



Guernsey & Alderney
Multi-Agency
Support Hub



MASH

An Integrated Front Door
Approach to Early Help
& Safeguarding

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Introduction 3

The MASH an Integrated Front Door Approach to Early Help & Safeguarding 4

Key Aims and Principles of the MASH 5

The MASH Team & Referral Pathway to Early Help 7

Screening of Contacts and the Decision-Making Process in the MASH 13

Consent & Information Sharing 16

Decision Making for Referral across Level 2, 3 & 4 of the Threshold 19

Step Up Process from Early Help to Children & Family Community Services Statutory Involvement 32

Contextual Safeguarding 33

Resolution of Professional Disagreement Escalation Policy 34

Governance 35

Multi-Agency Risk Assessment Conference – MARAC 36

Out of Hours Protocol 37

Introduction

The Bailiwick of Guernsey has introduced a new integrated front door approach to the Multi Agency Support Hub (MASH). This revised approach brings together Children & Family Community Services with the aim of ensuring children and young people receive the right support at the right time. The MASH will ensure all enquiries and referrals are triaged upon receipt and directed to the appropriate services to support in providing a seamless process with children receiving a service proportionate to their needs in a timely way.

Having a dedicated triage hub within the MASH, focusing on the enquiries and referrals at first point of contact, will ensure processes are more effective and efficient with the services delivered and provide better support to referrers.

This revised approach brings Early Help services in one place which facilitates better-quality information sharing, analysis and decision making to ensure support needs are met and children are safeguarded.

An Early Help Coordinator & Team Around the Family Adviser based in the MASH responds to referrals at Level 2 of the Threshold through Early Help consultation, providing advice and guidance to agencies about the Early Help Assessment and Team Around the Family meeting processes and signposting to Family Support Services. Family Support Services' focus is to provide effective Early Help interventions and signposting to community resources.

The Family Support Services website can be found [here](#).

The MASH an Integrated Front Door Approach to Early Help & Safeguarding

Information sharing is a vital part of multi-agency working, as it enables professionals to make timely and informed decisions based on accurate, up to date information. This in turn ensures that families are referred to the most appropriate services and resources so that they receive help as early as possible. Safeguarding children requires a high level of inter-agency co-operation and information sharing to build an accurate picture of the child's life and to identify needs, risks, and harm.

The MASH will provide:

- Advice and guidance to professionals, members of the public and parents/carers which could include signposting to appropriate support services.
- A coordinated approach to accessing Early Help where issues are first emerging, and needs cannot be met by universal services.

The MASH is a single access point providing advice, information and support for all children and young people who may need extra help or who are vulnerable and at risk of harm. The MASH enables access to the right help at the right time, as well as supporting professionals to work in an integrated way with children, young people, and their families.

Key Aims and Principles of the MASH

The MASH is a single access point providing advice, information and support for all children and young people who may need extra help or who are vulnerable and at risk of harm. The MASH enables access to the right help at the right time, as well as supporting professionals to work in an integrated way with children, young people, and their families.

It aims to significantly improve the sharing of information between agencies, improve decision making by taking a holistic view, therefore helping to prevent harm early on and protect the most vulnerable children from harm, abuse, and neglect.

The MASH aims to ensure that:

- All safeguarding referrals are dealt with in a timely and effective manner.
- Thresholds for services as set out in the Islands Safeguarding Children Partnership Threshold Framework document are consistently applied and understood across agencies.
- Families are referred on to the most appropriate service at the first point of contact.
- Partner agencies are confident they can share information safely and securely where appropriate, to develop an understanding of a family's situation to ensure the right level of support is offered and where necessary, immediate safeguarding actions taken.
- Children's lived experiences are sought to be understood right at the front door and the child's voice is included.
- Parents and carers input is sought and recorded.
- Protective factors and family support networks are identified and considered.
- Repeat referrals are identified and considered cumulatively.
- Previous support and interventions provided are always taken into consideration.
- Decision-making for families is streamlined and transparent and referrers are clear regarding the outcome of the referral.
- The need for compulsory or statutory intervention is identified and actioned at the earliest opportunity
- Information sharing is lawful and maintains any duty of confidentiality owed to the family by an agency. Information shared by the MASH team members is likely to be sensitive in nature and

will have been gathered for different purposes but can only be shared within the MASH to develop an understanding of the needs of a family or to safeguard a child, and no further use can be made of the information.

- Information is only shared with a third party if the person to whom the information relates consents. Information may be shared without consent if it is in the public interest to do so and where there is a risk of significant harm occurring
- Each employee of the States and all other persons, share information and work together whilst they are working with any child who they believe is in need, or at risk as required by Section 27 of the Children (Guernsey and Alderney) Law 2008.

The MASH Team Structure & Referral Pathway

The MASH Team & Partner Agency Representatives

Team Manager
Deputy Team Manager
Social Workers
Health Representative
Early Help Coordinator & TAF Adviser
Police
Education Representatives
CAMHS
SAFER
Administrators

The MASH Team & Partner Agency Representatives: Involvement and Roles

The Duty Social Worker has a key role in screening enquiries and referrals and those referrals meeting Level 1 or 2 Threshold will be triaged to Family Support Services via the Early Help Coordinator and Team Around the Family Adviser. Effective screening takes place alongside partner agencies to ensure information is shared effectively to achieve the most appropriate outcome for a family.

For those children where the threshold is not clear from the initial screening, or the concerns are at Level 3 or Level 4 of the Threshold, or it appears that the question of compulsory intervention may arise, the referral will be triaged to the Duty Response Team who are social work qualified. The Duty Response Social Worker will undertake additional tasks which could include further agency checks, social work visits, strategy meetings and Child Protection Investigations, dependent on the level of risk and need.

