

Children and Young People Safeguarding Referral Procedure

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1. Introduction

Anyone who has concerns about a child or young person's welfare can make a referral to the [Children and Families HUB](#). Referrals can be made from a child or young person themselves, practitioners, family members and members of the public. Children's Social Care has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.

The child or young person themselves, practitioners, family members and members of the public may also call the [Children and Families HUB](#) for advice and guidance if they are unsure about how concerned they should be.

Children's Social Care has the responsibility of clarifying with the referrer the nature of the concerns and how and why they have arisen.

2. Scope

This guidance is for all practitioners (paid or unpaid) who work with children (including the unborn child), those who work with adults who are parents/carers and who therefore hold responsibility for safeguarding and promoting the welfare of children.

It is intended to be read alongside the [Children and Young People \(Jersey\) Law 2022](#),

corresponding [Statutory Guidance](#) and the Jersey Children's First Framework (JCF).

Practitioners must follow The Statutory Guidance in respect of sharing information and the

[Data Protection \(Jersey\) Law 2018](#). See also [SPB Child Protection Procedures](#). Access here

[Guidance and training for Jersey's Children First including the statutory guidance training](#).

3. Consultation Service

The Children and Families Hub Triage Team, includes a Multi-Agency Safeguarding HUB (MASH) Decision Maker. The MASH Decision maker offer a consultation service for professionals who may be unclear on what action they should take or who need support/guidance. The advice may include information about a range of services including voluntary and community sector if there is need for support.

If through the consultation a health, development or safeguarding welfare need is identified guidance will be given about submitting a request for support and how to involve parents.

Practitioners contacting the Hub cannot remain anonymous when seeking advice around safeguarding and any children discussed must be identified to ensure accurate and effective advice is provided.

4. Submitting a Request for Support

E-mail information from agencies must be transferred using secure, work-based e-mail not from home computers unless there is agreed remote access.

A request for support with safeguarding concern must always identify clearly whether there are concerns about the risk of or likelihood of significant harm from abuse or neglect. It must also include: -

- The foundation of the concerns.

- Whether the child or young person may need urgent action to keep them safe from harm.
- Whether emergency action is required to protect them.
- Whether action is required to protect other children or young people in the same household, in the household of an alleged perpetrator or elsewhere.

The Referrer will have the opportunity to discuss their concerns with a member of the Children and Families Hub Triage Team. The request for support form asks for information on (where known): -

- The voice, words, experience of the child
- The views of the child's parents (where appropriate)
- Details of all child/ren or young people in the household (full names, including aliases/known as and spelling variations), date of birth, gender, disabilities, ethnicity, and religion).
- Family address.
- Details of other family and household members, including their relationship to the child and those with [Parental Responsibility](#).
- Details of significant people not living in the household, including their relationship to the child and those with parental responsibility.
- Agencies involved with the child and family including early years setting or school and GP.
- Specific communication needs.
- Any known health needs and medical diagnosis
- What they are worried about.
- Any pre-existing Assessments such as Early Help Assessment in respect of the Child(ren).

- Any known capacity needs of the parents/carers.
- What is going well for the family, steps already taken to protect or support and resources / services already in place.
- What needs to change and what support is needed.

This information may not be available at the time of making the request for support. This must not delay the referral where further steps will be taken to collect information if the child or young person is at risk of significant harm and this information is not known.

[What happens to your request for support?](#)

When the Children and Families Hub Triage Team receive a [Children and Families HUB](#) request for support form, the team will check whether the child or young person is already known to Children's Social Care and whether they currently have an open case and allocated social worker.

If the case open to Children's Social Care the request for support will be passed directly to the child's allocated social worker with a shared understanding of action required to time scale commensurate to risk. On agreement if there is no further action from the [Children and Families HUB](#) Triage Team and/or MASH. This will be relayed back to the referrer.

Where a referrer is not in agreement with an outcome they must raise their concern following the [SPB Resolving Professional Difference/Escalation Policy](#).

If the child is known to Children's Service with case closure within the last three months, the Children and Families HUB Triage Team will consider whether the request for support should be shared with the last allocated Children's Social Care Team Manager for consideration of intervention required. On assessment of risk and an agreed understanding around the action required, the case will progress with the already allocated social work team manager or last allocated children's social worker, where there will be no further action from the Children and Families HUB Triage Team.

If there is no current or recent intervention from Children's Social Care and the Children and Family Hub's Triage Team determines the child or young person has a health, development or their welfare needs safeguarded then the request for support will be processed within MASH (see SPB Jersey - [The Continuum of Children's Needs](#)).

