**MASH Enquiry Form**

Please download this form (click ‘Open in Word’ or ‘Download’). It will not work correctly if you try and complete it online.

**Please read the guidance below prior to completing this form:**

This form is not for members of the public to complete.

If you are a member of the public please contact MASH by telephone on 0345 155 1071

Only complete this referral if you are acting in a professional capacity.

If a child is at significant risk please consider the need to contact the Police and call the MASH, on 0345 155 1071, to ensure that immediate risk of harm matters are not delayed.

If you are calling out of office hours (Monday-Thursday 9-5, Friday 9-4) please contact our Emergency Duty Team, 0345 6000 388 only if the matter is urgent and involves the safety of a child.

MASH enquiries should not be made on Open cases. If in doubt Contact the Customer Service Centre to find out if there is an open case.

If you are aware that there is an allocated social worker do not fill out a safeguarding enquiry form,

contact the allocated social worker or if they are unavailable liaise with the duty social worker.

* [Contact details for Children's social care Local offices](https://new.devon.gov.uk/help/contact-us/local-offices/childrens-social-care/)

Before you complete this enquiry form, if the child isn't at immediate risk and you're unsure how best to support the family please read the links below:

* [Early Help](https://www.devonchildrenandfamiliespartnership.org.uk/workers-volunteers/early-help/)
* [One Minute Guide](https://www.devonchildrenandfamiliespartnership.org.uk/wp-content/uploads/2018/08/One-Minute-guide-to-Early-Help-in-Devon-20.08.18.pdf)
* [Early Help Leaflet](https://www.devonchildrenandfamiliespartnership.org.uk/wp-content/uploads/2018/08/Early-Help-Leaflet.pdf)
* [Quick Guides](https://www.devonchildrenandfamiliespartnership.org.uk/workers-volunteers/early-help/#quick-guides)
* [PinPoint](https://www.pinpointdevon.co.uk/)- for voluntary or community resources in your locality
* [Children's Centres](https://new.devon.gov.uk/educationandfamilies/early-years-and-childcare/childrens-centres)

# Data Protection

Devon County Council will act as the data controller for any personal data that you provide to us. We will ensure that the data is processed under the Data Protection Act 2018, more information about how we do this is available in the [MASH Privacy Notice](https://new.devon.gov.uk/privacy/privacy-notices/privacy-notice-for-mash/)

# Confirmation

1. I confirm I have read the Data Protection information above

Choose an item.

# Checklist

To prevent delay, where the situation presents imminent or immediate risk to the child (significant risk of harm) and your assessment is that this is an urgent child protection enquiry please ring the MASH consultation line 0345 155 1071

1. Are you a local authority transferring a case?

Choose an item.

If “Yes”:

If this a transfer of a child protection case don't fill in this form. Instead email: multiagencysafeguardinghubsecure-mailbox@devon.gov.uk

For "Child in Need" cases please consider how the Early Help services in Devon (Early Help Offer) can help. Refer to [Devon Children and Families Partnership webpage](https://www.devonchildrenandfamiliespartnership.org.uk) to find out more about the Early Help Offer in Devon.

1. Have you been advised to complete this form via MASH consultation?

Choose an item.

If “No”:

If you haven’t completed an Early Help Assessment, please ensure you have checked Right for Children and liaised with the lead practitioner for the family. Refer to [Devon Children and Families Partnership webpage](https://www.devonchildrenandfamiliespartnership.org.uk) and Early Help Offer in Devon.

Devon County Council is committed to offering extensive services through [Children's centres](https://new.devon.gov.uk/educationandfamilies/early-years-and-childcare/childrens-centres) for all children up to the age of 8.

1. If 2. is “Yes” Name of MASH worker?

Click or tap here to enter text.

1. Please select the **predominant** reason for this enquiry

Choose an item.

1. If you have selected Domestic Violence Have you also completed a Multi-Agency Risk Assessment Conference (MARAC) / Channel Panel / MACSE form?

Choose an item.

1. If 5. is “Yes” MARAC date / Channel Panel date

Click or tap to enter a date.