The MASH Manager or Deputy Manager will review the Duty Social Workers recommendation and where appropriate the case will be discussed at the weekly allocations meeting with consideration for transfer to the Child in Need Team or Children’s Safeguarding Team for further assessment.

The Duty Response Team also respond to information requests from partner agencies where a child is not open to Children & Family Community Services. These include requests such as agency check requests. Additionally, they attend MARAC meetings, hospital liaison meetings, undertake a contextual safeguarding lead role and attend ASET.

The Public Protection Unit (PPU) acts as an integral link between the Police and the MASH, addressing all safeguarding issues. The PPU oversees the handling of all referrals related to safeguarding, ensuring any intelligence received by the Police is disseminated to relevant agencies. Safeguarding concerns that are pinpointed are communicated to the MASH. Moreover, the Police play an advisory role in evaluating the risk assessments for referrals concerning child exploitation.

The Early Help Coordinator and Team Around the Family Adviser role is to contact referrers/parents/carers to advise of relevant Level 2 Threshold interventions. They have a key role in aiding an understanding of the Early Help Assessments & Team Around the Family Process. They also support with the delivery of face to face and online Early Help Assessment & Team Around the Family training to partner agencies.

The MASH Education Representative supports social workers to gather information from schools or the education data base as well as capturing the voice of the child and views of the family when requested and to attend strategy meetings on a school’s behalf if they are unable to attend. Their knowledge contributes to the risk assessment and decision making of referrals received into the MASH, as well as providing a link between the MASH and education for communication and updates.

Child & Adolescent Mental Health Services (CAMHS) attend the MASH once a week to provide information, advice, and guidance on triages where mental health regarding the children and young people is pertinent. They also provide information during the screening process if the family are working with CAMHS service.

SAFER attend one day a week to support in managing risk and actions required where domestic abuse features. The worker will provide information relating to MARAC and will be a link between the MASH and the wider SAFER service including refuge, CYPVA and IDVA.

The Children’s Convenor may be invited to attend when the question of compulsory intervention arises or where children are known to the Convenor.

Family Support Services (Early Help & Targeted Provision)

- Team Manager
- Deputy Manager
- Functional Family Therapy Clinical Supervisor
- Functional Family Therapists
- Family Response Intervention Worker
- Volunteer Coordinator
- Early Intervention Practitioners
- Family Community Connector

Family Support Services: Roles and Responsibilities

Family Support Services receive referrals via the Early Help Coordinator & TAF adviser at Level 2 of the Threshold. Family Support Services provide a range of early help interventions which are outlined below.

Early Intervention Practitioners (EIPs) complete all Early Help Assessments except for capacity issues causing significant delays and under these circumstances other partner agencies will be approached to assist. The assessment aims to capture the child and family's needs at the earliest opportunity and is created with the family to gather, explore, and analyse information about all aspects of their family life. This assists to identify strengths and worries or concerns and about what the family and those working with them think needs to happen next to support their needs. Where a multi-agency response is required to meet identified need(s) following on from an Early Help Assessment, the allocated EIP will be the lead professional throughout the TAF process. The EIP will facilitate the Team Around the Family meetings where a Family Action Plan will be completed. Early Help Assessments are voluntary and require consent from a family.

Early Intervention Practitioners deliver 'The Centre for Emotional Health Nurturing Programme.' This is delivered in a family's home on a one-to-one basis with the aim of the 10 -12 sessions assisting and empowering parents/carers to improve emotional health of both themselves and their children. Full information about the programme is available on request.

Family Response Intervention Worker provides a range of interventions to assist children and families to develop skills to manage crisis situations, where child to parental aggression is a contributory factor. They offer practical and emotional support and strategies which aim to improve and strengthen family dynamics and relationships. This is a short-term intervention for up to 8-12 weeks guiding parents/carers through the Non-Violent Resistance (NVR) approach.

Functional Family Therapy (FFT) Child Welfare Team deliver an intensive four-to-six-month intervention programme which is designed to support families with children ages birth to 18 where child welfare concerns have been identified. The programme is a family system, cognitive-behavioural therapeutic intervention which addresses abuse, neglect, and associated risk/protective factors.

InOurPlace, Solihull Approach is a comprehensive range of free online courses for all families residing in Guernsey to access. The courses are designed to support families at every stage of their journey, from pregnancy to adolescence to help empower parents and carers to better understand their child's brain development, their behaviours, and develop nurturing relationships. Families can register for these courses via [inourplace | Solihull Approach – Jersey and Guernsey | inourplace](#) and inputting a Guernsey postcode, email address and the access code WELCOME. InOurPlace, Solihull Approach will be advertised across Guernsey and all families will be encouraged to explore the courses.

Family Community Connector role has been developed in collaboration with Health Connections. The aim is to connect families to services which provide early and support as part of a signposting directory initiative.

The MASH Screening of Enquiries and Referrals

This document should be considered in conjunction with the ISCP Threshold Framework Document which outlines the response to the continuum of need and indicators of need. It is important to note that conversations between professionals are central to the MASH approach to screening and decision making.

