be identified as early as possible.
- b. 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 who identifies such a contact.
- c. It will be the responsibility of the identified CSW/Adult decision maker to guide the contact as fast as possible through the MASH.
- d. Competing priorities will be considered by the practice manager and a decision will be made as to the order of precedence.
- e. In such situations, the MASH process must be fully completed retrospectively, and information passed to the SW/APT team as necessary.
- f. 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 to safeguard a child or adult.
- g. This decision can be triggered by a Practice Manager or Police Sergeant or their senior officer. Dispute resolution by most senior staff member available within the MASH
- h. **Planning is still required for such contacts.**
  - i. It is essential that **direct contact** is made with the receiving SW team who will require all available information to be made available to them. *This may only be the contact information.*
  - ii. It is essential that **direct contact** is made with other partners (police) and that they have available information. *This may be just the contact information.*
  - iii. It is essential that all partners engaged in joint enquiries have **made contact** with one another to plan the enquiry. The MASH must ensure this has happened.

## Strategy Threshold Discussions in the MASH – [New contacts / referrals](#)

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 i.e. there is reasonable cause to suspect that a child has suffered or is likely to suffer significant harm. Attendees should consist of:

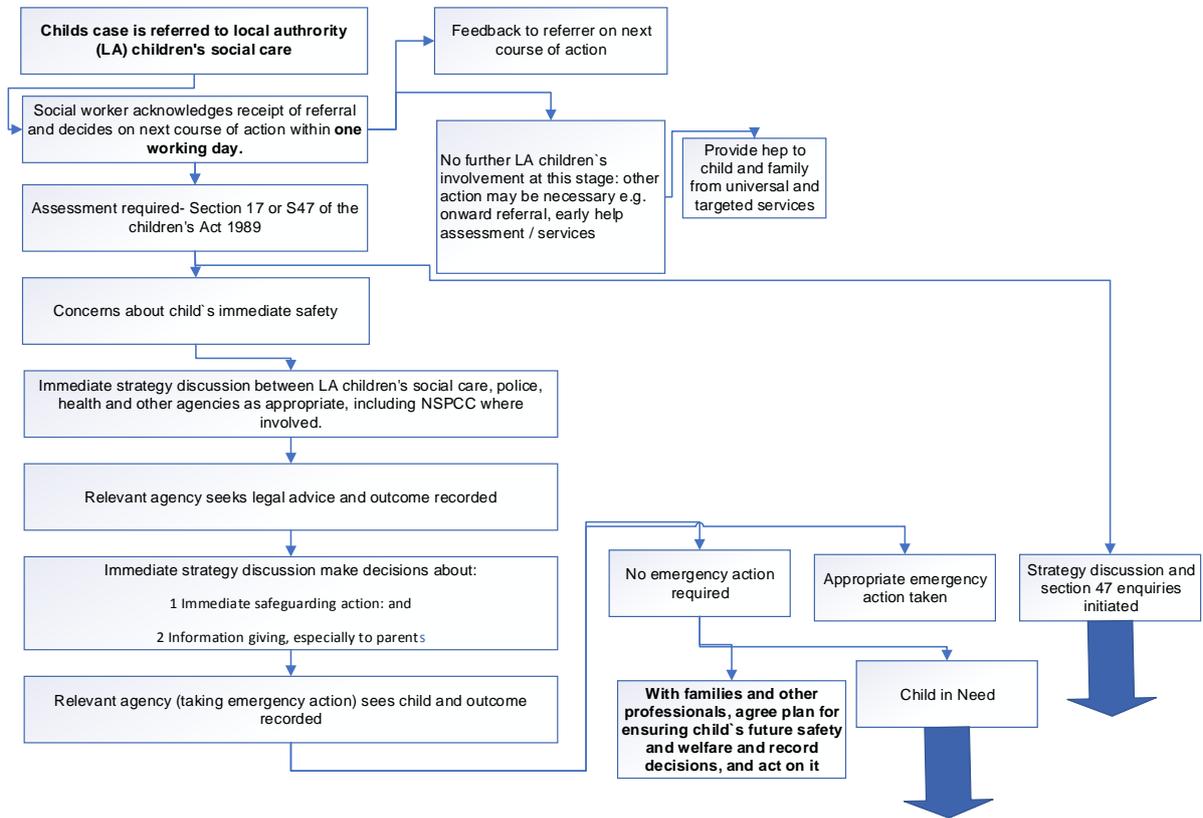
- A local authority social worker,
- health practitioners
- police representative

