

# NHS Milton Keynes Clinical Commissioning Group Safeguarding Children Policy

This document was screened for discrimination as part of the consultation process and proved not to discriminate on the basis of race, disability, gender, religion or belief, sexual orientation, age or other characteristics (EIA toolkit). There is no evidence to believe that some groups will be affected disproportionately or be disadvantaged or excluded. The policy provides positive impact on redressing inequality particularly for Children and Young People and upholding their Human Rights

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<b>Title of Document</b>	NHS Milton Keynes Clinical Commissioning Group Safeguarding Children Policy
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## Quick Reference Guide

### What to do if you are concerned about a child

**Don't keep it to yourself, if in doubt, seek advice.**

The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for concerns regarding children and young people in Milton Keynes.

If a child is in immediate danger, please call the police on 999.

If you are worried that a child may be suffering from harm or at risk of harm, you must share your concerns with MASH.

**MASH Telephone: 01908 253169 office hours 9-5pm  
Or Out of Hours – 01908 265545**

A written referral must also be completed within 24 hours of making contact with MASH.

To complete a MASH referral, see Appendix 2.

To assist in completing a MASH referral, see MKSCB Level of Need document, see Appendix 3.

All referrals to MASH made by MKCCG staff must also be copied to the Designated Nurse for Safeguarding and Looked After Children.

## 1.0 Introduction

NHS Milton Keynes Clinical Commissioning group (MKCCG) is committed to working collaboratively with other agencies and fully recognises their responsibility for protecting and safeguarding the welfare of children and young people.

As a major commissioner of local Health Services the CCG has a duty to be assured that the organisations, that are commissioned, provide good quality services. The CCG has a responsibility to ensure Health services contribute to safeguarding and promoting the welfare of children and that this duty is discharged effectively across the whole health economy through effective commissioning arrangements.

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- **Safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part.
- **A child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children. (Working Together to Safeguard Children, HM Government 2015)

In discharging these statutory duties/responsibilities we must take account of:

- Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2015)
- Children Act 1989 and 2004
- Promoting the Health and Well-being of Looked After Children (Department of Health,2015)
- Royal College of Paediatrics; Safeguarding Children and young people :roles and competences for health care staff .Intercollegiate document (updated 2014)
- The policies and procedures of Milton Keynes Safeguarding Children Board. (MKSCB)
- Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (NHS England 2015 )

Under the new arrangements of co-commissioning Primary Care, that have been introduced from April 2015 CCGs will take a greater role in ensuring that GP Practices have robust and effective safeguarding arrangements in place. As with all service providers, MKCCG supports and guides GP services to implement and maintain effective safeguarding and child protection arrangements.

MKCCG also has the responsibility for Looked after Children and for supporting the Child Death Overview Process.

## 2.0 Policy Statement.

MK CCG is committed to ensuring that services that are commissioned meet recognised national standards in safeguarding children and that there are clear arrangements for contract monitoring between commissioner and provider. -

MK CCG champions the rights of vulnerable children and young people to be happy, healthy, safe and to reach their full potential and not to be abused, neglected or exploited.

In safeguarding and promoting the welfare of children and young people, the CCG is committed to creating an ethos which values working collaboratively with others, respects diversity (including race, religion, disability, gender, age and sexual orientation) and promotes equality.

This policy focuses responsibilities for MK CCG staff, both in their capacity as commissioners of health care and where they may have direct involvement in concerns relating to the welfare of a child or young person. It is recognised that responsibilities to safeguarding and promoting the welfare of children and young people also extends to an individual's personal and domestic life.

### **3.0 Scope of the Policy**

This policy has been produced in line with Working Together to Safeguard Children (2015) and should be read in conjunction with Milton Keynes Safeguarding Children's Board (MKSCB) Interagency safeguarding and child protection procedures [www.mkscb.org](http://www.mkscb.org). The CCG is committed to implementing these procedures in order to comply with relevant legislation and policy.

MKSCB is the key statutory mechanism for agreeing locally how relevant organisations will co-operate to safeguard and promote the welfare of children, and ensuring the effectiveness of what they do.

This policy applies to all employees and members (temporary and permanent) working with in Milton Keynes CCG regardless of role or location of work. Agency /locum staff, independent contractors (and their staff), joint commissioners and volunteers; are required to be compliant with this safeguarding children policy.

MK CCG is required to have appropriate contract monitoring arrangements in place to ensure all providers are meeting their contractual responsibilities, ensuring they are providing services that are protecting children from harm and their welfare is being promoted.

This policy details the roles and responsibilities of MKCCG as the commissioning organisation and sets out a framework to underpin and monitor safeguarding arrangements across the health economy. It is expected that all service providers have their own organisational safeguarding children policy.

## **4.0 Terminology and Definition (as per statutory guidance Working Together to Safeguard Children 2015)**

### **4.1 Children**

*'A child is anyone who has not reached their 18<sup>th</sup> birthday'* (NSPCC Legal definition 2013) If a child has *'Learning disabilities'* or is a *'care leaver'* their needs may extend to their 21<sup>st</sup> Birthday. (section 9 of the Children Act 2004)

The fact that a child has reached 16 years of age, is living independently or is in further education does not change their entitlement to services or protection under the children Act 1989.

## 4.2 Looked after Children

The term 'looked after children' is defined in law under the Children Act 1989.

'A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority.'

The term 'looked after children' includes unaccompanied asylum seeking children, children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are on a special guardianship order.