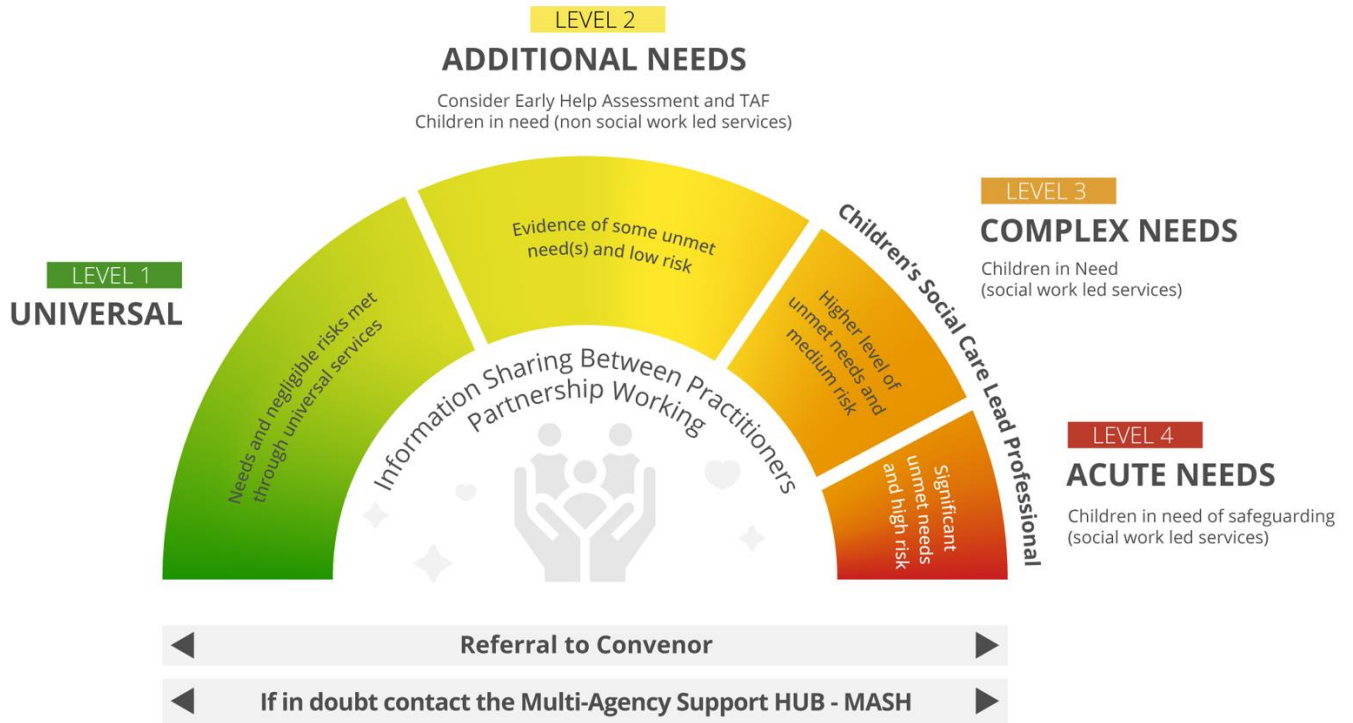
Professionals are encouraged to contact the MASH to begin a conversation about how to support a family in need. The MASH may advise a Multi-Agency Referral Form (MARF) needs to be submitted so that screening can be completed. A MARF should be submitted with the consent and knowledge of parents/carers and advice can be provided regarding seeking consent in instances where this is not felt appropriate. In other instances, the MASH team will either advise and signpost to agencies that may be able to support the family or refer to the Early Help Coordinator & TAF Adviser who will liaise closely with Family Support Services and the Family Community Connector.

The MASH will record any advice provided on MOSAIC. It is still expected the professional consulting with the MASH also record on their own agencies electronic recording system.

Multi-Agency Referral Form (MARF)

Should a professional form the view at this point a referral to the MASH for screening is required the professional must take responsibility to action this by liaising with the family and completing the MARF which is submitted on-line and sent to the MASH by email.

Threshold Framework Continuum of Need & Response



Multi-agency screening upon receipt of the MARF

Upon receipt of a MARF the MASH Team will commence initial screening to determine the level of threshold. Referrals which initial screening indicates are at Level 2 of the Threshold will go straight to the Early Help Coordinator & TAF Adviser to initiate Early Help processes.

Referrals which are initially identified as Level 3 and Level 4 following RAG rating (initial identification of level of need and concern) will be assigned by the Manager/Deputy Manager with directions for the Duty Response Social Worker to complete screening. The social worker will analyse all information received and recommend a final Threshold level and send to the Team Manager for approval.

Screening Process

The process will include screening against the continuum of need and the guidance indicators of need within the ISCP Threshold Framework and will include electronic database and agency checks to establish any current or previous involvement with the family.

The screening process aims to establish:

- The nature of the concern.
- How and why, it has arisen.
- What the child's needs appear to be.
- Whether the concern involves significant harm.
- Whether there is any need for urgent action to protect the child or any children in the household.
- Whether the question of compulsory intervention may arise.

This process will involve:

- Discussion with the referrer.
- Consideration of any existing records.
- Consideration of any previous contacts.
- Information from all other agencies and in accordance with information sharing advice for safeguarding practitioners.

The MASH covers the Bailiwick of Guernsey and Alderney. Referrals for children and their families outside of Guernsey are screened in the same way, against the same threshold of need. Both Early Help and social work interventions are available to be accessed by children and their families in Alderney, however, due to logistical reasons, these plans are agreed on a case-by-case basis. The MASH has regular contact and Alderney has an established social work contact and cover takes place on at least a once monthly basis. For cases where there needs to be an immediate response, a social worker will be allocated and will have contact with the child within 24 hours, where possible, or if not, at the next available time.

Consent & Information Sharing

Consent from the parent or carer should normally be sought however, the Data Protection (Bailiwick of Guernsey) Law, 2017, allows for the sharing of information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm or indeed on those occasions where seeking consent might increase the risk of harm.