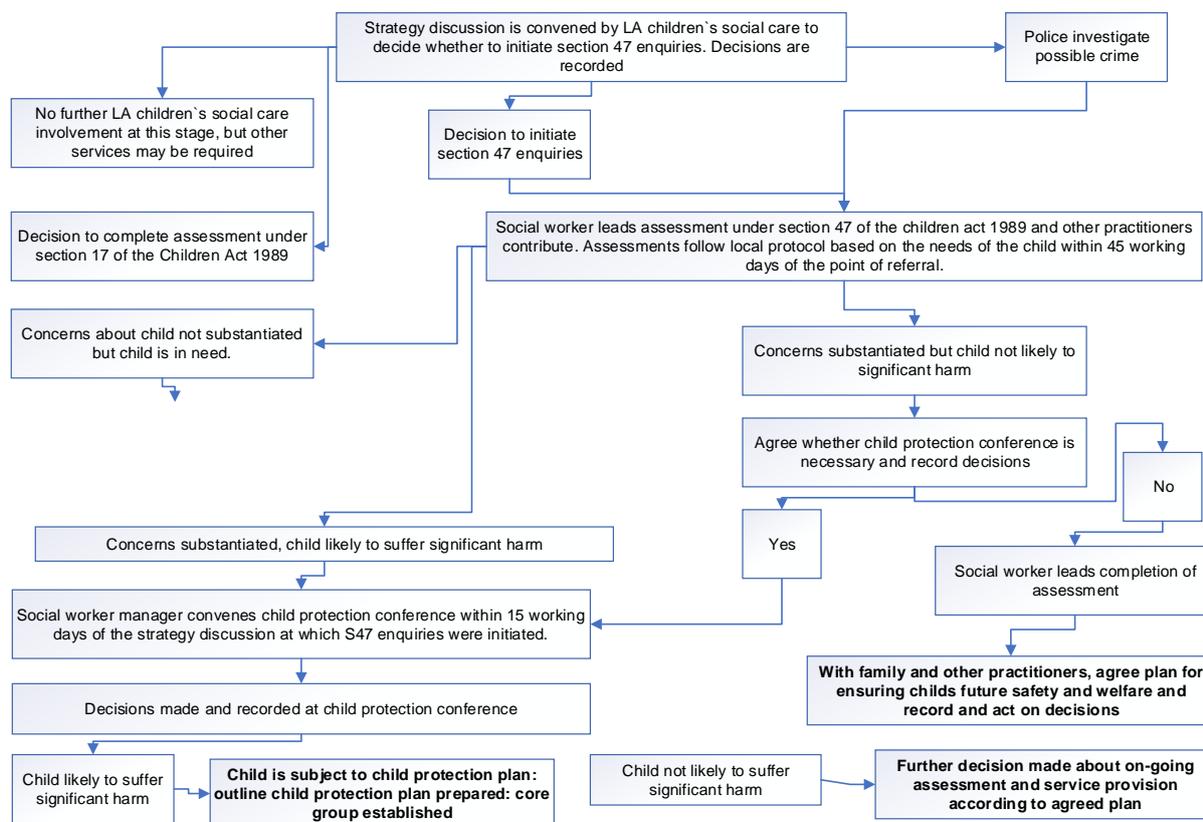
and should, as a minimum, be involved in the strategy discussion. Other relevant practitioners will depend on the nature of the individual case but may include:

- 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.

**The strategy discussion will commence.** The following flow process has been taken direct form the Working together 2018 document.





### Social workers 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 this may 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 the subject of police powers of protection
- records agreed decisions in accordance with local recording procedures
- follows up actions to make sure what was agreed gets done

### Health practitioners should:

- 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
- provide and co-ordinate 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
- secure additional expert advice and support from named and/or designated professionals for more complex cases following preliminary strategy discussions
- undertake appropriate examinations or observations, and further investigations or tests, to determine how the child's health or development may be impaired
- have spoken to SARC in cases of sexual abuse.

### The police should:

- discuss the basis for any criminal investigation and any relevant processes that other organisations and agencies might need to know about, including the timing and methods of evidence gathering
- lead the criminal investigation (local authority children's social care have the lead for the section 47 enquires and assessment of the child's welfare) where joint enquiries take place

### It should be agreed:

- 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 may be over-ridden e.g. there are reasonable grounds to suspect that the child would be at risk of further significant harm, there are serious concerns about the likely behaviour of a suspected/alleged abusive adult, for example that the child may be coerced into silence or that vital evidence may be destroyed, the child does not want his/her parent/s to be informed and is assessed as competent to make this decision.
- Where emergency actions are required for immediate protection of a child, these will be communicated without delay to the 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/ Consultant Social Worker which will include threshold and planning. NB Safeguarding Managers will be alerted by email for those cases where they are required to chair the meeting (Section 5)
- Consideration of the role 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 in Liquid Logic system.

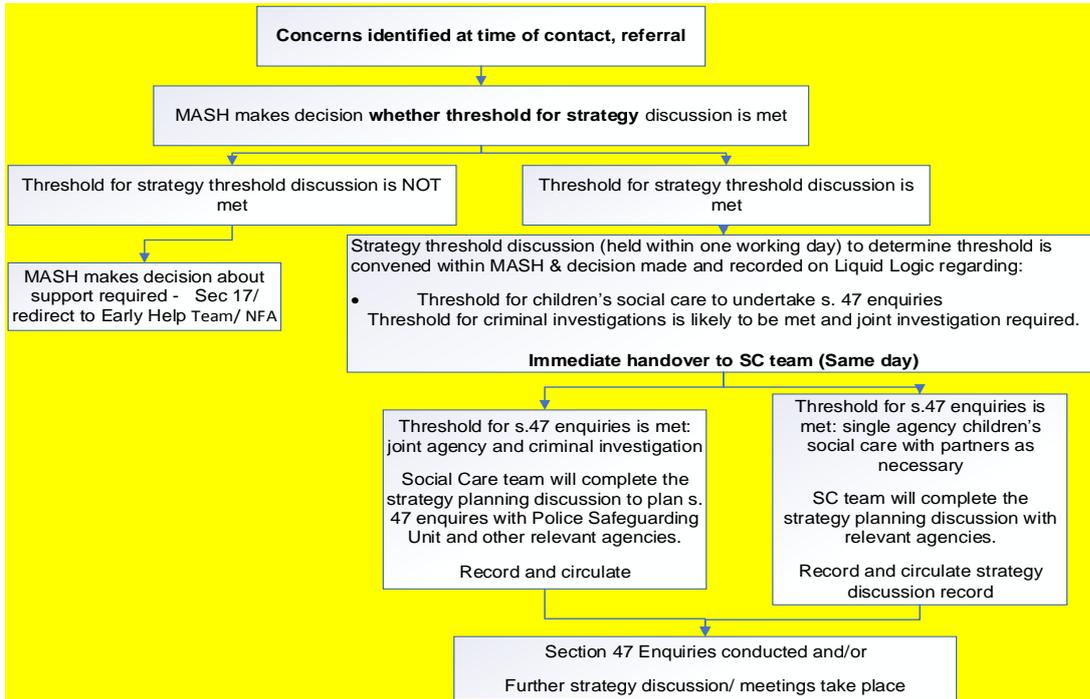
Where a decision has been made for sec 47 enquiries, either joint or single agency, there will be an **immediate handover** to the Practice Manager/ Consultant Social Worker of the CiN team to complete the strategy discussion to plan the sec 47 enquires with the relevant partner agencies.