## 4.3 Safeguarding and Promoting the Welfare of Children

Safeguarding and the promoting the welfare of children is defined as:

*Protecting Children from maltreatment*

- *Preventing impairment of children's health and development*
- *Ensuring that children grow up in circumstances consistent with the provision of safe and effective care ;and*
- *Taking action to enable all children to have the best outcomes.*

## 4.4 Child in need of protection

Defined in Working Together to Safeguard Children 2015;

*"There is reasonable cause to suspect that a child is suffering or likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child welfare"*

## 4.5 Child in need

Defined in Section 17 of the Children Act 1989;

*'A child who is likely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services, including those who are disabled.'*

## 4.6 Categories of Abuse

For children's safeguarding, the definitions of abuse are taken from Working Together to Safeguard Children (HM Government, 2015). Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

- **Physical abuse:** this may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical

harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness to a child.

- **Emotional abuse:** this is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual abuse:** this involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- **Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment). Neglect may involve failing to protect a child from physical and emotional harm or danger, not ensuring adequate supervision (including the use of inadequate care-givers) or not ensuring access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

#### 4.7 Significant Harm

Significant Harm is a concept introduced by the Children Act 1989 as the threshold, which justifies compulsory intervention in family life in the best interests of the children. There are no absolute criteria to define significant harm; it may be a single traumatic event or more commonly a compilation of significant events. Consideration should be given to the severity of ill treatment, degree and extent of physical harm, duration and frequency of abuse or neglect, extent of premeditation, and the presence of threat, coercion, sadism, and bizarre or unusual elements.

For further information on defining child abuse and the signs and indicators of child abuse, please refer to the MKSCB Inter-Agency Safeguarding and Child Protections Procedures [www.mkscb.org](http://www.mkscb.org) MKSCB Level of Need when working with Children and Families 2016

## **5.0 Duties and responsibilities**

### **5.1 NHS England**

NHS England is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. It is also accountable for the services it directly commissions, such as Primary Care and health care services in the under-18 secure estate and in police custody. (*Working Together to Safeguard Children 2015*)

NHS England must ensure that there are effective mechanisms in for LSCB's and Health and Wellbeing Boards to raise concerns about the engagement and leadership of local NHS services.

It provides oversight and assurance of CCGs' safeguarding arrangements and supports CCGs in meeting their responsibilities.

The NHS England Director of Nursing has the lead responsibility for safeguarding for both children and adults, and acts as the main conduit of advice and support to regional team colleagues and the wider system.

### **5.2 Clinical Commissioning Group - Organisation**

- The Children Act (2004) section 10 places a statutory duty on CCGs and NHS England to cooperate with Local Authorities in making arrangements to improve the wellbeing of all children in the authority's area, which includes protection from harm and neglect.
- The Children Act (2004) section 11 places a statutory duty on all NHS organisations including CCGs, NHS England, NHS Trusts and Foundation Trusts to have effective arrangements in place to safeguard children.
- The Children Act (2004) section 13 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate and engage fully with partner agencies as competent members of their Local Safeguarding Children's Board (LSCB).
- The Children Act (1989) section 17 & section 47 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate with the Local Authority in helping children in need of support and children at risk of significant harm.
- Section 16 of the Children Act (2004) also requires that NHS bodies must in exercising their functions relating to Local Safeguarding Children Boards, have regard to any guidance given to them by the Secretary of State. One such piece of guidance is *Working Together to Safeguard Children*, (HM Govt 2015) which describes in detail the legislative requirements and expectations on individual services to safeguard and promote the welfare of children.

### **5.3 Clinical Commissioning Group - Leadership**

The Accountable Officer of MKCCG is responsible for ensuring that the health contribution to safeguarding children is discharged effectively across the local health economy through the CCG's commissioning arrangements.

The Director of Nursing and Quality is the MKCCG executive lead responsible for Safeguarding Children and Adults at the CCG Board and also represents MK CCG on both the Adult and Children Safeguarding boards with in Milton Keynes.

MK CCG will regularly receive information relating to:

- Assurance of how providers are delivering safeguarding responsibilities including their self-assessment and assurance framework; a 'dashboard' of indicators relating to safeguarding children and Looked after children , serious incident notifications and reports following site visits to providers.
- Serious Case Reviews from Milton Keynes Safeguarding Children Board
- Interim progress reports on large scale investigations, multi-agency reviews or safeguarding issues that require the Board's awareness and be in a position to anticipate and plan for risks which could affect the reputation of the CCG.
- Reports and papers regarding any specific issues requiring Board approval or decision.

The safeguarding function of the CCG sits within the Safeguarding Team which is part of the Nursing, Quality and Patient Experience Directorate. The CCG Safeguarding Team consists of the Head of Safeguarding, Adult Safeguarding Lead, Designated Nurse for Safeguarding Children and Looked after Children, Designated Doctor for Safeguarding Children, and Designated Doctor for Looked after Children, Named GP, Specialist Safeguarding Nurse and Designated Doctor for Deaths in Childhood.

### **5.4 Commissioning and Contract Managers**

Commissioning and Contract managers will ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of children, consistent with MKSCB procedures, the statutory guidance within Working Together to Safeguard Children (HM Government 2015) and Sec 11 of the Children Act 2004. Contracts / Service Specifications should take account of:

- Safeguarding children responsibilities in line with section 11 duties
- Cultural and ethnic diversity.
- The requirement to work in accordance with the Data Protection Act and Caldecott Principles; to secure information in transmission when sharing information within and between organisations; and to comply with CCG Information Governance policies.
- Adult parents / carers with vulnerable risk factors that may impact on child protection and welfare e.g. substance misuse, mental health and domestic abuse.
- All services commissioned or provided are delivered in a non-discriminatory manner, respect the individuality and rights of the child, and are child-centred.