- Information sharing should always be 'necessary and proportionate.'
- Information about the child's lived experience and the child's voice should be included.
- Parents and carers' contributions should be included.

If there are indications a child may be at risk of significant harm, the manager may authorise whatever actions are necessary to protect the child or others in the household from significant harm, which may result in the immediate provision of services.

If there is suspicion that a crime may have been committed including sexual or physical assault or neglect of the child, the Police must be notified immediately.

Personal information about non-professional referrers should not be disclosed to the parents or other agencies without the referrer's consent. The parent's consent should usually be sought before discussing a referral with other agencies unless this may place the child at risk of significant harm, in which case the MASH manager should authorise the discussion of the referral with other agencies without parental knowledge or consent. The authorisation dispensing with consent should be recorded with reasons.

Referrers should have the opportunity to discuss their concerns with a qualified social worker. Any information they hold regarding the family that would assist with the decision making should be explored including any strengths and wider family support to aid in decision making. The MASH manager may treat any information as a referral where the Committee's duty to investigate arises or the enquiry may be followed by a referral to the MASH via a MARF.

Multiple Enquiries and Referrals

Any previous enquiries and referrals are considered alongside any new enquiries and referrals. Where it is established, there has been 3 or more in a 12-month period the MASH will consider whether to convene a strategy meeting, progress the case to allocations for a Child and Family Assessment or to consider a referral to the Convenor unless there is a clear rationale as to why not to. The MASH social worker will consider all these cumulatively to ensure families receive the right support and protection when necessary and the social worker will ensure this is made clear within the analysis for the authorising manager. Where a decision is taken not to progress to a Child and Family Assessment a clear rationale of the decision will be documented within the MASH form by the social worker and the MASH manager.

The question of whether compulsory intervention arises will also be considered and where a decision is taken not to refer to the Convenor a clear rationale for this decision will be documented.

Children Referred to the MASH who have been closed to Child in Need & Children's Safeguarding Teams.

Where a child is referred to the MASH and has been closed to the Child in Need or Children's Safeguarding Teams, the MASH screening social worker or manager will review the closure summary and the date the case was closed.

Where the case closure has extended a 10-working-day time frame, the child will be re-opened to the MASH and follow the screening and allocation process within the MASH. Where the case closure is within the 10-day time frame the case will be referred back to the previous team due to the team's recent knowledge and involvement of the child and families' circumstances and there being less likelihood of a reduction in the threshold level of need given the time frame since closure.

Requests for information & Recordings

There is a requirement to receive requests for information from agencies promptly in order to fulfil enquiries within appropriate time frames. All referrals and information gathered are clearly recorded

on a MASH form along with a clear rationale for decision making. These are stored securely in Mosaic electronic recording system.

Decision Making for Referral across Levels 2, 3 & 4 of the Threshold Framework

The MASH screening can be concluded in one of more of the following ways dependent on the identified level of need and risk:

- a. That the child does not appear to meet Level 3 or Level 4 of the Threshold, which will result in one of the following: the provision of information, advice, signposting to Family Support Services via the Early Help Coordinator & Team Around the Family Adviser and/or no further action.
- b. That the child appears to meet Level 3 of the Threshold with a moderate level of need, in which case, the MASH manager, with the consent of the parent/carer, may authorise a Child and Family Assessment to be considered and reviewed within the Child in Need Team.
- c. That the child appears to be a Child in Need with a high level of need which meets Level 4 of the Threshold, which must result in a Child and Family Assessment being offered to the family.
- d. That it is suspected the child is suffering or is likely to suffer from Significant Harm, which will result in a strategy discussion, taking place to decide whether a Child Protection Investigation takes place.
- e. That the question of compulsory intervention arises and the MASH manager considers compulsory intervention may be necessary, which will result in one of the following: a Child and Family Assessment with the consent of the parent/carer; or a referral to the Convenor if the parent/carer does not consent to the assessment.

For safeguarding concerns or immediate safeguarding risks to a child, information must be recorded, and a decision is reached within 4 hours if initially RAG rated red, 72 hours if initially RAG rated amber and 5 days if initially RAG rated green. This process is measured and monitored in real-time by the MASH manager. When deciding about the type of response that is required, the social worker will need to determine if:

- The child requires immediate protection and urgent action is required.
- There is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child assessed under Section 24 of The Children (Guernsey & Alderney) Law 2008.

- The child is identified as ‘in need’ and should be assessed under S24 of The Children (Guernsey & Alderney Law).
- Any services are required by the child and family and what type of services; and to consider if further specialist assessments may be required.
- Compulsory intervention may be necessary.

If there are indications that a child may be at risk of significant harm, the manager may authorise appropriate actions that are necessary to protect the child or others in the household from significant harm, which may result in the immediate provision of services. There should be consideration of whether a strategy discussion for a multi-agency response is required to determine whether there should be a single agency response led by the MASH, or whether this should be a joint investigation alongside the Police.

- Professional referrers should have the referral acknowledged as being received by the MASH. The child and family must be informed of the action to be taken.
- The child should be seen as soon as possible if the decision is taken the referral requires further assessment.
- Children identified as being at risk of immediate or significant harm should be seen on the day of the strategy meeting or within 24 hours.
- Children identified as being ‘in need’ or ‘at risk of compulsory intervention’ should be seen within 72 hours from the time of the case being allocated.
- Where requested to do so by the MASH, professionals from other agencies have a duty to co-operate by assisting Children & Family Community Services in carrying out its social care functions.
- If the decision is the referral meets Level 3 or 4 of the Threshold Framework compulsory intervention may be necessary, the Team Manager will present the child to the weekly Allocations Meeting for referral to Child in Need Team or Childrens Safeguarding Team.