A statutory assessment is assigned to the teams duty tray in Liquid logic and a telephone call is also made to the team's Assessment Co-ordinator.

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 (sec 47 Children Act 1989). This includes, child abuse and/or neglect involving injury, suspected sexual abuse or serious neglect. This is often referred to as a child protection medical or section 47 medical. For the purpose of this guidance, the term 'medical assessment' will be used.

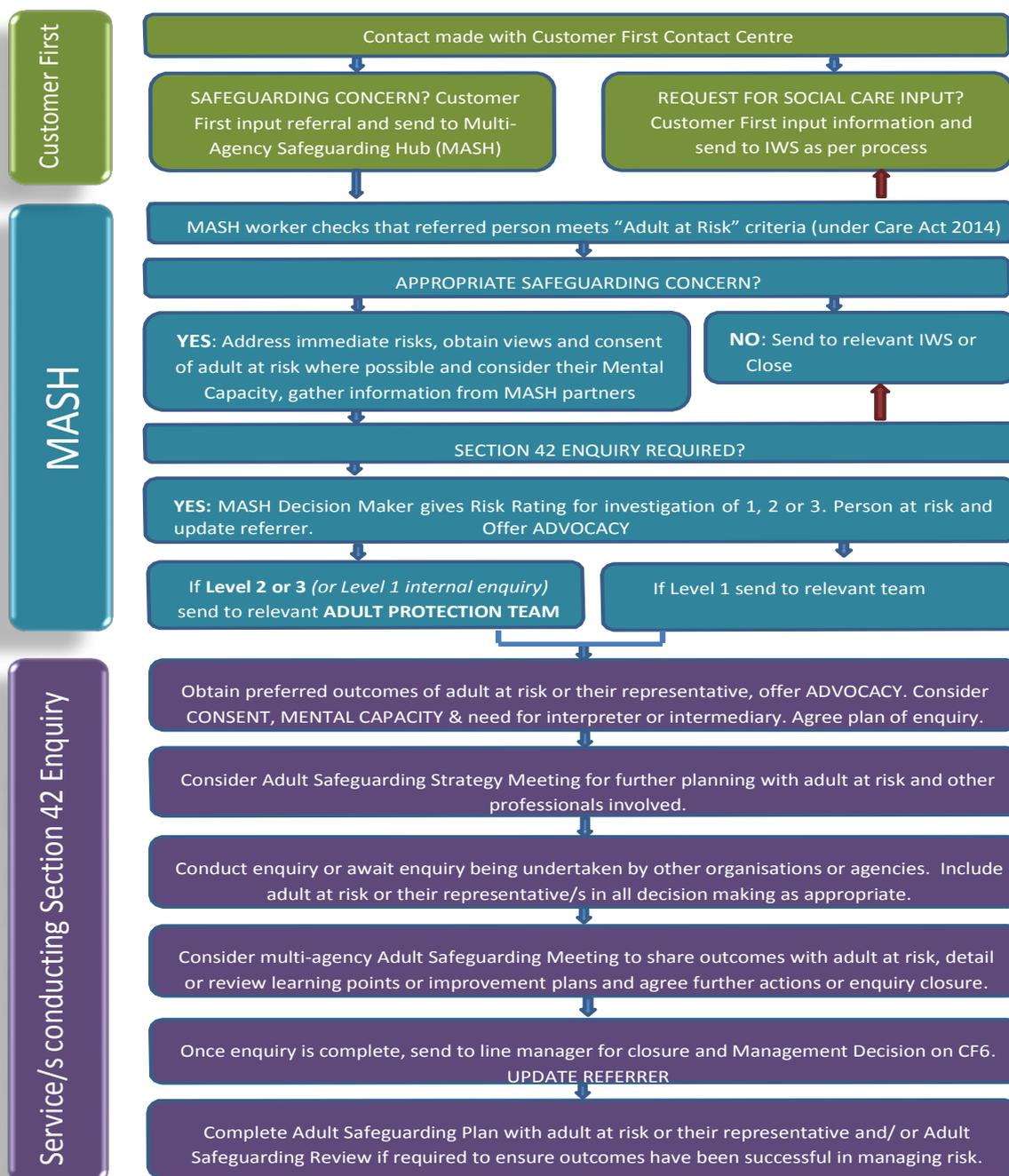
A specialist medical opinion is required to:

