



## **Safeguarding Policy**

<b>Policy title</b>	Safeguarding policy
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## **1. The Purpose of the Policy**

- 1.1. LV Care Group has a duty of care to safeguard any client/resident who is receiving care from any subsidiary company of the LV Care Group. This includes; LV Home Care, Lavender Villa, Cheval Roc and Rosemary Cottage.
- 1.2. This policy, and its supporting procedures, have been written to reflect the best practice guidelines from the Care Quality Commission (2017), ‘Regulation 13: Safeguarding service users from abuse and improper treatment.’
- 1.3. Safeguarding is the responsibility of all of the staff of LV Care Group and its subsidiary companies. Nurses and healthcare assistants also have professional responsibilities towards safeguarding the public and their service users (States of Jersey, 2015; Nursing and Midwifery Council, 2015). Keeping clients who receive home care and support services safe from harm is also a standard of the States of Jersey ‘Approved Provider Framework’ (2016).
- 1.4. Whilst the work of the LV Care Group is primarily concerned with adults, it is recognised that any young person or child requires safeguarding (Safeguarding Partnership Board, 2018). Consequently, procedures for dealing with confirmed or suspected safeguarding concerns with children is also covered within this policy.
- 1.5. This policy covers all clients/residents, regardless of if they are self-funded or are in receipt of States of Jersey funding.

## **2. The Policy Statement**

- 2.1. Safeguarding is everyone's responsibility, and our clients/residents have the right to feel safe whilst receiving our services, be this within their own homes, or one of our residencies. Any member of staff who is employed by LV Care Group/a subsidiary company, may, during the course of their work have contact with children or vulnerable adults, or access to information about this group. Staff therefore have a responsibility to protect and promote the wellbeing of those individuals.
- 2.2. The LV Care Group does not tolerate abuse towards our clients/residents in any form. Such actions will result in disciplinary, and potential legal action.
- 2.3. Abuse is considered to be any violation of an individual's human and/or civil rights by another person/persons (Health and Social Care Information Centre, 2014). In relation to elder abuse; women over the age of 70, who are frail and live alone are most likely to suffer from abuse (Age UK, 2017).
- 2.4. The CQC (2017) brings more clarity to the term 'abuse,' stating that abuse is:
  - 2.4.1. Any behaviour towards a service user that is an offence under the Sexual Offences Act (UK) (2003);
  - 2.4.2. Physical or psychological ill-treatment of a service user;
  - 2.4.3. Theft, misuse or misappropriation of money or property belonging to a service user, or neglect of a service user.
- 2.5. LV Care Group acknowledges that the Sexual Offences Act (2003) is an Act of the United Kingdom, however believes that its principles remain applicable when delivering care in Jersey.
- 2.6. It is the belief of the LV Care Group that:
  - 2.6.1. Everyone has the right to live his or her life free from violence, fear and abuse;
  - 2.6.2. Everyone has the right to be protected from harm and exploitation;
  - 2.6.3. Everyone has the right to independence, which may carry a degree of risk.

## **3. Policy Scope**

- 3.1. All staff members of the LV Care Group, and its subsidiary companies are required to follow this policy.
- 3.2. The Compliance and Special Projects Manager is responsible for ensuring that this policy is kept up-to-date, in accordance with ongoing changes in clinical practices and legislation.
- 3.3. Subsidiary company managers are responsible for ensuring that their staff are aware of this policy, and the procedures detailed within it. Managers are also responsible for encouraging and monitoring compliance with this policy.
- 3.4. Senior carers of LV Home Care are responsible for ensuring that LV Care Home clients have access to the LV Care Group Safeguarding policy, should they wish to see it.
- 3.5. Individual staff members are responsible for following this policy; seeking advice from their line managers if they are unsure of a procedure/aspect of the policy.
- 3.6. All staff are responsible for ensuring that they are up-to-date with their safeguarding training.

