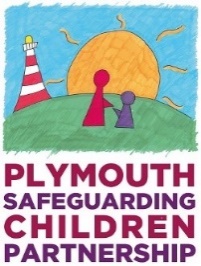
**Plymouth Safeguarding Children Partnership**

MASH Contact Form

This form should be fully completed and quality assured by a safeguarding lead in your agency before being sent to the Plymouth MASH mailbox - [Gateway@plymouth.gov.uk](mailto:Gateway@plymouth.gov.uk).

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| **Basic information – Person making this Contact** | |
| **Date of this Contact being made** |  |
| **Your full name** |  |
| **Your job title** |  |
| **Your agency/organisation** |  |
| **Your e-mail address** |  |
| **Your direct telephone number** *(it is likely that a Contact will require further discussion so it is important that this is a direct number that you are available on)* |  |
| **Name of safeguarding lead that you’ve discussed this Contact with** |  |
| **Safeguarding lead e-mail address** |  |
| **Safeguarding lead telephone number** |  |
| **Confirm that you’ve read and understood the various options for support within the Building Support for Children, Young People and Families document –** [www.plymouthscp.co.uk/building-support](http://www.plymouthscp.co.uk/building-support) | Yes / No |

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| **Basic information – Child / Young Person 1**  *NHS No / UPN - where known or where reasonable for you to obtain.* | |
| **Full name of child** |  |
| **Date of birth** *(or expected date of delivery)* |  |
| **Address of child** *(including postcode)* |  |
| **Child’s gender** |  |
| **Child’s religion** |  |
| **Child’s ethnicity** |  |
| **Child’s disability** *(if applicable)* |  |
| **Child’s first language** |  |
| **Is an interpreter likely to be required?** |  |
| **Child’s NHS Number** |  |
| **Child’s Unique Pupil Number (UPN)** |  |

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| **Consent – parents/carers**  *Prior to making any Contact or referral, meaningful consent should be sought, in line with the PSCP multi-agency guidance around Building Support for Children, Young People and Families in Plymouth –* [www.plymouthscp.co.uk/building-support](http://www.plymouthscp.co.uk/building-support) *Meaningful consent means being entirely open and honest about what information you are sharing and what the purpose is of sharing that information.*  *It is your responsibility, as the person making this Contact, to speak to the parents or carers about your concerns. This is a legal requirement to seek consent unless doing so would put someone at risk of further harm. In those circumstances, you should clearly record your rationale below. In all other situations, MASH are not able to accept Contacts without consent*. | |
| **Confirm which parents/carers you have spoken to about all concerns noted in this Contact.**  *(If not, please provide a rationale for this, in line with the guidance above)* |  |
| **Confirm which parents/carers you obtained consent from to send this Contact.**  *(If not, please provide a rationale for this, in line with the guidance above)* |  |
| **Confirm you have recorded below, the views of all parents/carers in this child’s life** |  |

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| **Consent – child/young person**  *Prior to making any Contact or referral, meaningful consent should be sought, in line with the PSCP multi-agency guidance around Building Support for Children, Young People and Families in Plymouth –* [www.plymouthscp.co.uk/building-support](http://www.plymouthscp.co.uk/building-support) *consent means being entirely open and honest about what information you are sharing and what the purpose is of sharing that information.*  *It is your responsibility, as the person making this Contact, to speak to the child or young person, where they are of a suitable age and understanding, about your concerns. Often this will be around the age of 12 but this will vary depending upon the individual child and the nature of the concerns.* | |
| **Confirm that you have spoken to the child/ young person about all concerns noted in this Contact.**  *(If not, please provide a rationale for this, in line with the guidance above)* |  |
| **Confirm that you obtained consent from the child/young person to send this Contact.**  *(If not, please provide a rationale for this, in line with the guidance above)* |  |
| **Confirm you have recorded below, the views of all children/young people recorded on this Contact.** |  |

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| **Details of family & significant others**  *(including all siblings under 18, all members of the household and anyone else that is significant)* | | | | | | |
| **Name**  *(including any aliases)* | **Relationship to the child** | **Date of birth / age** | **Contact telephone number** | | **Address** | |
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| **Are any of the adults above considered vulnerable or at risk of harm themselves? If so, what is the risk?** | | | |  | |
| **Do any of the adults above have any additional learning needs that many impact upon their ability to understand information shared in a telephone call?** | | | |  | |

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| **Supporting agencies**  *(including details of all agencies that are providing support to this family)* | | | | |
| **Agency** | **Contact person** | **Contact email** | **Contact telephone number** | **Support being offered** |
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| **Concerns/worries**  *Be specific and succinct, using bullet points where possible. Avoid lengthy narratives.* | |
| **What are you worried about and why?**  *(Include evidence for your worries. Be specific, share examples and explain how long you’ve been worried. Is the information first-hand?)* |  |
| **Are your worries shared by other agencies?** |  |
| **What changes would you need to see in the family to be assured that risk of harm has reduced?** |  |
| **Complicating factors**  *(Is there anything that makes you feel unsure about your judgement or anything that you don’t know enough detail about? Are there things affecting the parent that is making it harder or more difficult to deal with the situation? For example; Learning disabilities/mental distress/changes to family dynamics/risk of homelessness)* |  |
| **What are the strengths of the family and what are they doing well?** |  |

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| **Contextual safeguarding**  *Be specific and succinct, using bullet points where possible. Avoid lengthy narratives.* | |
| **Do you consider the harm to this child/young person to be predominately from outside the family home?** *(If yes, please provide the evidence for this and detail why you’ve submitted a MASH Contact rather than utilising the Adolescent Safety Framework –* [plymouthscb.co.uk/asf)](http://www.plymouthscb.co.uk/asf/)*– also considering contacting the Adolescent Safety Hub to discuss further -* [*ashub@plymouth.gov.uk*](mailto:ashub@plymouth.gov.uk)*.* |  |

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| **Your role with the family**  *Be specific and succinct, using bullet points where possible. Avoid lengthy narratives.* | |
| **What support has your agency put in place to mitigate the concerns you have?** |  |
| **What Early Help have you put in place to support the family prior to this Contact?** |  |

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| **Views of the child/young person** | |
| **What direct work have you undertaken with this child/young person to ascertain their views about your worries?** |  |
| **What are they worried about?** |  |
| **What do they feel is going well?** |  |
| **Who is important to them?** |  |
| **What, if anything, would they like to change?** |  |
| **Has the child/young person read this Contact – if not, why not?** |  |

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| **Views of the parents/carers** | |
| **How have you ascertained the views of all parents/carers about your worries?** |  |
| **What is their view on your worries?** |  |
| **What are they worried about?** |  |
| **What do they feel is going well?** |  |
| **Who do they feel offers them support?** |  |
| **What, if anything, would they like to change for their family?** |  |
| **Has the parent/carer read this Contact – if not, why not?** |  |