- 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

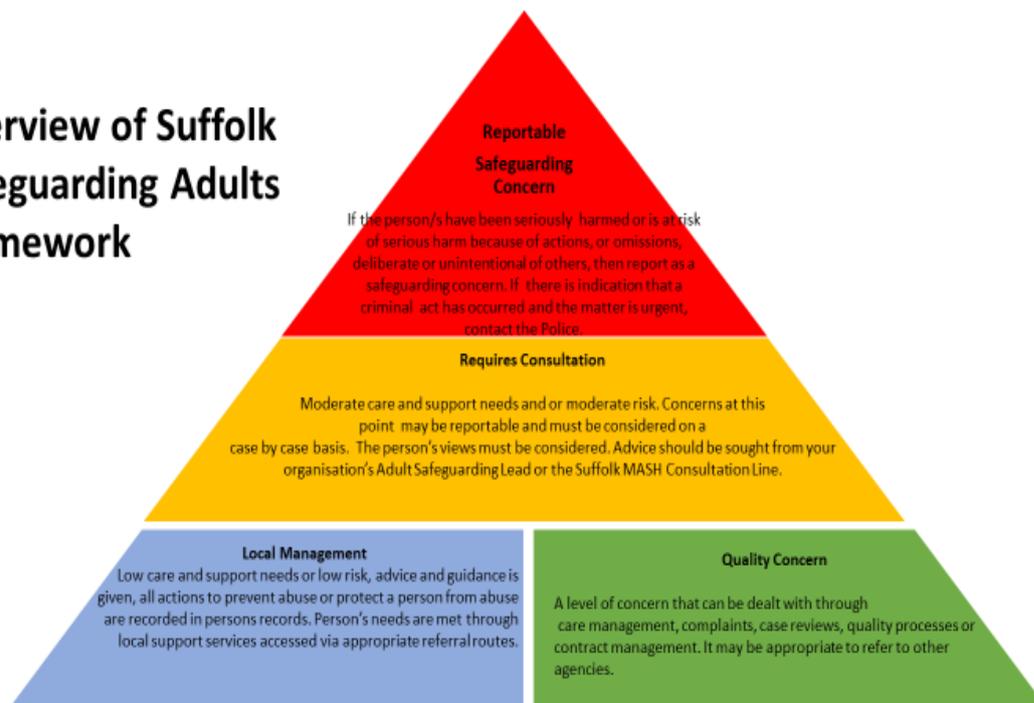


## Adult Work Flow and Recording Process

Suffolk Adult Safeguarding Process (June 2018)



## 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 read in conjunction with your own organisations 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 time time. However 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 persons notes or records, even if no intervention has occurred. Individual cases may not sit within one specific abuse type, or one category, practitioners will need to ensure that 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 triangle 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

## Management oversight of multiple contacts in the MASH

**There are occasions where MASH will have multiple contacts on a child which do not lead to referral. It is necessary to ensure that due weight is given to the fact that previous contacts have been considered fully in the decision making process, and that this is duly recorded and evidenced.**

To manually identify cases that have been subject to multiple contacts, the MASH Practitioners will advise CSW/Practice Manager if there have been 6 or more contacts in the past 12 months.

**Where this is indicated, the Consultant Social Worker should, as well as looking at the contact detail, look at the detail of the previous contacts in considering a BRAG rating. This should be referred to in MASH RAG comments box, where information from partners is requested, or in the outcome where a case is deemed to be Blue – ie. No information is required. In all cases, reference should be made in the eventual outcome that the case has been subject to multiple previous contacts and that these have been looked at and considered.**

### Management oversight

The Consultant Social Worker will undertake a formal review of the case at the outcome stage reviewing the previous assessment and case history. The Enquiry details and outcomes on historic reports will also need to be reviewed.

An analysis of the findings will be completed by the Consultant Social Worker and discussed with the CYP MASH manager.

The analysis and decision to be recorded in liquid logic by the Consultant Social Worker under heading 'management decision' following discussion with the CYP MASH manager

## Children with Additional Needs/Disabilities and Occupational Therapy Services

Children with a disability have a right to an assessment.

Under the Children Act 1989 disabled children are regarded as 'children in need'. However, 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.

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, feelings and choices about caring, and what help they need to support them 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. If parents are looking for funding, they may want to explore support available through the Family Fund

<https://www.familyfund.org.uk/>

If advice and support about a child's/young person's emotional wellbeing is required this support is available through the Emotional Wellbeing Hub

Referrals for Children with Disabilities and requesting Occupational Therapy enter the MASH in the same way as all other referrals - via Customer First.

- Consultant Social Workers 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 the Activities Unlimited Service or a Social Care Team or an Early Help team or the Occupational Health Team.
- Contacts which enter the MASH requesting access to/a service from the Transition 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 come into the department in various ways. They may be via a direct contact with the LADO (Local Authority Designated Officer) via a LADO referral form which has been sent to either the LADO or to Customer First, or the concern may arise from any other form of contact received by Customer First where it becomes known that an adult potentially posing a risk is in a position of trust. Regardless of how this contact is received at first point of entry, the following principles and process should be adhered to.