Strategy Meetings

If there is reasonable cause to suspect a child is suffering, or is likely to suffer significant harm, Children and Family Community Services should hold a strategy discussion. This may take place following a referral or at any other time if concerns about significant harm emerge.

Strategy discussions are required for all children/unborn babies who have siblings with a Child Protection Plan, and it is considered that this child/unborn baby also requires one.

Depending on the nature of concerns and immediate urgency, a strategy discussion will be arranged. Children and Family Community Services, Police, Health, and any relevant professionals will be invited. On occasion the Convenor may be invited to attend (although their legal position means they can only act as an observer and cannot be involved in the decision-making).

Paediatricians are invited to all strategy meetings as mandatory. This is to ensure the Paediatricians are aware of the child as early as can be even if it is not identified at the time the child/ren are in need of a medical examination. If it is later identified that the child/ren does need a medical examination, then the Paediatrician will have the background information from attending the strategy meeting.

Invitation to the strategy meetings for Paediatricians are sent through the Personal Assistant (PA) at the MSG. The PA and the Paediatrician will then triage the invitation on the information provided by the social worker/ Manager and a decision will be made as to whether the Paediatrician attends the strategy meeting, or not.

For alleged/suspected sexual assault/abuse cases for children the strategy meeting should include the Sexual Offence Examiner from the Sexual Assault Referral Centre (SARC) at Willow House, Guernsey who will be able to facilitate processes and set up the examination for the child or young person.

The strategy meeting will:

- Clarify the nature of the allegation or suspicion of abuse and/or neglect.

- Consider concerns in relation to home, community and work situations of the child and any alleged abuser.
- Consider the safety of any siblings.
- Share and evaluate information, including background history.
- Allocate tasks if any immediate protective action is required.
- Decide whether a Child Protection Investigation should be initiated (or continued if already commenced).
- Agree the conduct and timing of any criminal investigation as part of a joint Child Protection Investigation.

The Child Protection Investigation should be completed within 15 working days of the strategy meeting. If it is the outcome of the Child Protection Investigation for the case to progress to Initial Child Protection Conference, then this should be convened within the same 15-day period.

Strategy discussions will be held either in person where possible or via MS Teams or telephone calls, based on the needs, risk and complexity of the case. The Team Manager/Deputy will chair the meeting within office hours, the Emergency Duty Manager for out-of-office hours, and all contributors are expected to prioritise these meetings.

There may be a requirement to hold further strategy discussion(s) with clear timescales set for actions. During this time, the safety planning around the child needs to be responsive and suitable to always safeguard the child.

If it is decided there are grounds to initiate or continue the child protection process, then decisions should be made about the following:

- The nature of the concerns and scope of the enquiry, including other children at possible risk.
- Further information required and how it should be obtained.
- When, how and who will undertake interviews with child(ren) following Achieving Best Evidence in Criminal Proceedings Guidance.
- When and how the parents/carers will be informed of the concerns and the planned action, including a decision about what information should be shared with the child and family (on the

basis that information will not be shared if doing so jeopardises a Police investigation or places the child at risk of significant harm).

- The need for any paediatric or specialist assessment (Health should perform necessary medical tests, examinations, observations and provide specialist assessments and ensure the child receives appropriate treatment if required).
- Action if consent for interview/medical assessment refused.
- How to ascertain the child's wishes and feelings and meet their best interests, taking account of any additional needs e.g. arising from a disability or a need for an interpreter.
- The needs of other children in contact with the alleged abuser(s).
- Whether to interview the referrer or anyone else, including other family members.
- The need to observe the environment of the family home.
- Agree what other actions may be needed to protect the child or provide interim services and support, including securing the safe discharge of a child in hospital with a Discharge Plan.
- What information may be shared with whom and when, taking into account the possibility of placing a child at an increased likelihood of suffering significant harm or jeopardising Police investigations.
- Any legal action is required in relation to safeguarding the child.
- The Police should decide whether to instigate criminal proceedings and should cooperate with and make information available to other professionals.
- Timescales, agency and individual responsible for agreed actions, including the timing of Police investigations.
- Contingency planning to cover changing circumstances including the need to reconvene the strategy discussion during the enquiry if the circumstances are particularly complex or unknown.
- Mechanism/date for reviewing completion of agreed actions/monitoring progress of enquiry e.g. further strategy discussions.
- Enquiries should be carried out in a way that minimises distress for the child and family.

Outcome of Strategy Discussion

Possible outcomes include:

- A joint or single agency Child Protection Investigation to continue or be initiated.
- No Child Protection Investigation enquiry because the threshold has not been reached.
- No Child Protection Investigation because the incident is of such marginal significance posing no real or potential threat to the welfare and safety of the child and it is not considered to be in the child's best interests to pursue the matter further.

Where it is decided not to proceed with a Child Protection Investigation consideration should be given to specifying:

- Further information is required and whether another strategy discussion should be held.
- Further assessments e.g. proceeding with an assessment.
- Plans for future monitoring by agencies.
- Any services to be provided by agencies.
- The need for future intervention to be coordinated through the use of the Early Help or Child in Need process.

Record of Strategy Meeting

It is the responsibility of the Chair of the discussion to ensure the decisions and agreed actions are fully recorded on Mosaic and this must include specifying who monitors the progress of the enquiry and how this will be accomplished. A copy should be circulated within one working day to all parties to the discussion once it has been authorised by the Chair.

The record should include:

- Those present and those invited and not present (if a meeting).
- A summary of the information shared and an evaluation of it.
- All action points, with agreed timescales, and identified person responsible for carrying it out.
- Details of how and when progress is to be reviewed for each action.