The MASH Decision Maker will task specific partner agencies for any relevant, chronological information they hold about the child/young person and associated adults. The Decision Maker will apply a [RAG rating](#) to the request for support which will determine the level of concern and the timeframe in which agencies are required to return their information. The RAG rating may be changed as added information is received.

Safeguarding Partner agencies are tasked a MASH Template: -

- Each agency (i.e., health, education, and police), produce their own tasking form.
- Single agencies have single agency process in place to meet the need for return of MASH Template to timescale.
- The practitioner in MASH associated with the agency i.e., Health MASH to Health Services, Education MASH to Education services sends the relevant tasking form with identified, rag rating and time scale for return.
- The Tasking Form should be completed by a practitioner with safeguarding experience and training to enable analysis of risk.
- The tasking form must be returned in the time scale set by the MASH Decision Maker.
- The MASH Triage team lead by the MASH Decision maker, make further timely assessment with the information received to determine the level of actual or potential risk/harm and decide the appropriate action to be taken to safeguard the child/young person and promote his/her welfare, wellbeing, health or development need.
- In cases of urgent or high risk, strategy discussion/meeting will happen in parallel to protect children from risk of immediate harm and this may be before information is fully collated from partner agencies (please see section 5 – Rag Rating).

It is the responsibility of the MASH Agency representative to gather the information and support the professional to adhere to the following guidelines. The following is practice guidance for conducting this research:

Overarching principles of information sharing apply (following Guidance on Best Practice in Information Sharing) and should include:

- The voice, actual words, and experience of the child(ren).
- Child's views or feelings on recent incident
- A trauma informed lens on the child's presenting behaviours and the analysis of what these may mean.
- The day in the life of the child, and their daily presentation
- The views of the child(ren) parents/carers
- Evidenced based and focused information on the needs and risks to the child(ren) in the household.
- Caution around over focussing on the parent/carer or language used to defend.
- Cultural competence, inclusive comment which avoids judgement.
- No use of jargon, abbreviations, or acronyms (if they must be used, they should be written in full and explained).
- Medical diagnosis written in full, with explanation of what this means for the child?
- Be clear in what you are saying – *"Say it how it is not how it isn't."*
- Be explicit about the level and nature of the harm the child has or is likely to suffer e.g., what is the nature, intensity, and duration of this harm? Is it significant?
- Where physical, sexual abuse, emotional abuse or neglect is concerned use the words and state clearly, *"I believe this child has suffered or is likely to suffer e.g., physical, sexual abuse becauseof what you have been told, been concerned about due to presenting behaviours, witnessed or heard"*?

- Identification and analysis of the risk to the child from your professional agency's perspective, the reason for your agencies involvement and any risk they may have been dealing with.
- What your agency would want to see achieved for this child and what role or responsibility your agency has in enabling the child(ren) to achieve this?
- Outcome focused action already taken or required – considering, reviewing, and recording the impact of your agencies work on improving the outcomes for the child (ren) of their parents/carers and if the achieved change has been effective on improving and making a difference to the child or young person's lived experience.
- Any risk assessment tools scoring, and actions taken by your professional agency, for example Graded Care Profile, Child Exploitation Tool Kit
- What the child requires to achieve improved outcomes in their welfare, health, development, and wellbeing,

Note: Whilst gathering the child's views about their situation and any recent incidents is important, professionals need to be careful not to 'question' a child about issues which may later be covered in a formal investigation by Police and/or Children's Social Care. This shared information is where it is known and should not be sought. Where not known this should be stated so there is no delay in the return of the tasking form which must be returned in the time scale identified and in line with the RAG rating.

5. RAG Ratings and Response Time

RED Rating – applied to Enquiries where there appears to be urgent risk of significant harm or high-risk safeguarding concerns which require immediate action to ensure the child/young person's safety and welfare. Partner agencies return their information at least within a 4- hour timescale to allow decisions to be made within 4 hours of the risks being identified.

Parallel actions will be taken within the 4-hour time scale where required as where an immediate response is required, the Police Public Protection Unit (PPU) and relevant Children's Social Care Team will be advised. The details of the request for support will be shared and the MASH research will be collated simultaneously to any active Police/Children's Social Care response. Where any subsequent information gathered will be further shared.