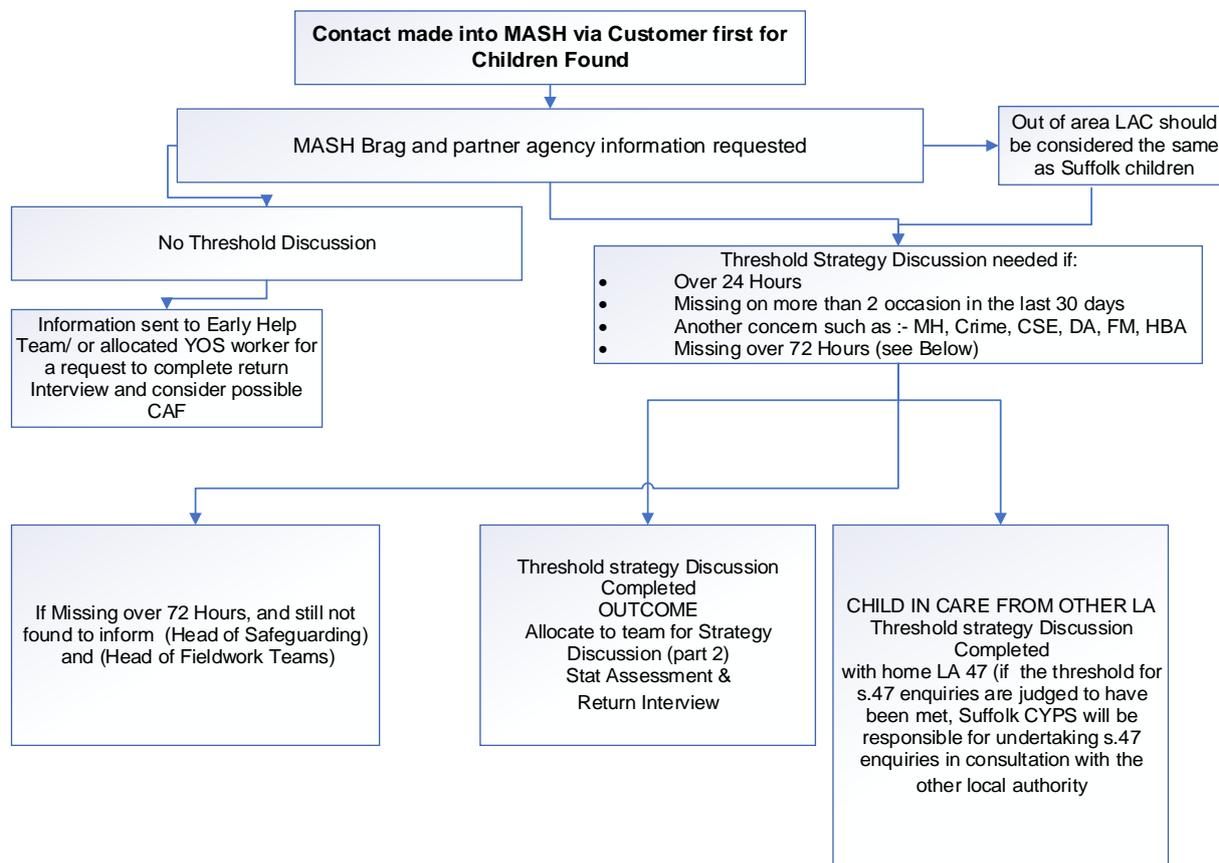
- The overarching principle is that MASH and LADOs must work together with regard to safeguarding concerns around children and allegations of abuse.
- Where a concern is received by Customer First that is not about a specific child, they will ask that the caller refer to the centralised safeguarding number, **0300 123 2044** or via e mail 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 children, to the MASH. This will include contacts that have been passed to Customer First from the LADO.
- Once such a contact has been received in the MASH, it should be RAG'd as Red or Amber, as the LADO will need to be made aware within 24 hours of receipt. All contacts RAG'd as Red will be passed to the appropriate LADO immediately.
- The MASH will request any such information from agencies that is necessary in order to make appropriate decisions about a child. Appropriate outcome should be recorded based upon the contact information and any other information gathered in the MASH. At the point of 'out coming' the case, the LADO should be made aware of the contact details, relevant information gathered and the MASH outcome via the secure e mail above. In some cases, it may be necessary to contact the LADO direct and this can be done via the centralised number above. 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 may take immediate safeguarding action. They will also send simultaneously information directly to Customer First. The MASH will then follow 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 a LADO responsibility. The role of the MASH remains around 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 following link on the Suffolk Safeguarding Children Board website.

<https://www.suffolkscb.org.uk/working-with-children/local-authority-designated-officers-lado/>

## Missing Children



### Liquid Logic – Missing / Found episode tasks & Return interviews (EH):

The Missing children coordinator is responsible for creating any missing episodes (based on data reported directly from 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) in the LCS site. Once created, the found report will be sent to MASH for consideration of next steps &/or a return interview.

If MASH decide a return interview is required, they will send a notification to the relevant Early Help team. The missing coordinator will also assign the missing person episode to the relevant team **LCS** duty tray stating, 'Please complete return interview as per MASH outcome'.

From here the PM / PL can then allocate and re-assign to specific worker to complete the RI.

### Liquid Logic – Missing / Found episode tasks & Return interviews:

The Missing children coordinator is responsible for creating any missing episodes (based on data reported directly from 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 team 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

Contact is received into the MASH

A Threshold Strategy Discussion is convened. Discussion informed by Police COMPACT report. Notification made to lead SW/Practice Manager and central Safeguarding service. The Head of Safeguarding in Children's Services must be informed of any children missing with their parents for whom there are concerns.

### [Local Safeguarding Children's Board – Children missing with families](#)

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.

## 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 before 9am the next morning, or before 9am on the Monday morning 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 mother in a safe space.

## 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 6 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 and cases are brought before the panel to assess the options available to support each individual having assessed their suitability for support under Channel.

## 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 16 (under 18 disabled) by someone other than a parent or a close relative, with the intention that it should last 28 days or more. Private foster carers may be from the extended family, such as a cousin or a great aunt, however a

person who is a relative under the Children Act 1989 or a cousin or great aunt, however a person who is a relative under the Children Act 1989 or a step-parent 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, and to secure that such advice as is necessary is given to all concerned with them. In the following procedure and guidance, it is expected that the child remains at the centre of the practice.

## Trafficked Children

### **Children & Young People's Social Care Services**

Local Authorities have a duty to safeguard and promote the welfare of all children in Suffolk regardless of their immigration status. They also have responsibilities 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. They 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

### **Police**

The Suffolk Constabulary – Safeguarding Investigations Unit has the responsibility to investigate any potential 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, address if different, phone number, country of origin, home language and whether she/he speaks English, names of any 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/adults caring for them
- Immediate Protection may be required to ensure child is in safe place and beyond the reach of suspected traffickers. Police powers, under Section 46 Children Act 1989, will last up to 72 hours.
- Any concerns that a criminal offence has been committed e.g. trafficking, illegal entry, fraud or deception is the remit of the police

NSPCC Child Trafficking Advice and Information Line (CTAIL) ☐ **0800 107 7057**

[Safeguarding Children Who May Have Been Trafficked](#)

## Movement of Prisoner's/Contact Requests

MASH will get involved in the following requests:

- Requests for Prisoner to have contact with Children.
- Release/Release Pending.
- Information given/requested by the Prison Service when assessing a person posing a risk to children (PPRC2).