Timing of Strategy Discussion

Strategy discussions should take place as soon as practicably possible and ideally within 24 hours, however, there may be circumstances where an increased time frame of up to 72 hours takes place. This will be where significant risk has been managed in the interim until the strategy meeting can take place. Some enquiries will be more complicated and may require review strategy discussions, and, in all cases, any Initial Child Protection Conference must take place within 15 days of the first strategy discussion, which made the decision to start a Child Protection Investigation.

Child Protection Investigations

A Child Protection Investigation is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.

Where information gathered during a referral or an assessment (which may be very brief) results in the social worker suspecting the child is suffering or likely to suffer significant harm, a strategy discussion should be held to share information and to decide whether the threshold is met for a Child Protection Investigation to be initiated.

Children and Family Community Services social workers have a statutory duty to lead Child Protection Investigations. The police, health professionals, teachers and other relevant professionals should support the Children and Family Community Services in undertaking its enquiries and a Children and Family Community Service Manager has responsibility for authorising a Child Protection Investigation following a strategy discussion.

The Child Protection Investigation and assessment must be led by a qualified social worker from Children & Family Community Services who will be responsible for its coordination and completion. The social worker must consult with other agencies involved with the child and family to obtain a fuller picture of the circumstances of all children in the household, identifying parenting strengths and any risk factors. Investigations may also need to cover children in other households with whom the alleged

offender may have had contact. All agencies consulted are responsible for providing information to assist.

Conducting Child Protection Investigations

Social workers, with their managers, should:

- Lead the assessment in accordance with this guidance.
- Carry out investigations in a way that minimises distress for the child and family.
- See the child who is the subject of concern to ascertain their wishes and feelings; assess their understanding of their situation; assess their relationships and circumstances more broadly.
- Interview parents and/or caregivers and determine the wider social and environmental factors that might impact on them and their child.
- Systematically gather information about the child's and family's history.
- Analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant professionals to determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help.
- Follow the guidance set out in ISCP Joint Child Protection Investigation – Achieving Best Evidence (ABE), where a decision has been made to undertake a joint interview of the child as part of any criminal investigation.

The social worker, when conducting a Child Protection Investigation, must assess the potential needs and safety of any other child in the household of the child in question. In addition, child protection enquiries may be required concerning any children in other households with whom the alleged abuser may have contact.

In determining which professionals should be involved in a Child Protection Investigation, consideration could include who the family most likely to cooperate with. In all cases where there is a known propensity to violence within the family household, consideration should be given to the strategy to be adopted, with Police advice or assistance if appropriate, about how to reduce the risks before any visits take place.

The child must always be seen and communicated with alone in the course of a Child Protection Investigation by the lead social worker, unless it is contrary to his or her best interests to do so. The strategy discussion meeting will plan any visit with the child. The Record of Child Protection Investigation and Reports to Child Protection Conferences should include the date(s) when the child was seen alone by the Lead social worker and, if not seen alone, who was present and the reasons for their presence.

Before a child is seen or interviewed, parental permission must be gained unless there are exceptional circumstances that demonstrate it would not be in the child's interests and to do so may jeopardise the child's safety and welfare. Relevant exceptional circumstances would include:

- The possibility a child would be threatened or otherwise coerced into silence.
- A strong likelihood important evidence would be destroyed.
- That the child in question did not wish the parent to be involved and is competent to take that decision.

In such circumstances, the social worker must take legal advice about how to proceed and whether legal action may be required.

The police should:

- Help other agencies understand the reasons for concerns about the child's safety and welfare.
- Decide whether police investigations reveal grounds for instigating criminal proceedings.
- Make available to other professionals any evidence gathered to inform discussions about the child's welfare.
- Follow the guidance set out in ISCP Joint Child Protection Investigation – Achieving Best Evidence (ABE), where a decision has been made to undertake a joint interview with the child as part of the criminal investigations.

Health professionals should:

- Undertake appropriate medical tests, examinations, or observations, to determine how the child's health or development may be being impaired.

- Provide a range of specialist assessments. For example, physiotherapists, occupational therapists, speech and language therapists and child psychologists may be involved in specific assessments relating to the child's developmental progress. The lead health practitioner (probably a Consultant Paediatrician, or the child's GP) may need to request and coordinate these assessments.
- Ensure appropriate treatment and follow up health concerns.

All professionals involved should contribute to the assessment as required, providing information about the child and family.

Outcomes of a Child Protection Investigation

Social workers are responsible for deciding what action to take and how to proceed following the Child Protection Investigation. The outcome of a Child Protection Investigation must be endorsed by the Team Manager.

A Child Protection Investigation may conclude the original concerns are:

- Not substantiated; although consideration should be given to whether the child may need services as a Child in Need.
- Substantiated and the child is judged to be suffering, or likely to suffer, significant harm and an Initial Child Protection Conference should be called.
- Substantiated, but the child is not at ongoing risk of significant harm.

Concerns not substantiated:

Social workers, with their managers, should:

- Discuss the case with the child, parents and other professionals.
- Determine whether support from any services may be helpful and help secure it.
- Consider whether the child's health and development should be reassessed regularly against specific objectives and decide who has responsibility for doing this.

All involved professionals should:

- Participate in further discussions, as necessary.
- Contribute to the development of any plan as appropriate.
- Provide services as specified in the plan for the child.
- Review the impact of services delivered as agreed in the plan.