CCG's must also ensure that they work with others to ensure that the services they commission and the joint strategies developed, deliver improved outcomes and life changes for vulnerable children and young people. (NHS Accountability Framework 2015)

## **5.5 Designated Doctor and Nurse for safeguarding Children**

The term designated doctor or nurse denotes professionals with specific roles and responsibilities for safeguarding children, including the provision of strategic advice and guidance to professionals in their agencies on all aspects of safeguarding across the health economy. (Safeguarding children and young people: roles and competences for health care staff intercollegiate Document March 2014)

Accountable to the Director of Nursing and Quality in MKCCG, is a Designated Doctor and Nurse who take a strategic professional lead on all aspects of the health service contribution to safeguarding children across the MKCCG area, which includes all health providers.

As clinical experts and strategic leaders they provide a vital source of advice to CCG, NHS England, the local authority, MKSCB and advice and support to other health professionals.

The Designated Nurse and Doctor also work closely and provide advice, support and supervision to the Named Safeguarding Professionals in the provider services including safeguarding leads in Primary Care.

## **5.6 Designated Professionals for Looked After Children**

The role of the Designated Doctor and Nurse for Looked after children is a strategic one which assists the MKCCG in fulfilling their responsibilities as a commissioner of services to improve the health of Looked after Children.

MKCCG has a Designated Doctor and Nurse who are accountable to the Director of Nursing and Quality. The designated professional takes a strategic and professional lead across the health economy on all aspects of Looked after Children. They provide expert advice and support for the specialist Looked After Nurses and contribute to the multi-agency strategic corporate parenting agenda.

The Designated professional work closely with the MKCCG's children's commissioning team to ensure that all services commissioned meet the statutory requirements to promote the welfare of Looked After Children.

## **5.7 Lead Paediatrician for Unexpected Child death**

CCGs are required to secure the services of a Designated Paediatrician for unexpected death. This role is currently provided by Milton Keynes University Hospital Foundation Trust. Three key functions of this role are set out in Working Together to safeguard children (2015);

- Ensure that relevant professionals (i.e. coroner, police and local authority social care) are informed of the death;
- Coordinate the team of professionals (involved before and/or after the death) which is convened when a child dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team).

- Convene multi-agency discussions after the initial and final initial post-mortem examination results are available.

## 5.8 Named GP and Primary Care Specialist Safeguarding Nurse

MKCCG has a Named GP and Primary Care Specialist Safeguarding Nurse who along with the Designated Professionals has a key role in promoting good professional practice. They provide advice and expertise for fellow professionals on child health and development and in the care of families in difficulties as well as children who have been abused or neglected.

The Named GP and Primary Care Specialist Safeguarding Nurse works with commissioners to develop and improve the quality of safeguarding arrangements locally and takes a strategic professional lead on all aspects of GPs contribution to safeguarding children across the CCG area.

## 5.9 Line Managers

The responsibility of MKCCG managers is to:

- Ensure staff can access safeguarding children procedures ,policies and guidance
- Ensure staff are aware of their responsibilities in line with MKCCG safeguarding children policy and that it is fully implemented within their area of responsibility and take appropriate action should the policy not be adhered too.
- Provide leadership to staff
- Ensure staff work with agencies as and when needed to protect a child from harm with the support from the Designated Professionals.
- Ensure that the safer recruitment and selection process guidance is followed during recruitment of staff.
- Ensure staff undertake appropriate safeguarding children training at induction and ongoing safeguarding children training compliance is discussed at annual appraisals.

## 5.10 All Employees

The responsibilities of all staff are to;

- Comply with MKCCG Safeguarding Children policy and access the Milton Keynes Safeguarding Children Board multi agency procedures for further guidance on specific safeguarding concerns. [www.mkscb.org](http://www.mkscb.org)
- Protect vulnerable children by recognising the risks, signs and indicators of abuse and neglect and acting on any concerns. In line with the MKSCB Levels of need when working with children and their families [www.mkscb.org](http://www.mkscb.org)
- Maintain a child focused approach
- Know who to contact to discuss, access support or to report any concerns about a child.
- Be aware of own roles and responsibilities and recognise limits and boundaries.
- Maintain accurate, comprehensive and legible records when working with vulnerable children and their families and store securely in line with local guidance.
- All staff must be up to date with the appropriate level of safeguarding children training as set out in the Intercollegiate Document (2014).

- All staff share a responsibility to uphold safe working practice by acting on concerns relating to the conduct of colleagues, particularly in relation to children and adults at risk.

## 5.11 Primary Care

Milton Keynes GP Practices must have an identified safeguarding lead GP within each practice who works closely with the MKCCG Named GP and Primary Care Specialist Safeguarding Nurse and Designated Professionals.

The role of the safeguarding Lead within each practice is;

- To act as a first point of contact for colleagues with safeguarding concerns
- To act as local champion for children and safeguarding best practice as guided by the RCGP safeguarding Tool Kit.
- To alert MKCCG Safeguarding Team of local barriers to effective working together
- To disseminate safeguarding information to the practice, provided by the MKCCG Safeguarding Team and MKSCB.

GP practices must ensure that all practice staff are compliant with safeguarding children training in line with the requirements set out in Safeguarding Children and Young people: Roles and Competences for Health Care Staff Intercollegiate Document (March 2014). Each Practice must maintain an up to date database of staff training compliance.

GPs must ensure that they are contributing effectively to Children in need of support and Child Protection requests for information, including the provision of reports for Child Protection Conferences and section 47 investigations within the appropriate time requests.

## 6.0 Partnership Working

MKCCG shares a responsibility to work with its partners to safeguard and promote the welfare of children. This is achieved in the following ways,

- Designated professionals work across the health economy and Local Authority services to develop and improve safeguarding practice
- The MKCCG Designated professionals, Head of Safeguarding and Director of Nursing and Quality attendance and contribution to the work of the MKSCB..
- The Designated professionals are active members of MKSCB subcommittees including Business Management Group, Quality Assurance, and Child Death Overview Panel. The Designated Nurse also chairs the Serious Case Review subgroup and the Female Genital Mutilation advisory panel.
- MKCCG safeguarding team take a lead on pathways of work for the MKSCB that have a strong health element to them such as work around Female Genital Mutilation (FGM), Fabricated Induced Illness (FII) and Neglect; as well as providing supporting to the wider safeguarding agenda.
- The Designated Nurse chairs a monthly Health operational /Peer support group for named health safeguarding children leads in Milton Keynes.
- The Designated Nurse is also part of the Health and Social Care Development Group.