#### **4. Safeguarding Vulnerable Adults**

- 4.1. A ‘vulnerable adult’ is defined as a person over the age of 18 in need of community services because of either a disability, age or illness, and are unable to care for themselves (Health and Social Care Information Centre, 2014).
- 4.2. Recognising Abuse:
  - 4.2.1. All staff will be trained in the various categories of abuse. Training will cover recognition of the following 7 categories of abuse:
    - 4.2.1.1. Physical abuse;
    - 4.2.1.2. Sexual abuse;
    - 4.2.1.3. Psychological abuse;
    - 4.2.1.4. Financial abuse;
    - 4.2.1.5. Neglect or acts of omission;
    - 4.2.1.6. Discriminatory abuse;
    - 4.2.1.7. Institutional abuse (Age UK, 2017; NHS, 2018).
  - 4.2.2. If any member of staff is concerned about a situation of potential abuse, they must contact their line manager in the first instance, following the guidance in section 5 of this policy.

- 5. Procedure for dealing with suspected abuse in adults (adapted from Age UK, 2017)**
- 5.1. When dealing with suspected abuse, openness and honesty must be observed. Where possible, you should gain the permission of the person being abused/suspected abuse before reporting the incident.
  - 5.2. *If you suspect abuse*
    - 5.2.1. When it is safe and possible to do so, you should discuss your concerns with the individual and obtain their consent prior to reporting the abuse.
    - 5.2.2. If an adult seeks to share information about abuse, you should:
      - 5.2.2.1. Listen carefully, and not ask direct or leading questions about the incident;
      - 5.2.2.2. Not offer solutions;
      - 5.2.2.3. Give the individual the time they need to speak;
      - 5.2.2.4. Accurately document the information you have been given during the discussion. You must record the date, time and location that the conversation took place;
      - 5.2.2.5. Document the conversation using the language/words that the individual used, not your interpretation of what you think they said;
      - 5.2.2.6. Explain clearly that you cannot promise not to refer the disclosed information onto another healthcare professional/service;
      - 5.2.2.7. Reassure the individual that they have not done anything wrong by disclosing information;
      - 5.2.2.8. Explain what you will do next to keep the individual safe.
    - 5.2.3. It is a difficult situation when the individual has capacity but not want to report the abuse. In such a situation, you need to act in the best interests of the individual, and you should speak with your line manager for further advice. Think; ‘what is the potential outcome if I do not report the abuse?’
  - 5.3. *Where someone lacks mental capacity*
    - 5.3.1. If the individual does not have mental capacity to consent to you reporting the abuse, you must discuss this with your line manager, as police involvement may be necessary.
  - 5.4. *Where there is a risk to the person or others*
    - 5.4.1. If you believe that there is a risk to the public, you can override the individual’s wishes not to report the abuse.
    - 5.4.2. If you suspect that a crime has been committed, you must refer to your line manager to take this forward as a matter to report to the police.
    - 5.4.3. If the client/resident is in immediate danger, you must not hesitate to dial 999 for the relevant emergency services. This may include involving the police and/or ambulance services.
  - 5.5. *Abuse in a professional care context*
    - 5.5.1. If you are concerned that an individual is being abused in a professional setting, you must contact your line manager immediately so as the concern can be addressed in a timely manner. A concern must be raised with the Home Care and Support Services, States of Jersey. Professional settings may include a residential home, a nursing home, the individual’s own home where the receive domiciliary services, or a hospital.
  - 5.6. The statutory guidance states that:

- 5.6.1. No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If you have concerns about the adult's welfare and believe that they are suffering or likely to suffer abuse or neglect, then you should share the information with the local authority and/or the police if you believe or suspect that a crime has been committed.
- 5.6.2. You should receive appropriate training based on agreed safeguarding procedures so you know how to act in these types of situations.