### **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.

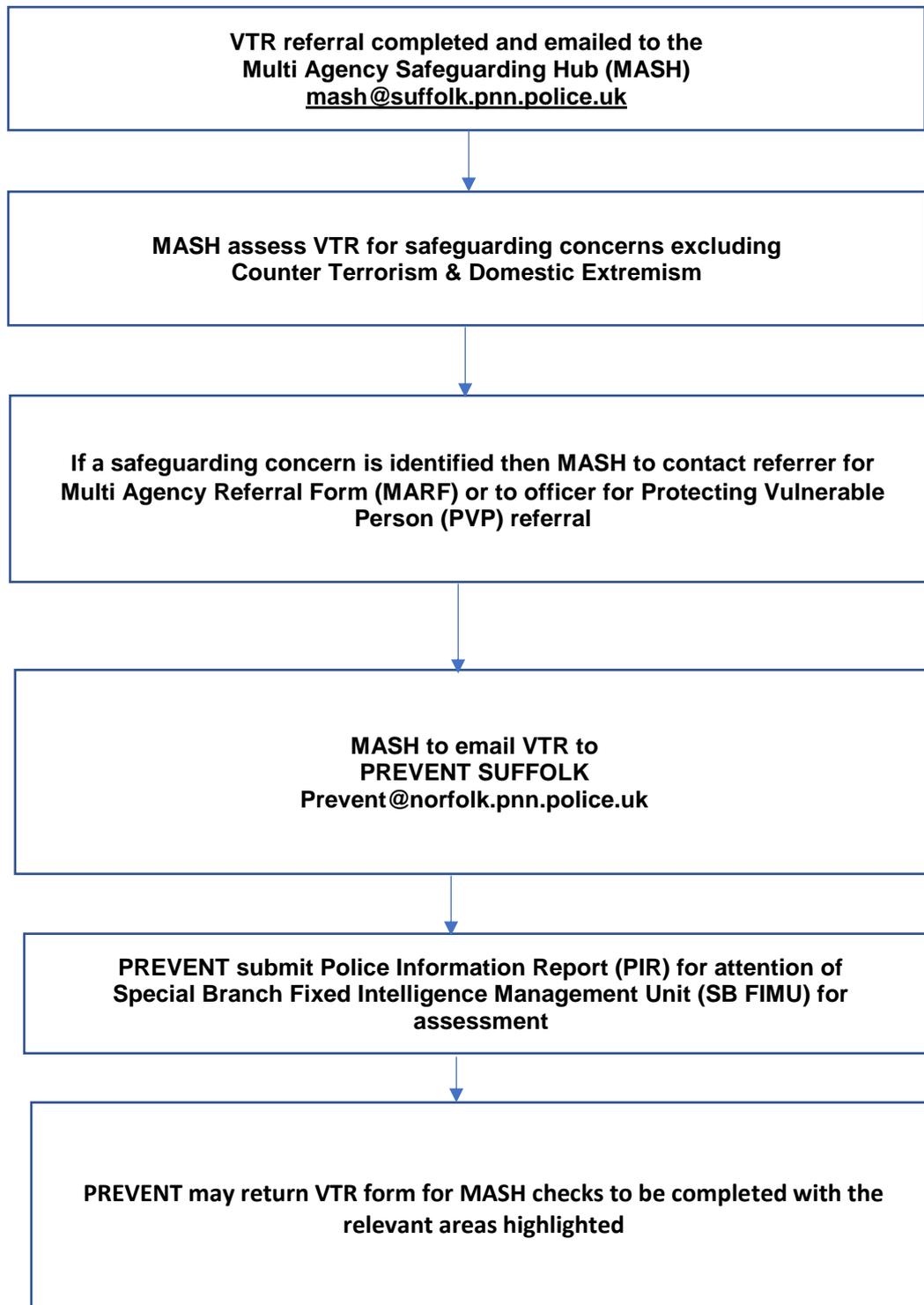
### **Release/Release Pending**

- 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.

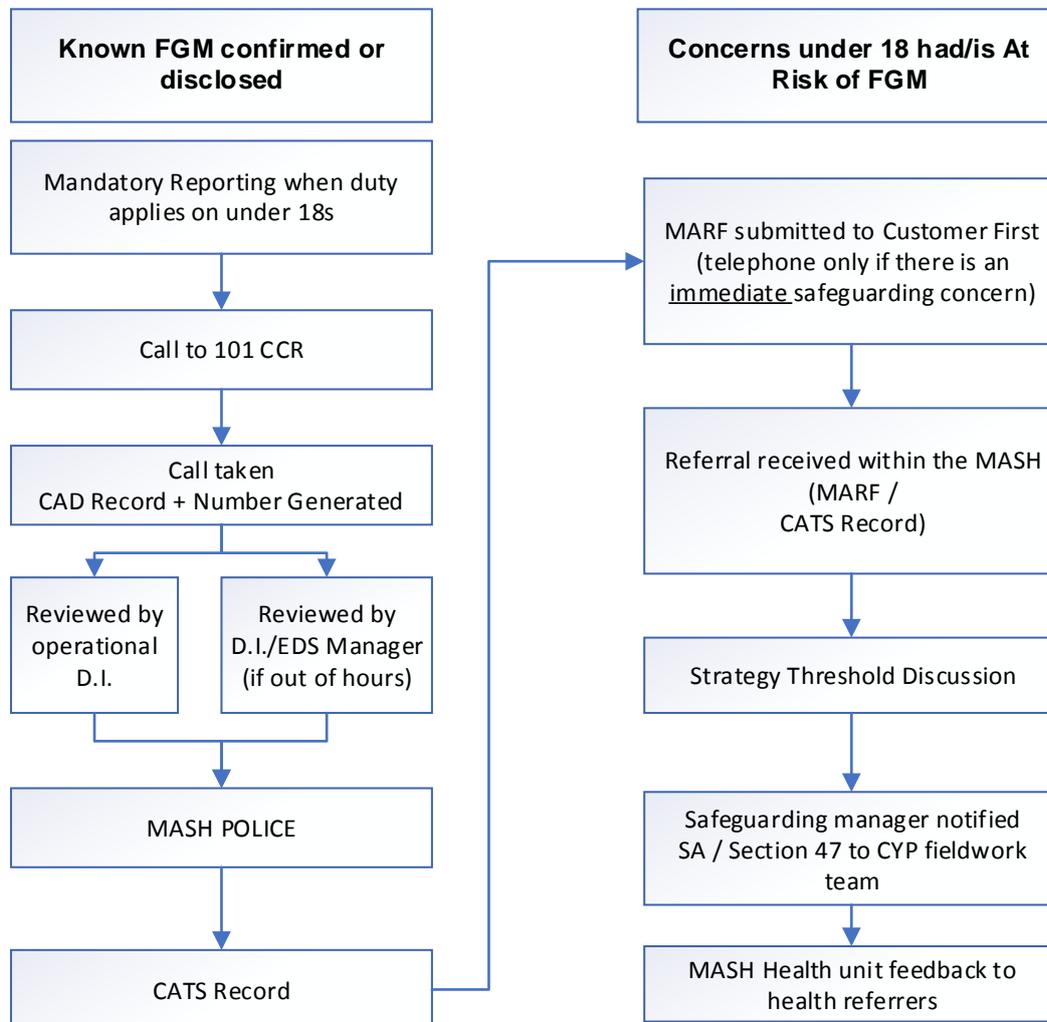
### **Information Given/Required by the Prison Service when Assessing a Person Posing a Risk to Children (PPRC2)**