- The Health and Social Care forum for Looked after Children is Chaired by the Designated Nurse for Safeguarding children and Looked after Children

MKCCG Safeguarding Team also takes an active role in multi-agency improvement work according to the MKSCB priorities and work plans.

## 7.0 Training

Safeguarding Children training is mandatory for all CCG employees regardless of their role and responsibility. This applies to both permanent and temporary staff, volunteers, locum and bank staff and contractual staff, joint commissioners and all commissioned services.

Compliance with safeguarding children training must be in line with the requirements set out in the Safeguarding children and young people: roles and competences for health care staff Document ( March 2014) and must be reviewed annually as part of staffs' appraisals. The training framework is set out in appendix 1 of this policy.

MKCCG monitors up take and compliance of training by staff in those services commissioned by them ensuring that the national requirement for training compliance is met as set out in the contractual agreement.

For staff at the MKCCG Safeguarding Children training level 1 must be completed on commencing employment. This is available to staff via e- learning.

A Safeguarding adults and children induction guide is included in the staffs induction pack and managers must ensure that staff have read the information in the pack along with the CCG's Safeguarding Children Policy. Compliance with this must be recorded using the induction safeguarding check list within the induction pack and returned to CCG HR department.

Following induction, the majority of CCG staff will require a 3 yearly up date of safeguarding children level 1 training. This is available via the e-learning package that has been adapted to include local as well as national safeguarding information. Managers should ensure that members of staff who fall into any other category as outlined in the training framework in Appendix 1, access the relevant single or multiagency training. The MKCCG HR department will support managers in identifying the correct level of training needed per job role.

For Named and Designated professionals including Lead Paediatrician training requirements are set out in the training framework in Appendix 1. The Head of Safeguarding will ensure that these specialist practitioners maintain their compliance to safeguarding training through annual appraisals.

Safeguarding Children training for GP services has previously been co-ordinated and funded by NHS England. Under the new arrangements of Co commissioning the CCG has a shared responsibility for ensuring that GP services commissioned have effective safeguarding arrangements in place. Part of this is the compliance with safeguarding children training in line with national requirements outlined in the Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document (March 2014).

The Named GP and Primary Care Specialist Safeguarding Nurse and Designated leads are available to support GP Practices with the implementation of a clear training strategy and training material that has been approved by the MKSCB.

## **8.0 What to do if I am worried that a Child is being abused- Making a referral to MASH**

All staff members who have or become aware of concerns about the welfare or safety of a child or children should know

- When and who to seek further advice and support from
- Who to contact and
- When and how to make a referral to the Milton Keynes Multi Agency Safeguarding Hub (MASH) and/ or the police.

There should always be the opportunity to discuss child welfare concerns and seek advice from colleagues, managers, designated or named professionals, or other agencies however:

- Never delay emergency action to protect a child from harm
- Always record in writing concerns about a child's welfare, including whether or not further action is taken.
- Always record in writing discussions about the child welfare and at the close of a discussion, always reach a clear and explicit recorded agreement about who will take what action or that no further action will be taken and the basis for this decision.

If a child

- Has suffered significant harm
- Is likely to suffer significant harm
- Has developmental and welfare needs which are likely only to be met through the provision of support services  
(*MKSCB Level of Need when working with Children and their families 2015*)

A referral must be made to Milton Keynes Council Children's Social Care via the Multiagency Safeguarding Hub (MASH). Referrals can be made 24 hours a day as there is an Out of Hours Emergency Social Work Team.

All referrals including, new referrals and referrals on closed cases should be made to Milton Keynes Multi agency Safeguarding Hub (MASH) by telephoning the number below and completing a MASH referral form. The form can be found on the MKCCG web site on the safeguarding children page along with the secure email details of where to send the completed referral form. For a guide on how to complete the referral form see Appendix 2.

**MASH Telephone: 01908 253169 office hours 9-5pm  
Or Out of Hours – 01908 265545**

In accordance with the MKSCB interagency procedures and as a matter of good practice, professionals should seek to discuss any concerns with the parent /carer of the child/children and where possible, seek their agreement to make a referral. Depending on the child's age and

understanding consideration must be given to discussing the concerns with the child also. However if the refer believes that seeking to discuss the concerns would place the child at increased risk of significant harm it would not be appropriate to discuss or inform the parent /carer of the referral. This must be made clear on the referral form before submitting it to MASH.

When referring a child to MASH professionals should refer to the MKSCB Level of Need when working with Children and Families Sept 2015 [www.mkscb.org](http://www.mkscb.org). This document helps professional to identify the vulnerability indicators with in the four categories of abuse.

Within MKCCG the Designated Professionals and line managers are available to support staff with their concerns and are available to assist with the completion of a referral to MASH

Professional can also contact the MASH directly prior to making a referral and discuss their concerns with a qualified Social Worker.

A copy of the referral made by MKCCG staff must be sent to the Designated Nurse. The referrer must ensure that they obtain an outcome of their referral from MASH and this also must be sent to the Designated Nurse.

The Designated Nurse will ensure that all referrals made by MKCCG staff are recorded on the safeguarding database and outcomes documented. A copy of the referral and outcome will also be shared with the child's GP.

## **8.1 Additional Vulnerabilities of some children**

All staff including those commissioning services for children and young people need to be aware of the additional vulnerabilities of some children and to be alert to the potential need for early recognition and intervention in these circumstances.