1. Are you the Safeguarding Lead or the manager of your team?

Choose an item.

1. If your answer to Question 7 is “No” Have you discussed this with your Safeguarding Lead or your manager?

Choose an item.

If “No”:

Unless there is an urgent risk to the child in most circumstances your organisation may have expected you to speak to your Safeguarding Lead or manager.

1. If your answer is “Yes” Date of discussion with Safeguarding Lead or your manager

Click or tap to enter a date.

1. If “No” Have you checked [Right for Children](https://www.qes-online.com/Devon/eCAF/Live/Login) to see if the child is known and there is a lead professional?

Choose an item.

Right for Children is Devon's Early Help IT system. Please direct all questions related to the Right for Children IT System to: rightforchildren@devon.gov.uk

1. Have you attended a Local Practitioner Forum?

Choose an item.

1. If “Yes” Date of Local Practitioner Forum:

Click or tap to enter a date.

1. Have you held a Team Around the Family meeting?

Choose an item.

# Team Around the Family Information

1. Date of Team Around the Family meeting:

Click or tap to enter a date.

1. Have the parents engaged with the Team Around the Family process?

Choose an item.

1. Details of any other agencies involved in the Team Around the Family process.

How many other agency details do you wish to record?

Choose an item.

Open below as many records as required:

# TAF Agency Involved – Record 1

1. Name of Agency: Click or tap here to enter text.
2. Contact Name: Click or tap here to enter text.
3. Contact Telephone Number: Click or tap here to enter text.
4. Contact Email Address: Click or tap here to enter text.
5. Lead Professional?

Choose an item.

# TAF Agency Involved – Record 2

1. Name of Agency: Click or tap here to enter text.
2. Contact Name: Click or tap here to enter text.
3. Contact Telephone Number: Click or tap here to enter text.
4. Contact Email Address: Click or tap here to enter text.
5. Lead Professional?

Choose an item.

#  TAF Agency Involved – Record 3

1. Name of Agency: Click or tap here to enter text.
2. Contact Name: Click or tap here to enter text.
3. Contact Telephone Number: Click or tap here to enter text.
4. Contact Email Address: Click or tap here to enter text.
5. Lead Professional?

Choose an item.

#  Details of Enquirer

1. Full Name: Click or tap here to enter text.
2. Agency: Click or tap here to enter text.
3. Role:

Choose an item.

1. Relationship to Child:

Choose an item.

1. Email Address: Click or tap here to enter text.
2. Telephone Number: Click or tap here to enter text.

Please provide the name of another person who is aware of this enquiry and can answer any questions relating to it in your absence (i.e. Supervisor, Safeguarding Lead, Colleague)

Alternative Contact Full Name: Click or tap here to enter text.

Alternative Contact Telephone Number: Click or tap here to enter text.

# Parental Consent

If you have a concern about a child it is your responsibility to speak to a parent or person with parental responsibility for the child before making a referral to the MASH (Article 8 of the European Convention on Human Rights – respect for a private and family life).

Their consent or lack of it, has a significant impact on our ability to respond. Consent is not required if specific child protection needs have been identified or if asking parents or individuals with parental responsibility for consent puts a child at risk of harm or distress.

If the child is aged 13 and over they should be asked to provide their own consent.

Where consent is required, individuals should also be informed that they have the right to ask for their consent to be withdrawn at any time, as long as child protection thresholds have not been reached.

1. I have spoken to the child's parents/carers about my concerns, making it clear I wish to make a MASH enquiry

Choose an item.

If “Yes”

For parents, people with parental responsibility or carers they must understand that personal data provided to the MASH may be shared with other services in the County Council such as domestic violence and abuse, early years and education services, and with partner organisations such as Devon and Cornwall Police, District Council housing departments, and health organisations.

Devon County Council will act as the data controller for any personal data that you provide to us. We will ensure that the data is processed under the Data Protection Act 2018, more information about how we do this is available in the [MASH Privacy Notice](https://new.devon.gov.uk/privacy/privacy-notices/privacy-notice-for-mash/)

1. If “Yes” The child's parents/carers have...

Choose an item.