Outcomes may be:

1. No Further Action.
2. Enquiries have revealed there are no causes for concern. The child may be a 'Child in Need' but the family do not wish for services to be provided, in which case the case will be closed.
3. Referral to Family Support Services for Early Help.
4. Enquiries have revealed there is no evidence that the child is suffering or is likely to suffer significant harm but there are needs which could be met by the provision of services either under section 23 of the Children (Guernsey & Alderney) Law, 2008 or by signposting the family to another agency. The family are willing for a package of support to be provided or continue to be provided.

Where services are to be provided under Section 23 of the Children (Guernsey & Alderney) Law, 2008, the social worker/Team Manager should coordinate this with the identified agencies or the Early Help Coordinator & TAF Adviser.

Concerns of significant harm are substantiated, and the child is judged to be suffering, or likely to suffer, significant harm:

Social workers, with their managers, should:

- Request an Initial Child Protection Conference is convened and present the case to this forum. The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. It should take place within 15 working days of a strategy discussion, or the strategy discussion at which the Child Protection Investigations were initiated if more than one has been held. The request to convene the conference must be supported by a team manager.
- Consider whether any professionals with specialist knowledge should be invited to participate.

- Ensure the child and their parents understand the purpose of the conference and who will attend.

All involved professionals should:

- Contribute to the information their agency provides before the conference, setting out the nature of the agency's involvement with the child and family.
- Consider, in conjunction with the police and the appointed conference chair, whether the report can and should be shared with the parents, and if so, when.
- Attend the conference and take part in decision-making when invited.

Recording Child Protection Investigations

The Social worker should record the information gathered, actions during the course of the enquiry and its outcomes on a Child Protection Investigation document, which should be approved by the Team Manager.

MASH; Integrated Front Door

MASH TM/DPM, Health rep, Early Help, Police, CAMHS, SAS/
education, SAFER, CAMHS

Triage

Level 1/2 Threshold

Early Help to include EH assessment/ Team Around Family
This can be single or multi-agency response.

Level 3/4

Allocated to Duty Response Team
Team Manager/ DPM
3 x SWs

Social work visit/ Information
gathering.

Strategy Meeting
convened/ Child Protection
Investigation

NFA/ refer for EH/
TAF

Refer for C&F
assessment.

No further
action

Refer for C&F
assessment
ICPC.

Step up process from Early Help to Children & Family Community Services Statutory Involvement

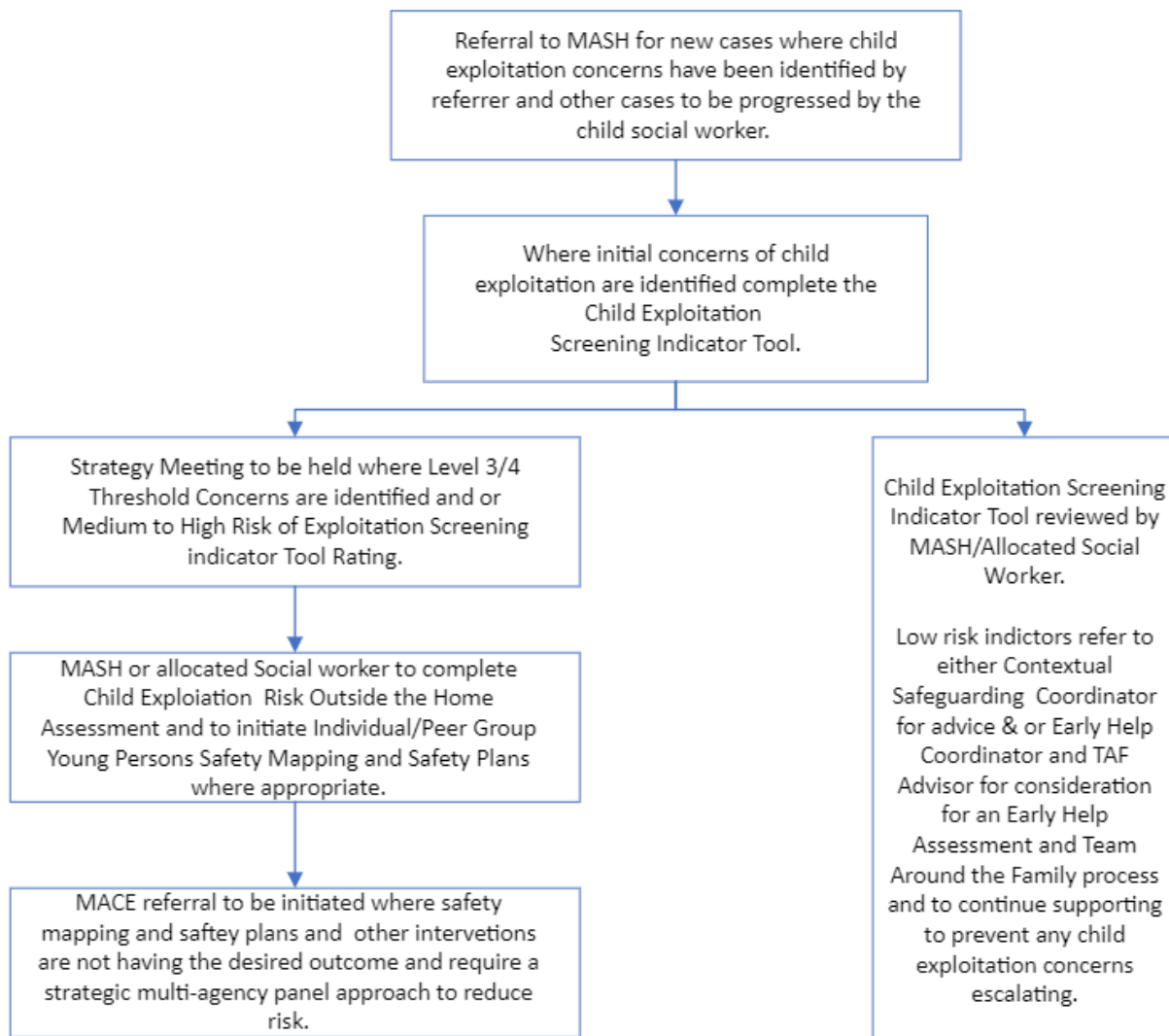
General concerns about a child from any partner agency where there is no allocated social worker must be referred to the MASH.