These include the following:

- Children who are vulnerable to sexual exploitation and trafficking. Sexual exploitation can take many forms from the seemingly 'consensual' relationship where sex is exchanged for attention/affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops. In all cases where staff have concerns regarding a young person being sexual exploited then the young person must be discussed with the Designated Professionals.
- Children with special educational needs and disabilities
- Young carers.
- Children who are showing signs of engaging in anti-social and criminal behaviour.
- Children who are being bullied including cyber bullying.
- Children living in family circumstances presenting challenges such as substance abuse, adult mental health and domestic violence.
- Children who are seeking asylum.
- Children who are at risk of Female Genital Mutilation.

In situations where there is a safeguarding concern, professionals must give consideration for additional support for the children and their families, particularly where additional vulnerabilities have been identified. Discussion with the professional's line manager /Designated Professionals

and/or the MASH should take place and consideration for additional support from Children and Family practices teams.

For support from Children and Family Practices teams, a referral to MASH using the form in Appendix 2 must be submitted.

Sometimes staff may report concerning behaviours they have witnessed locally regarding groups of individuals or establishments. This could be groups using illicit substances in public, or an increase in the number of self-harm admissions to hospital in a short time frame or concerns about a particular establishment in regard to the safety of children. In isolation this may not be of concern but it may be useful intelligence when building up a bigger picture of organised abuse or exploitation. It is therefore important to share these concerns with the MASH who can make the decision if the information needs to be considered at the monthly Multi Agency Risk Meeting (MARM). Staff should also inform their Designated Professionals

## **9.0 Safeguarding Children Supervision and support**

Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family. (Working together to safeguard Children 2015)

MK CCG Safeguarding Team is available for advice and support to anyone in the health economy on a day to day basis to discuss any concerns related to safeguarding and promoting the welfare of children.

MK CCG through the contractual process is responsible for ensuring that all provider services make provision for their staff to receive supervision and access to advice and support from qualified safeguarding professionals within the organisation.

Safeguarding supervision for Named professionals or safeguarding leads can be accessed from the MKCCG safeguarding team. Assurance of Named professionals accessing safeguarding supervision from an appropriate trained professional is also monitored through contractual arrangements.

The Named GP, Primary Care specialist Nurse and Designated Professionals will participate regularly in peer support networks for specialist professionals at a Local and National level and attendance will be recorded.

MKCCG safeguarding Children supervision policy provides further guidance on the functions and arrangements for safeguarding children supervision.

## **10.0 Information sharing**

Successful interventions and positive outcomes for children cannot be achieved if we work in isolation; multi- agency working is fundamental to safeguarding children.

Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure

to do so will result in a child or vulnerable adult being placed at risk of harm. Similar, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are safeguarding concerns. (Information Sharing: HM Government 2015)

Government Guidance: Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The advice includes the seven golden rules for sharing information effectively and can be used to supplement local guidance and encourage good practice in information sharing.

Professionals also may wish to refer to specific advice from their professional body regarding information sharing e.g. GMC guidance, NMC code section 5. This is further supported by the new Caldicott Guidelines principle seven which individuals are informed that '**the duty to share information can be as important as the duty to protect patient confidentiality**'.

MK CCG must ensure that all commissioned services have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the MKSCB.

MK CCG is signed up to the Milton Keynes Safeguarding Children Board Multi-Agency Information sharing protocol.

**If in any doubt about sharing information, staff must seek advice from the Designated Nurse/Doctor/ Named GP for safeguarding Children, Caldicott Guardian or Children's Social Care**

## **11.0 Missing Children and Unborn Alerts and Out of area Placement Notification for Looked After Children.**

### **11.1 Missing Children and Unborn Alerts**

Nationally there is a system in place where Local Authority safeguarding teams / police / NHS England or the Criminal Justice system circulate information, about children, unborn children and families who have gone missing. These alerts are circulated to CCGs to other Local Authorities and on occasions directly to providers.

The CCG on receiving a missing child alert must ensure that the MKCCG Safeguarding Team is made aware. The information must be disseminated to all unscheduled care providers, maternity and Paediatric services. This can be done through making contact with their safeguarding lead within their organisation or contacting the on call manager through the organisations switch board number. The MKCCG will also ensure that the notifications will be sent to all GP practices via their NHS net account and to all practice managers.

The CCG safeguarding team must ensure that all Missing Children and Unborn Alerts are recorded on the safeguarding database along with a record of actions taken.

## **11.2 CCG Notification of Looked after Children placed Out of Area**

Promoting the Health and well-being of Looked After Children statutory guidance for Local Authorities Clinical Commissioning Groups and NHS England (March 2015) is clear that the child's Local Authority should inform the relevant responsible CCG in writing of its intention to place a child in its area and advise whether the placement is intended to be long or short.

These notifications when received by the CCG will be given to the Designated Nurse for Safeguarding Children and Looked after Children who will inform the Children's commissioner and record the notifications on a database.

## **12.0 Safer Employment**

### **12.1 Recruitment**

The MKCCG recruitment policy must comply with National and Local Guidance .The NHS Employment Check Standards Guidance, Disclosure and Baring Service (DBS) and the MKSCB safer recruitment procedures.

This includes but is not limited to:

- safeguarding statements in job descriptions and adverts
- seeking appropriate references (2 minimum, including most recent employer)
- checking ID and professional qualifications
- seeking appropriate DBS checks (formerly CRB) (repeat 3 yearly )
- checking employment history and accounting for anomalies

The CCG HR manager in partnership with line managers have a responsibility to ensure that the safer recruitment process is followed.

### **12.2 Allegations against staff**

The MKCCG adheres to the LADO (Local Authority Designated Officer) process for dealing with allegations relating to staff conduct towards children or other behaviour which indicates they pose a risk to children.