AMBER Rating – applied to requests for support where there are significant concerns for a child/young person's safety and welfare, but immediate action is not required to ensure their safety. Partner agencies return information at least within one working day (24 hours from being tasked). Where this happens on a Friday then the tasking returned the next working day. Where the MASH Decision maker and the MASH Triage Team will determine actions required to protect and safeguard the welfare of the child (ren)

GREEN Rating – is applied to requests for support where needs can be managed through formal support the [JCF Children's Framework](#) and through a 'team around the child/family' plan or by a single agency. Requests for Support considered to be Green will not be progressed through MASH.

The MASH Decision Maker will review the multi-agency information to determine the most proportionate response to the child or young person's needs. They will consider how the information fits with [The Continuum of Children's Needs](#).

- If the request is ragged 'Red' and there is either concern the child or young person is at risk of significant harm. MASH will refer immediately to the Children's Social Care Assessment and Support Team and a Strategy Discussion will be held between a Multi-Agency of Practitioners from Children Social Work, Police, Health and Education to determine the most appropriate response.
- If the Decision Maker concludes that there are considerable or complex needs which require further social work exploration. A referral will be made to the Children's Social Care for consideration of undertaking a Health and Development Wellbeing Assessment (see SPB Jersey [Assessment Procedure](#)).

- Where consideration will then be given to the need to call a Strategy Discussion/Meeting to determine the need for an [Article 42 Enquiry](#), where consideration will also be given to the need to follow the [Child Protection Medical Pathway and/or Child Sexual Abuse Medical Pathway](#).

In either of these cases, a social worker must see the child or young person as soon as possible. Within a minimum of 5 working days from the MASH Enquiry (or within 1 day if under 3 years); the child or young person's needs and safety always remain paramount.

If an e-mail enquirer has not received an automated response immediately, they should contact the Children and Families Hub to ensure receipt. Receipt of requests for support from the public that are made by telephone will be confirmed by e-mail or telephone as appropriate.

6. Outcome of Request for Support

For requests that are triaged to MASH. The referrer will receive a confirmation of receipt of the request for support and feedback about the initial decision within 24 hours.

Requests for support may lead to the following outcomes:

- No additional support needs identified.
- Signposting, advice, and guidance.
- Direct family work allocated to a Family Partnership Worker / Family Mentor.
- Recommendation of single agency support.
- Recommendation of multi-agency Early Help with a partner agency lead worker.
- Recommendation of multi-agency Early Help with a Family & Community Support lead worker.
- Referral to Children's Social Care for Assessment.

- Support declined by family, where a Child, Young Person or Parent/Carer declines support, there must be consideration made to whether this raises the risk to the child and whether a repeat Children and Families Hub referral is required to assess if this increases risk.

The Referrer will receive feedback on the outcome of their request for support by e-mail, telephone, or letter as appropriate.

7. Supervision

Practitioners should have access to regular [Internal Agency Safeguarding Supervision](#).

Agencies should consider multi-agency reflective supervision where cases are complex, stuck or drifting.

8. Resolving Professional Difference/Escalation

Professional challenge should be welcomed and partnership working depends on resolving professional difference and conflict as soon as possible. Where staff experience professional differences, they must follow the [SPB Resolving Professional Difference/Escalation Policy](#).

Further Information

[Article 4](#) cooperation to promote wellbeing Children and Young People (Jersey) Law 2022

[Article 5](#) Where it is necessary to share information about a child to help safeguarding their welfare. Children and Young People (Jersey) Law 2022. You may share the information without consent as the right to private life is being interfered with lawfully, in a way that is proportionate to achieving a legitimate aim - the protection of health.

[Article 2](#) [Overriding Objective of the law](#) Children and Young People (Jersey) Law 2022

[Article 13](#) Health and Development Need Children and Young People (Jersey) Law 2022

[Article 28](#) Children and Young People (Jersey) Law 2022), you may share the information without the consent of the individual whose information is being shared, if you consider

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the information is necessary to fulfil functions related to this purpose and if there is a legitimate aim for doing so, such as the protection of health.

Government of Jersey [Children and Young People \(Jersey\) Law and the commensurate Statutory Guidance](#)

Government of Jersey [Children's First Framework](#)

Government of Jersey [Children First Training and guidance](#)

Government of Jersey [Children and Young People's Plan](#)

[Discrimination Jersey Law 2013](#)

Government of Jersey [Participation Standards for Children and Young People](#)

Children's Commissioner for Jersey [Making Children's Rights a Reality in Jersey: A Children's Rights Approach](#)

Amendments to this Chapter

In March 2024, this chapter was updated throughout and to align with the Children and Young People (Jersey) Law 2022, and the commensurate Statutory Guidance. Updated to include the JCF Framework. This chapter also links to updated SPB Core Procedures all of which were updated in 2024 and should be re-read.