1. If “No” I have not spoken to a parent or person with parental responsibility for the child as to do so would/may put the child at risk of harm (Working Together 2018; allegations of sexual abuse/significant physical abuse or neglect)

If 2. is “NOT given consent” OR If 3. is “No”:

You need to undertake this task.

Getting parental consent has a significant impact on our ability to respond, particularly if specific child protection needs have not been identified. As the enquirer, it is your responsibility to speak to the parent or carers about your concerns. (Article 8 of the European Convention of Human Rights – Right to respect for private and family life.) We need you to seek consent from parents or carers when making an enquiry where this does not put the child at risk of harm.

# Child/Young Person’s Consent

It is your responsibility to speak to the child/young person about your concerns before making an enquiry to the MASH. Children have the same data protection rights as adults over their personal data and can exercise those rights, including being asked for their own consent, as long as they are competent to do so.

If the child or young person is under the age of 13 or is not considered competent, consent should still be sought from a parent or person with parental responsibility to exercise their rights on their behalf, unless this puts the child/young person at risk of harm.

1. Is the child aged 13 or over?

Choose an item.

1. If “Yes” I have spoken to the child/young person about this enquiry?

Choose an item.

1. If 1. is “Yes” They have given me consent to make this enquiry?

Choose an item.

1. If “No” The reason I have not spoken to the child/young person:

Click or tap here to enter text.

# Details of Child/Young Person

1. First Name: Click or tap here to enter text.
2. Surname: Click or tap here to enter text.
3. Also known as: Click or tap here to enter text.
4. Date of Birth or Expected date of delivery: Click or tap to enter a date.
5. Age: Click or tap here to enter text.
6. Address: Click or tap here to enter text.
7. Postcode: Click or tap here to enter text.
8. Telephone Number: Click or tap here to enter text.
9. Gender

Choose an item.

1. Religion

Choose an item.

1. Ethnicity

Choose an item.

1. Disability

Choose an item.

1. If your answer to 12. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If “Yes” Language:

Choose an item.

1. National Health Service Number: Click or tap here to enter text.
2. Unique Pupil Number: Click or tap here to enter text.

# Parent/Carer & Significant Family or Household Members Information (including siblings)

Include any non-family member who has a key role or acts as a trusted adult.

1. How many people do you wish to record?

Choose an item.

Open below as many records as required:

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 1

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 2

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 3

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 4

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 5

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 6

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 7

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 8

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 9

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# Parent/Carer & Significant Family or Household Members Information (including siblings) – Record 10

1. Full name: Click or tap here to enter text.
2. Date of Birth: Click or tap here to enter text.
3. Age: Click or tap here to enter text.
4. Relationship to child/young person

Choose an item.

1. Main Carer?

Choose an item.

1. Parental responsibility?

This is meant in the legal sense, it is better to say “unknown” than incorrectly say “yes”.

Choose an item.

1. Address (if different to child): Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Disability:

Choose an item.

1. If 10. is “Yes” Please select all that apply

[ ] autism or aspergers

[ ] behaviour

[ ] consciousness

[ ] diagnosed mental health condition

[ ] hand function

[ ] hearing

[ ] incontinence

[ ] language

[ ] learning

[ ] mobility

[ ] other disability

[ ] personal care

[ ] speech

[ ] vision

1. Proficiency in English

Choose an item.

1. If 12. is “Basic” or “None” Interpreter required (including sign language)

Choose an item.

1. If 13. is “Yes” Language

Choose an item.

# People Outside Household

1. How many people do you wish to record?

Choose an item.

Open below as many records as required:

# People Outside Household – Record 1

1. Full name: Click or tap here to enter text.
2. Relationship to child/young person:

Choose an item.

1. Address: Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Do you consider this person poses a risk to the child/young person?

Choose an item.

1. If 6. is “Yes” Does this individual have a relevant criminal conviction?

e.g. is a high risk offender, subject to Sexual Offences Prevention Order (SOPO) or Multi-agency public protection arrangements (MAPPA)

Choose an item.