MKCCG's Nominated Senior Officer for dealing with allegations is the Director of Nursing and Quality and HR manager - both can provide advice and guidance in such situations. They must be informed of all allegations as soon as possible. If they are unavailable concerns must be shared with either of the Designated Lead for Safeguarding Children or Adults and /or the Head of Safeguarding.

MKCCG Nominated Senior Office and HR Manager will then inform the LADO in accordance with the MKSCB interagency Procedures found via [www.mkscb.org](http://www.mkscb.org) The Designated Safeguarding Leads and Head of Safeguarding will also be informed if appropriate.

### **12.3 Whistleblowing**

A culture of open practice underpins effective safeguarding within an organisation. MKCCG's whistleblowing policy contributes to the CCG's safeguarding children and adult arrangements by supporting a culture where issues can be raised safely and addressed by the organisation. This may be in relation to an individual's conduct and practice, illegal activity or a widespread or systemic failure in the provision or management of services to children and adults which places them at risk.

### **12.4 Visiting**

Staff must be clear on the visiting guidelines for all people coming to the MKCCG. These are set out clearly in the staff introduction pack and regular emails sent to all staff from the communication department as reminders.

## **13.0 Professional Boundaries and Disagreements between Professionals and Agencies**

Maintaining professional boundaries is central to providing safe and quality care for patients. It ensures personal and organisational reputation is maintained, professional standards are upheld and statutory requirements are met. This also must be in line with staffs own professional body's code of conduct.

Staff should be aware that this responsibility extends to conduct on the internet and in the use of communication devices such as mobile phones and tablets.

Working collaboratively with partnership agencies is key to ensuring effective safeguarding arrangements are in place and are adhered to in practice. The MKCCG is fully committed to working in partnership with agencies involved in safeguarding children across Milton Keynes. It is therefore important to ensure that the Designated Professionals are made aware of any professional or interagency disagreement so that they can support with the resolution and retain constructive and collaborative working practices..

## **14.0 Involvement of service users**

MKCCG is strongly committed to listening to and acting on the views of all service user when commissioning services.

The Designated Professionals for Safeguarding and Looked After Children work closely with the Children's commissioning team to ensure that that children and young people views are sought in the development and review of services.

The CCG Patient Experience lead has developed clear guidance within the CCG complaints policy; for child and young people to follow when they want to complain about a service or an experience that has affected them as a result of accessing care or treatment.

The Children's Commissioner and Designated Nurse for Safeguarding Children work together in responding to all complaints made by or about a child or young person.

Children's and young people's views and opinions are heard through provider organisation audits which also includes the views of Children in Care and through MKSCB multiagency case audits. The Designated Nurse for Safeguarding and Looked after Children sits on the MKSCB Quality Assurance subgroup and is involved in conducting multi agency case audits focused on outcomes for children and young people.

## **15.0 Serious Case reviews (SCR)**

MK CCG has a statutory duty to work in partnership with MKSCB and other LSCBs in conducting reviews when abuse or neglect of a child is known or suspected and either the child has died or has been seriously harmed and there is cause for concern as to the way in which the authority, their board partners or relevant persons have worked together to safeguard children (Working Together to Safeguard Children 2015)

The purpose of serious case reviews is to:

- Identify improvements which are needed
- To consolidate and promote good practice
- Translate findings from the review into programmes of action which lead to sustainable improvements and the prevention of death, serious injury or harm to children.
- Improve intra- and inter-agency working and better safeguarding and promoting the welfare of children.

Case reviews are not inquiries into how a child died or was seriously injured, or who is culpable, that is a matter for coroners and criminal courts respectively to determine.

Any professional may refer a case to MKSCB for SCR consideration. The Professional must discuss with their organisational safeguarding children's lead. A referral must be submitted using the MKSCB referral form. That can be found via [www.mkscb.org](http://www.mkscb.org)

Following a decision by the MKSCB Chair to undertake a serious case review, the SCR sub-committee will commission a SCR Panel to manage the process. This will include a 'health' representative, which will usually either be the Designated Doctor, Designated Nurse for Safeguarding Children or the Head of Safeguarding. In cases that involve a Looked After Child the Designated Nurse or Doctor for Looked After Children will be included on the panel.

MKCCG safeguarding team will inform NHS England Area Team when a serious case review is commissioned.

### **15.1 The role of designated professionals and SCR's**

- To notify the MKCCG Director of Nursing and Quality and the Chief Executive Officer and Lead Director for Child Protection in each relevant trust that a review is to take place.
- Inform the NHS England Regional Team that a Serious Case Review is taking place.

- Inform the Named Professionals that a review is to take place.
- Be available to advise the Named Professionals and managers who are compiling reports for the review.
- Be available to provide guidance and advice to Named Professionals and other individuals on how to balance confidentiality and disclosure issues.
- Ensure updates on the review are sent to the CCG Quality Committee and the learning shared once the SCR has been completed.
- Depending on the methodology used and at the request from the SCR panel produce an integrated health chronology and a health overview report focusing on how health organisations have interacted together. Submit the health overview report to the MKSCB SCR panel once it has been quality assured by the CCG and the provider organisation.
- The Designated Nurse must ensure that a copy of the health overview report and action plan is sent to the NHS England Regional Team once it has been accepted by the MKSCB

## 16.0 Prevent

Prevent is part of the Government Contest strategy led by the Home Office that focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism.

Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is a priority for the health service and its partners.

