

Inter-Agency Contact Form [IACF]

Guide to filling out the contact form and sharing with the Portsmouth MASH

PORTSMOUTH THRESHOLD DOCUMENT https://www.portsmouthscp.org.uk/toolkits/

Professionals should use the PSCP Thresholds document to guide their decision making when determining the level of need or risk relating to a child. Wherever possible practitioners should discuss their concerns with their line manager and/or Safeguarding lead <u>however</u> this should not delay submitting the form to MASH

You should use the IACF when:

- 1. There is immediate risk of harm to a child and/or a professional believes a child is suffering or likely to suffer significant harm as a result of the care they are receiving.
- **2.** The child is identified as in need or vulnerable e.g.
 - A child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority
 - A child whose health or development is likely to be significantly impaired or further impaired, without the provision of services
 - A child who has a substantial and permanent disability

3. Support is required to access Targeted Early Help Support Services and a more coordinated response is required from agencies.

Before completing the form:

Portsmouth IACF is an on-line form which you can access through the <u>PSCP website</u>.

If you need to save the form at any point during completion you will need to create an account and login before you begin. If you do not create an account you will need to complete and submit the form in one sitting.

It is advisable that you create an account, you will not be able to save the form unless logged in and therefore if in the event you need to attend to something else the form will not automatically save, meaning the work will be lost.

To create an account please follow this link create an account and login

Using the link on the front page of the IACF means you will be immediately redirected back to the IACF on completion. Once you have created an account and logged in you will be able to save your IACF at any point. You will be automatically returned to the IACF form a after you've registered or logged in.

Please note:

- It's only possible to save the form during completion, not afterwards. Once you have submitted the form you can download a copy of what you have submitted, but the 'save' button will disappear as it's not possible to amend after submitting.
- The form does not automatically save, it's up to you to click the 'save' button if you need to save the form. Clicking the 'save' button will send an email to your inbox with a link to resume where you left off.

There are 7 areas to complete on the IACF:

- 1. Consent
- 2. Child Details
- 3. Family Details
- 4. Your Details
- 5. Impact on the child
- 6. Previous support
- 7. Other agencies

Please ensure you have all relevant details to hand before completing the form and complete all sections to the best of your knowledge. If you are unsure or unaware of specific details please state 'unknown'.

1. Consent

• What type of consent have you acquired? If consent has not been sought please explain the reasons for this.

All contacts to the Portsmouth MASH should be made **with the knowledge & agreement of the family**. They need to know what information has been shared & recorded by the Portsmouth MASH. They must also be aware that the Portsmouth MASH may need to share information and seek more information from other agencies. This will help MASH decide if additional services are needed e.g. schools, health visitors, doctors, police, housing, Children's Social Care etc.

Exceptions to this are:

- When seeking consent to share would put a child, young person or other at risk of significant harm
- If it would undermine the prevention, detection or prosecution of a serious crime OR
- The professional has either tried to seek consent or consent was refused & they feel not sharing information would potentially have a significant impact on the child's safety and well being

Points for Consent

Is this child at risk of immediate harm?

Has this child been harmed - is there evidence of harm?

Is the child under 6 months and you suspect a non-accidental injury?

If the answer to any of the above is 'yes' then you do not need consent.

Why do you need consent?

Because it is illegal not to

Because we adhere to GDPR guidelines

Because it is important that the parent(s)/carer(s) understand the context of your concern

Remember

To initiate and sustain change for children parents need to understand the concerns being raised and what the expectation of Childrens Social Care is.

This can only be achieved through a transparent relationship and therefore consent and honest conversations with parents are essential.

2. Contacting details for child, family and you

- Please supply your own details in full contact numbers for you and for your team, your place of work, what relationship or contact you have with this family or child.
- Please supply full names, dates of birth, contact telephone numbers and address with postcode where known. This helps us find the correct child and family. Partner agencies within MASH may have more than one subject with the same name. A phone number is vital for MASH to be able to get hold of the family at risk.
- Current contact details for parents also need to be accurate and up to date. This will ensure that there are no delays in contacting parents and that contact information is passed to correct Locality Teams.
- Please provide as much detail as possible about **ethnicity**, **first language** and **disability**. This is important in terms of identifying vulnerability but also in ensuring that communication is appropriate
- If contacting details are unknown please indicate <u>unknown</u> (the on-line form provides the opportunity to indicate 'unknown')

3. Impact on the child

The child and family voice - *giving a flavour of what is happening*..... Remember the person who is reading the IACF has not met the child and family, it is **imperative** that what is happening for the child is articulated so that the reader can understand **the impact**.

Please use PSCP Thresholds [tiers 1-4] document to guide your professional judgement https://www.portsmouthscp.org.uk/wp-content/uploads/2019/12/PSCP-Threshold-Document-v3-July-2019.docx

Reason for referral

Tier 4

Is this child at immediate risk of significant harm – have you considered calling the Police or MASH on 023 9268 8793 for immediate advice?

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. It can also be identified when there have been a number of events which have compromised a child's physical and emotional wellbeing; for example a child whose health and development is severely impaired through neglect.

Tier 4

Is this child in need or vulnerable – What is this child's vulnerability? What is it that they are in need of?

This could be a level of complex needs where children may face a range of difficulties that are increasingly challenging.

Tier 3

This child needs to access support from Targeted Early Help Service – What support do you believe they require to be put into place and who from?

When you complete 'impact on the child' please think about the following:-

- What are the contributing factors Think about domestic abuse in the home, substance misuse, mental health, criminality in the home. Does the child look ill, malnourished, what does the home look like?
- What is the immediate **CURRENT** risk to this child: physical, emotional, sexual, neglect?
- What have you seen, heard or been told about this child?
- Tell us what has happened to the child/ren to make you think they are at risk.
- Have you seen the child, what is their presentation?
- Have you spoken to the child? Think about their daily lived experience what has the child told you? What are their concerns? How have they been behaving? What would they like to see change?

4. Previous support and other agencies

There is no need to include details regarding Portsmouth Children Social Care's previous involvement as this information will already be known to MASH

- What has worked well and what has not worked well in trying to help this family?
- What action have you taken have you spoken to the family, other professionals, your manager, the child. What have you already put in place? Has this had any effect?
- Has a Family Support Plan (FSP) been in place?
- Has a Team Around the Family [TAF] meeting been held? What was the outcome?
- Have referrals been made to other supporting agencies?
- What other professionals are involved? e.g. school/ nursery/ GP practice/ mental health services/ health visitor/ family nurse/probation/ substance misuse services etc.