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

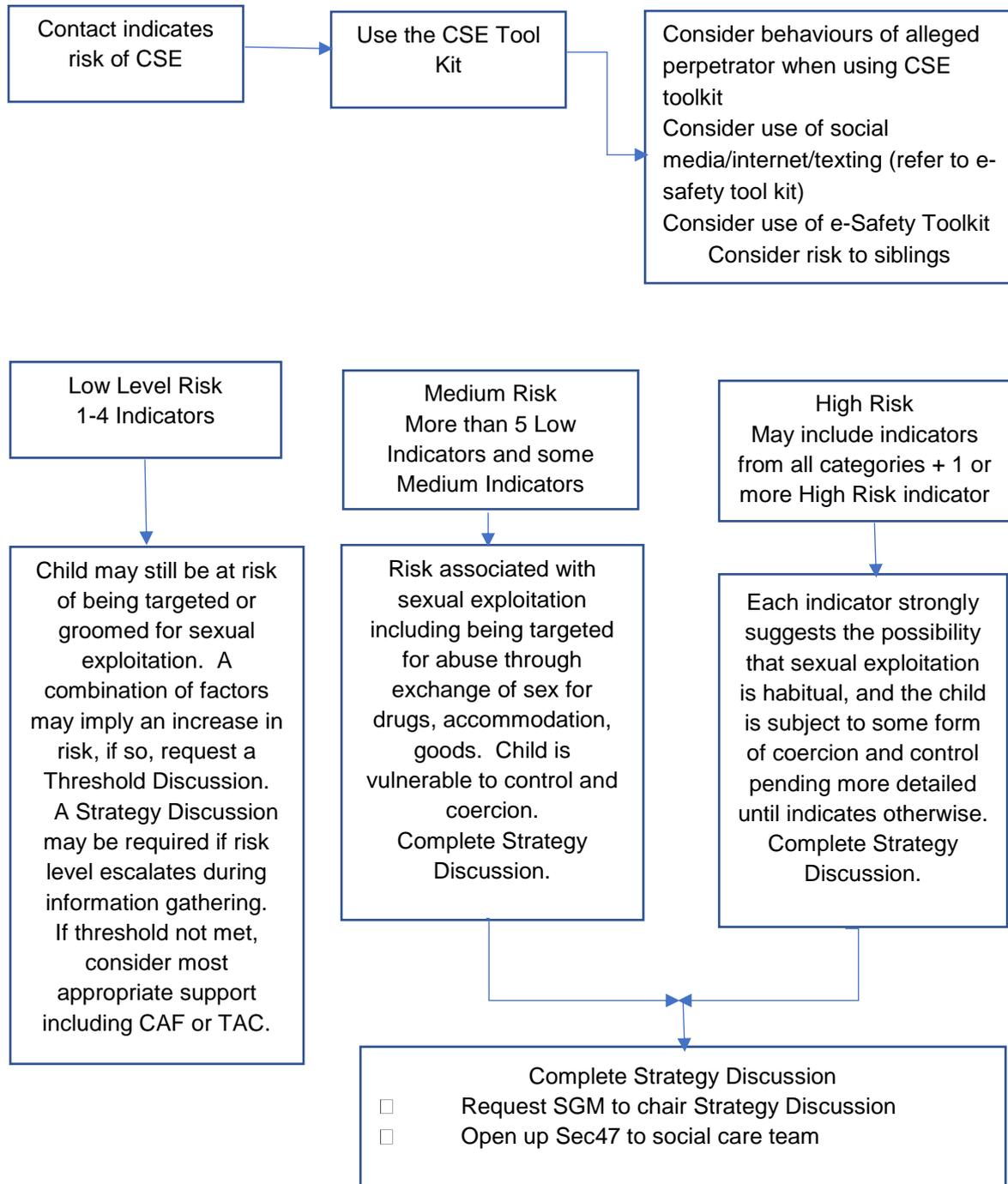
## Vulnerable to Radicalisation (VTR) referral Process