1. Please select the predominant reason the person poses a risk to the child/young person

Choose an item.

# People Outside Household – Record 2

1. Full name: Click or tap here to enter text.
2. Relationship to child/young person

Choose an item.

1. Address: Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Do you consider this person poses a risk to the child/young person?

Choose an item.

1. If 6. is “Yes” Does this individual have a relevant criminal conviction?

e.g. is a high risk offender, subject to Sexual Offences Prevention Order (SOPO) or Multi-agency public protection arrangements (MAPPA)

Choose an item.

1. Please select the predominant reason the person poses a risk to the child/young person

Choose an item.

# People Outside Household – Record 3

1. Full name: Click or tap here to enter text.
2. Relationship to child/young person

Choose an item.

1. Address: Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Do you consider this person poses a risk to the child/young person?

Choose an item.

1. If 6. is “Yes” Does this individual have a relevant criminal conviction?

e.g. is a high risk offender, subject to Sexual Offences Prevention Order (SOPO) or Multi-agency public protection arrangements (MAPPA)

Choose an item.

1. Please select the predominant reason the person poses a risk to the child/young person

Choose an item.

# People Outside Household – Record 4

1. Full name: Click or tap here to enter text.
2. Relationship to child/young person

Choose an item.

1. Address: Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Do you consider this person poses a risk to the child/young person?

Choose an item.

1. If 6. is “Yes” Does this individual have a relevant criminal conviction?

e.g. is a high risk offender, subject to Sexual Offences Prevention Order (SOPO) or Multi-agency public protection arrangements (MAPPA)

Choose an item.

1. Please select the predominant reason the person poses a risk to the child/young person

Choose an item.

# People Outside Household – Record 5

1. Full name: Click or tap here to enter text.
2. Relationship to child/young person

Choose an item.

1. Address: Click or tap here to enter text.
2. Contact Telephone Number: Click or tap here to enter text.
3. Email Address: Click or tap here to enter text.
4. Do you consider this person poses a risk to the child/young person?

Choose an item.

1. If 6. is “Yes” Does this individual have a relevant criminal conviction?

e.g. is a high risk offender, subject to Sexual Offences Prevention Order (SOPO) or Multi-agency public protection arrangements (MAPPA)

Choose an item.

1. Please select the predominant reason the person poses a risk to the child/young person

Choose an item.

# Reason for Enquiry

For the following questions please try to keep your answers short and clear.

To explore the Early Help Offer in Devon refer to the [Devon Children and Families Partnership webpage](https://www.devonchildrenandfamiliespartnership.org.uk/)

1. Outline the risks to the child that warrant statutory Children's Social Care Assessment and Intervention. MASH enquiries only need to be completed where the situation presents as an acute or chronic risk to the child (significant risk of harm). If in doubt or this is an urgent child protection enquiry please ring the MASH consultation line.

What are the risks and impacts on the child(ren)?

Click or tap here to enter text.

1. What action have you taken to address the risk?

Click or tap here to enter text.

Have you considered if any of the voluntary or community resources can help to reduce the risk? See <https://www.pinpointdevon.co.uk/> for services in your locality.

1. Outline resilience and protective factors.

Click or tap here to enter text.

1. What changes would you need to see in the family to be assured that the risk of harm has reduced?

Click or tap here to enter text.

1. Views of the child

Click or tap here to enter text.

1. Views of the parent

Click or tap here to enter text.

1. Did you have anything else you wanted to share with us?

Choose an item.

1. If “Yes” Please add your additional comments below.

Click or tap here to enter text.

# Guidance Note

Thank you for completing this enquiry.

Once you have completed and checked this enquiry please send to: multiagencysafeguardinghubsecure-mailbox@devon.gov.uk

Do not forget to save this document as your record of this contact please be mindful of Data Protection legislation and ensure that the record is held in a secure environment.

You may have other evidence you wish to share (in the form of attachments), i.e. body map. The MASH team will contact you after this form is received to arrange transfer of any additional files.