If the MASH determines the outcome of the referral does not meet the threshold for statutory intervention, the Early Help Coordinator & Team Around the Family Adviser based in the MASH will contact the referrer/family/carer where relevant, to discuss whether consultation/advice/early help intervention and signposting is appropriate with parental/carer consent. The Family Support Services Family Community Connector will also be able to provide advice and guidance on Early Help providers within the Bailiwick. More detailed information about the Step Up, Step Down & Step In process is available via the Islands Safeguarding Children Partnership website.

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding and responding to young people's experiences of significant harm beyond their families. Multi Agency Practitioner Procedural Guidance has been developed which describes the terms of reference and arrangements in the Bailiwick of Guernsey for responding to the challenges of protecting children exposed to exploitation and a copy of the guidance can be provided to practitioners on request.

The MASH has appointed lead social work roles within the team to support any agency, social worker or referrer who has concerns about a child who may be exposed to extra-familial harm and the flow chart below illustrates the processes to be followed.



Resolution of Professional Disagreement Escalation Policy

In the event of any disagreements arising between partner agencies relating to the MASH operations or decision-making, this will be dealt with in the first instance at a local level through discussion with partner team members. Where a resolution cannot be found the matter should be referred to the MASH Team Manager, who will escalate, where required, to the Service Manager.

National and local Serious Case Reviews have highlighted the importance of professionals challenging decisions to ensure the best outcomes for children and their families. Local reviews have found that concerns about decisions are often not challenged professionally. The ISCP has an 'Escalation Policy' in place to support professionals if they disagree with a decision made relating to a child. The policy outlines the process when any professional has a concern or disagreement with an agency decision or action related to a child. Its aim is to ensure the focus is kept on the child's safety and well-being through promoting a culture of professional challenge and providing framework for timely and effective resolutions. At no time must professional disagreement detract from ensuring the child is safeguarded. The child's welfare and safety must remain paramount throughout.

If a contact, regardless of the need of the child, indicates a person who works with children (including volunteers) has:

- Behaved in a way has harmed or may have harmed a child.
- Possibly committed a criminal offence against or related to a child/ren.
- Behaved towards a child or children in a way which indicates they may pose a risk of harm to children.
- Behaved or may have behaved in a way that indicates he or she is unsuitable to work with children.

The above concerns must be referred to the MASH and or the Police, who will assess and determine any necessary action in relation to the worker. Responsibility for statutory safeguarding and assessing the needs of the child remains with Children & Family Community Services.

MASH Operational Group

The MASH Operational Group is chaired by the MASH Service Manager and provides the opportunity for all partners to:

- Consult in respect of day-to-day practices and operations.
- Provide any agency updates.
- Gather and provide oversight of performance information.
- Organise the ongoing development and delivery of the MASH.
- Address any challenges that may prevent the work of the MASH.
- Share good practice.

The MASH Operational Group will ensure real information sharing, decision making and communication between agencies will happen to improve outcomes for children and families in the Bailiwick.

Governance Meetings

The MASH performance data is collated and presented within monthly Children and Families Governance Meetings and part of the role of Governance is to scrutinise the data collated and to consider any practice/partnership matters and of solutions on how best to address these.

Islands Safeguarding Children Partnership

The Islands Safeguarding Children Partnership has ongoing strategic oversight over the delivery of the MASH. Any significant issues which arise from the MASH Operational Group meetings and Governance Meetings will require escalation to the Islands Safeguarding Children Partnership to ensure there are effective partnership arrangements in place for improving outcomes and high standards for safeguarding and promoting the welfare of children.

Multi-Agency Risk Assessment Conference – MARAC

MARAC is a multi-agency meeting to assess risks in relation to domestic abuse incidents which are considered high risk and to ensure appropriate safety measures and support is in place to help manage or reduce the risk. MARAC is held fortnightly.

The MASH team represents Children & Family Community Services in the meeting unless there is an open case allocated to a social worker in another social work team area.

Any actions identified for new cases should be actioned by the MASH representative and actions could include further screening due to identified concerns or progression to an assessment where a multi-agency decision has been made that an assessment is required. The minutes will be uploaded onto Mosaic as significant information on open cases or as information only on closed cases.

Out of Hours Protocol

The Emergency Duty Service (EDS) becomes operational outside of the usual office opening hours which are Monday to Thursday 8.45am.-5.00pm and on Friday 8:45 – 4:45pm. Alerts via MOSAIC will be recorded by the Duty social worker for the attention of the MASH the following day or after the weekend if relevant for new or open cases to the MASH.

When a contact is made relating to a new case, the EDS social worker will also make contact with the MASH the following morning to provide a verbal update where appropriate. Where a strategy meeting has taken place out of hours there is a clear expectation for a comprehensive update to be provided to the MASH Duty Worker. All EDS case records must be completed in a timely manner to avoid unnecessary delays.

The principal responsibility of the EDS is to respond to out of hours referrals where intervention from Children & Family Community Services is required to safeguard a child in need or at risk, and where it would not be safe, appropriate, or lawful to delay intervention to the next working day.