The healthcare sector is a key strategic partner in Prevent and this was endorsed by the publication of the Prevent Strategy (2011) with the following objectives:

- Challenge the ideology that support terrorism and those who promote it
- Prevent vulnerable individuals from being drawn into terrorism and ensure that they are given appropriate advice and support
- Work with sectors and institutions where there are risks of radicalisation

Healthcare workers may have contact with vulnerable adults or children who could become victims of radicalisation. There is no obvious profile of a person likely to become involved in terrorist-related activity, or single indicator of when a person might move to support extremism. Vulnerable individuals who may be susceptible to radicalisation can be patients or staff. Prevent ensures that those who are at risk will receive help and support from partners best placed to meet the identified lead.

Contracts of employment, professional codes of conduct, and safeguarding duties under the Care Act 2014 statutory guidance require all healthcare staff to exercise a duty of care to patients and, where necessary, take action for safeguarding and crime prevention.

MK CCG will ensure that there are robust Prevent arrangements in place across the health economy. This will be monitored by the 'Self-Assessment and Assurance Framework for Safeguarding Adults' and form part of quality contracting monitoring.

The CCG staff will receive Prevent awareness training via Level One Safeguarding Adults Awareness.

For raising concerns, the CCG staff will contact the Safeguarding Adults Lead in the first instance, who will provide advice and identify local referral pathways if necessary.

## **17.0 Quality Assurance and Audit**

### **17.1 Commissioned Services**

MKCCG has a system for quality assuring the safeguarding children arrangements of provider organisations it commissions directly. Expectations are set through contracts and service specifications.

MKCCG will seek assurance from providers by a broad range of quality monitoring mechanisms drawing from qualitative and quantitative data including:

- Safeguarding Children Assurance Frameworks
- Section 11 audit
- Individual development work with providers and by attending a range of provider meetings, regional forums and steering groups.
- Quality monitoring /site visits
- Collation and analysis of safeguarding referrals and trends.
- Providers Safeguarding Annual Report
- Review of serious incidents.
- CCG Program Boards
- Provider Trust Safeguarding Committees.

### **17.2 Clinical Commissioning Group**

Like all NHS organisations the CCG is expected to meet its statutory duties for safeguarding Children. It completes the section 11 self-audit and receives feedback from the MKSCB.

Action plans are monitored by the MKSCB and CCG Safeguarding Team and Quality Committee. Further audits will be completed in relation to specific circumstances to ensure that recommendations arising from safeguarding reviews have been achieved / embedded into practice.

MKCCG Quality Committee is a sub-committee of CCG Board. The Quality Committee will receive a safeguarding children report on a bi-annual basis and will include an information dashboard detailing provider's performance activity, exception reporting and information on the progress of independent management reviews and serious case reviews and their action plans. The Quality Committee will provide reports to the MKCCG Board giving assurance of how safeguarding duties are being met and ensuring the Board is sighted on any risks and their mitigation.

## **18.0 Equality and Diversity Statement**

MKCCG aims to design and implement services, policies and measures that meet the diverse needs of their services, population and workforce, ensuring that no one is placed at a disadvantage over others. It is recognised that some people can suffer disadvantage as a result of discrimination and this can increase vulnerability.

MKCCG is committed to ensuring that it treats both employees and services fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental disabilities, gender, age, religious beliefs or sexual orientation.

All policies and procedures are developed in line with the CCG's equality and diversity policies and takes into account the diverse needs of the community that is served, which included an Equality Impact Assessment.

## **19.0 Review and Maintenance of Policy**

This policy will be subject to annual review and will also be subject to alteration if required through the creation of additional policy, legislation or guidance and / or local guidance. If revised, all relevant staff/stakeholders will be alerted to the new version when ratified by the Quality Committee.

The Safeguarding Children Policy will be reviewed every two years by the Designated Nurse and Doctor for Safeguarding Children or sooner if there is significant local or legislative changes

This policy is issued and maintained by the MKCCG Quality and Safeguarding Directorate, Designated Children professionals.

This policy must be read in conjunction with the Milton Keynes Safeguarding Children Interagency Policy and Procedures (2014).

## References and Resources Used:

- Care Quality Commission Safeguarding Children – a review of arrangements in the NHS for Safeguarding Children 2009
- Children Act 1989, HMSO
- Children Act 2004, HMSO
- Data Protection Act 1998
- Human Rights Act 1998
- Intercollegiate Document: Safeguarding Children & Young People, Roles and Competencies for Healthcare Staff revised in March 2014
- MKSCB Level of Need when working with Children and their Families July 2016
- Safeguarding Vulnerable People in the Reformed NHS; Accountability and Assurance Framework (NHSCB 2013)
- Information Sharing; Guidance for Practitioners and Managers 2015
- Milton Keynes Safeguarding Children Inter-Agency Procedures
- Section 11 of the Children Act 2004
- Working Together to Safeguard Children (2015)

## Appendix 1

<b>Safeguarding Children Training Chart</b>			
<b>Course</b>	<b>Frequency</b>	<b>Staff</b>	<b>Knowledge /Skills Attitudes Values and comments</b>
<b>Induction Program</b>	On commencement of employment	All	See Intercollegiate Document (March 2014)
<b>Level 1</b>	Every 3 years for non-clinical staff	All NHS Clinical Commissioning Group staff (apart from those staff identified as requiring a different level - see below).	See Intercollegiate Document (March 2014)
<b>Level 2</b>	3 – 4 hours over a 3 year period.	All staff whose work brings them directly into contact with children, young people, parents and carers	See Intercollegiate Document (March 2014)
<b>Level 3</b>	6-8 hours over a 3 year period	Clinical staff working with children, young people, parents and carers. This includes GPs.	See Intercollegiate Document (March 2014)
<b>Level 4</b>	24 hours over a 3 year period	Specialist roles – named professionals	See Intercollegiate Document (March 2014)
<b>Level 5</b>	24 hours over a 3 year period	Specialist roles - designated professionals	See Intercollegiate Document (March 2014)
<b>Level 6</b>	Every 3 years	Governing Body Chair, Chief Officer, Directors and members See	See Intercollegiate Document (March 2014)

