Contact received by MASH. Assessment made

₹**y**

Concerns substantiated but child not thought to be at risk of significant

harm. Assessment under section 17 of children act or an Early Help
Assessment or Concerns not substantiated + child not thought to be at risk of significant harm. If no further LA involvement, inform referrer. Health professionals continue monitor child and re-refer to MASH as needed



Concern substantiated +child may be at risk of significant harm

Strategy meeting

- Urgent strategy meeting if immediate protection might be needed
- Children's Services lead on child protection response
- Police lead on criminal investigation
- Responsible consultant leads on health care for child and the health interpretation of the case. If no responsible consultant involved, see flowchart 1.
- The timing and location of strategy meetings to take account of the availability and location of the responsible paediatrician as they (or their senior health representative who is familiar with the case) will be required to attend
- A Named or Designated Health professional should

Child may be at risk of significant harm -Section 47 enquiry +/- police investigation

- Police lead any criminal investigation.
- Core assessment led by Children's Services including co-ordinating all agency chronologies
- Health chronologies gathered with comments from Trust safeguarding teams (+/- sibling chronologies)
- Responsible Consultant reviews chronologies and produces a report explaining their findings and opinion

Child thought to be at risk of significant harm Initial child protection case conference Timing and location of case conference to consider availability and location of the responsible paediatrician

Review case conferences Child Protection Plan if child at risk of significant harm. Core assessment continues.

Review CPCs as needed

Immediate protection
required e.g. suspected
poisoning or suffocation,
frank deception, (e.g. charts
falsified, specimens
contaminated) or concerns
that open discussion with

parents will lead them to

further harm the child.

Safety of child and any siblings to be considered

Secure potential evidence e.g., feeding tubes, giving sets, blood or urine samples

Children's Services, police and health response agreed including who will speak to parents and when

Agree who will be the responsible Consultant (or how referral will be made). Advice from named or designated health professionals as needed.