## FGM Suffolk Pathway (under 18's)



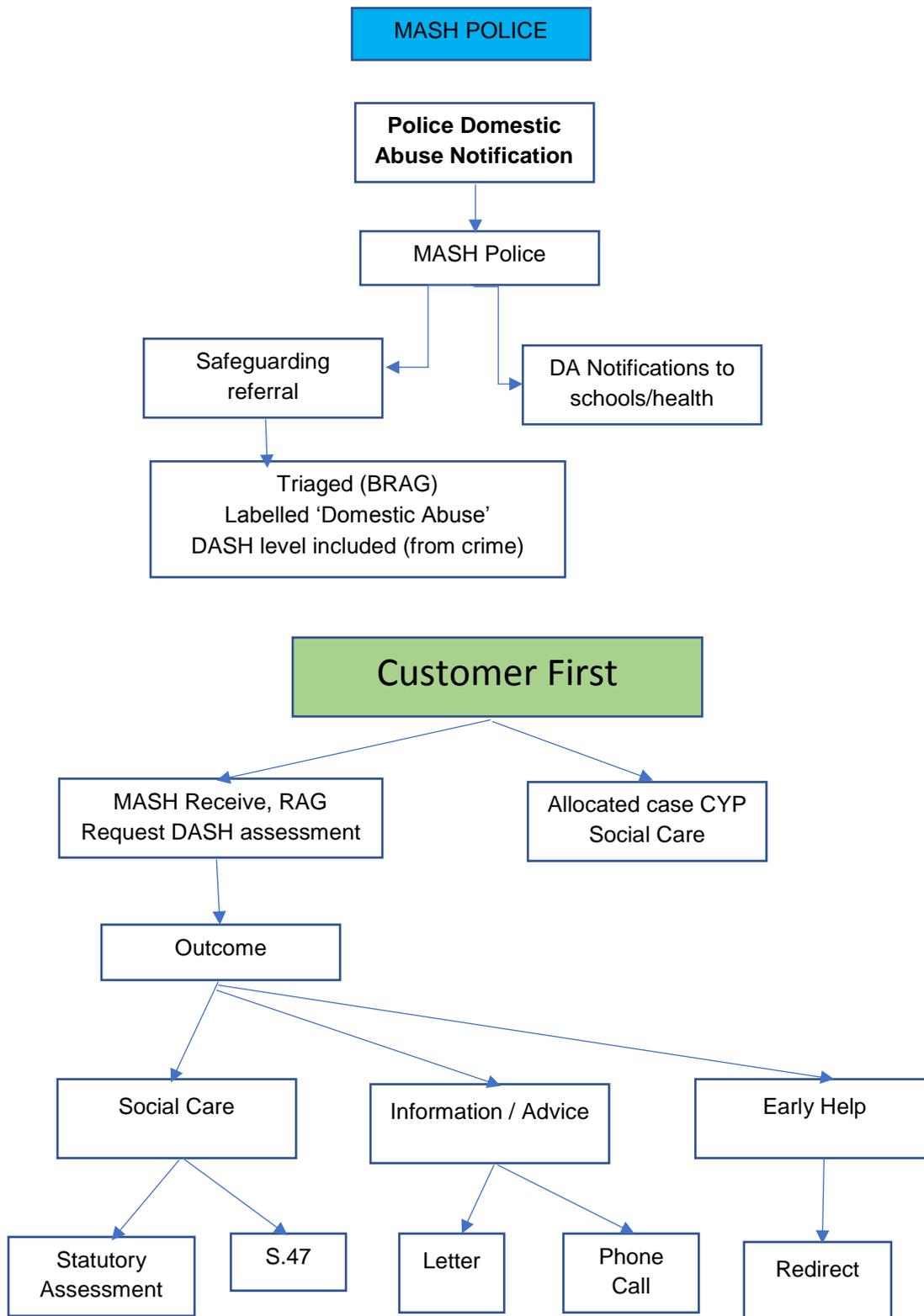
## Child Sexual Exploitation



## Domestic Abuse: Pathways following police involvement

Police carry out the actions on the left in all cases. Parallel actions under MASH based on risk to child or vulnerable adult.





## Domestic Violence Disclosure Scheme (DVDS) & Child Sex Offender Disclosure Scheme (CSODS).

**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, and the scheme also allows professionals to apply for information for the purposes of protecting an individual from harm.

An application is received into Police MASH via Police control room (Right to Ask) or directly from a professional (Right to Know). In depth research is completed in relation to the subject and applicant/person at risk before non-disclosure / disclosure recommendation is forwarded to the Detective Inspector with proposed wording for disclosure. Police will consider sharing information with a person at risk if the subject has a record of violent and/or domestic related behaviour. The DI then reviews the information and makes a decision regarding disclosure or non-disclosure.

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.

The disclosures are completed by a Domestic Abuse Officer, sometimes in company with an Independent Domestic Violence Advisor or with a professional from Children and Young Peoples Services if relevant. The disclosure is read to the person at risk who is required to sign a confidentiality agreement and if joint, CYPS will conduct their assessment throughout the disclosure visit.

**Child Sex Offender Disclosure Scheme (CSODS).** The purpose of the scheme is to allow parents, guardians or any third party to find out if there is information for disclosure to protect a child/children in their care.

In order for an application to be progressed, it **must** meet one of the following criteria:

1. The subject is having unsupervised contact with the child/children
2. There is the potential for unsupervised contact with the child/children

Process: An application is received into the MASH via police control room. In-depth research is completed in relation to both the subject and applicant before non-disclosure / disclosure recommendation is forwarded to the MASH with proposed wording for disclosure. MASH make a decision and then this is forwarded to the Detective Inspector, who then reviews the information and authorises the disclosure or non-disclosure.

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.

Once agreed, confirmation of disclosure decision together with agreed wording is forwarded to the appropriate police team to arrange appointment with the person best placed to protect and CYP worker (if joint visit)

- If a registered sex offender, disclosure is completed by a member of the Public Protection Unit
- If not a registered sex offender, disclosure is completed by the area safeguarding team

Disclosure is read to the person best placed to protect who is required to sign a confidentiality agreement. CYP will conduct their assessment throughout the disclosure visit.

## Appendix A – reference documents

**MOU – P:\MASH\MASH Operational Documents\MOU**

**DPIA & ISA – P:\MASH\MASH Operational Documents\ISA**

**MASH contact Lists - P:\MASH\Bus Support\MASHBoard\Documents**

### **Web Links**

**Suffolk Safeguarding Children Board - <http://www.suffolkscb.org.uk/>**

**Suffolk Safeguarding Adults Board - <https://www.suffolkas.org/>**

**Working together to safeguard children 2018 documents -**

**<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>**