Ref: Safeguarding children and young people: roles and competences for health care staff

Intercollegiate Document Third Edition: March 2014

[www.rcpch.ac.uk/system/files/protected/page/Safeguarding%20Children%20-%](http://www.rcpch.ac.uk/system/files/protected/page/Safeguarding%20Children%20-%)

## Appendix 2

# Multi Agency Referral Form (MARF)

The MARF is designed to enable a non-urgent referral to be made to the Multi Agency Referral Hub (MASH)  
No other forms will be accepted and these procedures supersede all previous versions

### What to do

All three sections of this form must be completed as fully as possible before any referral is made to the Multi Agency Safeguarding Hub (MASH). The form is designed to include all family members in one referral, if that is appropriate, but please ensure that where concerns relate to a specific child or young person that this is clearly identified. It needs to be submitted by email together with a completed copy of the CAF to [children@milton-keynes.gov.uk](mailto:children@milton-keynes.gov.uk) (colleagues who need to use a secure external account should use [RaATBusinessSupport@milton-keynes.gcsx.gov.uk](mailto:RaATBusinessSupport@milton-keynes.gcsx.gov.uk) )

### If concerns are more urgent

Where there are urgent child protection concerns, the MKSCB policy and procedures should be followed. These can be viewed at [www.mkscb.org](http://www.mkscb.org). Situations where there is immediate possible or actual significant harm to a child or young person should be referred immediately by telephone to 01908 253169 (or 01908 265545 out of hours) and the MARF (a completed CAF is not required under these circumstances) should be emailed to confirm the referral to email address above.

### Help us to help you

Please provide as much detail as possible. The information provided will be used to determine the response is needed. In most cases it will be expected that action will have already been taken to address the issues causing concern and these must be fully described in the relevant section so please provide sufficient detail or evidence of previous interventions and support, including their aims and resulting outcomes.

In the majority of cases, referrals will have been fully discussed, and consent obtained, before any referral is made for additional services, unless this would place any child or young person at risk; in which case a full explanation of the circumstances must be given in the space provided.

### Thresholds and Outcome of Referrals

To review the referral we use the Milton Keynes Safeguarding Children Board 'Levels of need when working with children, young people and families' which sets out the thresholds for intervention. This can be helpful if you are unsure whether to submit a referral to the MASH. You can view a copy at [www.mkscb.org](http://www.mkscb.org)

Following this review, colleagues in the MASH may:

- Ask for further information or suggest alternative responses including further support through what we call Level 1 (Universal services) or Level 2 (Additional).
- Refer to the relevant Children and Family Practice for further assessment where children needs can be met by a multi-agency response at what we call Level 3 (Additional).
- Refer to children's social care for a more specialist Children and Families Assessment (where children or young people may be at risk of, or are, suffering significant harm which requires Level 4 intervention).

The referrer will be acknowledged within 24 hours and are notified of the outcome within two weeks.

Referrer details	
Name	
Job title	
Organisation	
Telephone	
Email	

Date you are submitting this MARF to the MASH	
Date	

Date the CAF was completed (please attach a copy to this referral)	
Date	
If not completed, why is this?	

## Section 1: Family Details

Child/ren's details					
Name	DOB	Gender	Home Address	Educational setting child/young person attends	Focus of this referral Y/N?
<b>Language Used:</b>		<b>Religion:</b>			

**Other methods of communication:**

Parent or carer details				
Name	Relationship	PR*	Address if different	Telephone

\*PR: Parental Responsibility [www.childrenslegalcentre.com](http://www.childrenslegalcentre.com)

Other significant adults in child's life				
Name	Relationship	PR*	Address if different	Telephone

### Disability

Do any of the family members being assessed have a disability?

### Ethnicity

Please ask the child/young person/family to describe their ethnicity *Select from the codes below*

#### \* Ethnicity Code Table:

<b>White</b> A1 – British A2 – Irish A3 – Any other white background	<b>Mixed</b> B1 – White and Black Caribbean B2 – White and Black African B3 – White and Asian B4 – Any other mixed background	<b>Asian or Asian British</b> C1 – Indian C2 – Pakistani C3 – Bangladeshi C4 – Any other Asian background
<b>Black or Black British</b> D1 – Caribbean D2 – African D3 – Any other Black background	<b>Other Ethnic Groups</b> E1 – Chinese E2 – Any other ethnic group F1 – Not Stated	

### Other professional involvement

Please indicate which organisations and professionals already in contact with the family	Professionals name	Organisation

## Section 2: Referral detail

### What are you worried about?

Describe the concerns you have and why further support is needed. If you are identifying risk of, or actual, significant harm, be as specific as possible. Information will be shared with the family unless it places the child at risk to do so.

### What is working well?

Describe the support and intervention already offered/provided to the child(ren) and family, including the aim of any support given and what has been achieved.

### Section 3: Information sharing and confidentiality statement

Please read this statement out to the family:

*The information that you have shared with us helps us to understand what support you may need. This means that we may need to share your information with appropriate agencies and community organisations as agreed below, so that we can work together to help provide support to meet your needs. If we need to share information with any other organisations later we will ask you about this before we do it. Milton Keynes Safeguarding Children Board’s Protocols state that if a child or young person is at risk of harm or abuse, we must report it to the appropriate authorities but it is your right to be informed of this first.*

**The process has been fully explained to me and I understand what is likely to happen.**

Family members - Signatures					
Signed		Name		Date	
Signed		Name		Date	
Signed		Name		Date	
Signed		Name		Date	
Signed		Name		Date	
Signed		Name		Date	
Signed		Name		Date	

If consent has not been gained please provide an explanation
<i>Has the referral been discussed with the parents or carers, and what is their view?</i>

*This is the end of the MARF form.*