## **6. Procedure for Reporting a Safeguarding Incident (adult)**

- 6.1. All staff of the LV Care Group and any of its subsidiary companies must be aware of process to appropriately report a safeguarding incident:
  - 6.1.1. Staff must communicate their concerns immediately to their line manager;
  - 6.1.2. Seek medical attention for the vulnerable person, if required. Preserve any evidence and reassure the client/resident;
  - 6.1.3. Obtain permission from the client to make a safeguarding referral, if it is safe and appropriate to do so. Use the appropriate safeguarding form and submit using the instructions on the form. Safeguarding forms are available via [redacted] the [redacted] following [redacted] link: <https://safeguarding.je/wp-content/uploads/2017/07/2017-SAFEGUARDING-Alert-ADULTS.doc>. A form is also available in appendix b.
  - 6.1.4. Ensure that the incident is accurately documented in the client/resident's notes. Also document if a safeguarding referral has been made.
  - 6.1.5. If a safeguarding referral has been made, ensure to document that the relevant consent was gained to process this form. If a form has not been put in because a client/resident declined, accurately document the decline for referral.
- 6.2. LV Care Group and its subsidiary companies are committed to promoting independence of their clients/residents, and take their views and wishes into account. It is acknowledged that there is a fine line between ensuring that our clients/residents are protected from harm, and empowering them to make their own decisions (Age UK, 2017). However, if a client declines a referral, it must be considered whether or not non-reporting is in the interests of the public. If it is deemed that non-reporting will put other adults/children at risk and/or the adult lacks capacity, then the staff member is required to refer the safeguarding concern.

## **7. Safeguarding Children**

- 7.1. Every child is at risk of abuse, regardless of their age, gender, race, religion or ethnicity; with deaf and disabled children being at greater risk of abuse than their peers (Jones *et al*, 2012; States of Jersey Police, 2018).
  - 7.1.1. A child is anyone before their 18th birthday.
  - 7.1.2. Child abuse can take many forms including:
    - 7.1.2.1. Physical abuse;

- 7.1.2.2. Emotional/psychological abuse;
- 7.1.2.3. Sexual abuse;
- 7.1.2.4. Neglect (Safeguarding Partnership Board, 2018b).

## **8. Procedure for Reporting a Safeguarding Incident (children)**

- 8.1. When a child reports abuse or neglect or that they have caused harm to others, as a professional, you must listen carefully to what the child says and observe their behaviour. Yours aims are to:
  - 8.1.1. Clarify concerns;
  - 8.1.2. Offer reassurance about how the child will be kept safe;
  - 8.1.3. Explain what will happen and give a timeframe;
  - 8.1.4. Not press the child for information;
  - 8.1.5. Not give false assurances of absolute confidentiality.
- 8.2. If the child understands the significance and consequences of a referral to Children's Services, they should be told that you need to make a MASH referral, explaining that this referral may involve the participation of the police/Emergency Department;
- 8.3. You should explain to the child that whilst their views will be taken into consideration, you have a professional responsibility to take the necessary action to ensure the safety of that child, and potentially other children (Safeguarding Partnership Board, 2017).
- 8.4. Concerns should be discussed with the parent(s) prior to making a referral to MASH.
- 8.5. In the circumstance that discussing the referral with the parent would place the child at significant harm, or the parent is not in agreement with the referral but there are concerns about the child, you can refer a child to the MASH, but you must clearly document your decisions for not discussing/obtaining permission from the parents. This documentation must be dated, and signed. You must also consult with your line manager for further support (Safeguarding Partnership Board, 2017).
- 8.6. If you consult with a parent(s) and they decline permission for the referral, but you deem it necessary, you must document within the MASH referral form that parental permission has been withheld.
- 8.7. MASH referrals cannot be anonymous. If legal proceedings commence, the information as to your involvement may be made available (Safeguarding Partnership Board, 2017).
- 8.8. If a child is seriously injured, you must seek medical attention immediately via the emergency services (dial 999).

- 8.9. MASH forms are available via the following link: [http://jerseyscb.proceduresonline.com/files/mash\\_inter\\_age\\_eng\\_form.docx](http://jerseyscb.proceduresonline.com/files/mash_inter_age_eng_form.docx). A copy of the form is available in appendix c of this policy.

## **9. Data Protection and Record Keeping**

- 9.1. The Data Protection (Jersey) Law 2018 contains principles governing the use of personal data. The LV Care Group Data Protection policy must be referred to in relation to complying with this legislation.
- 9.2. Safeguarding records (even if the concern has not been proven), should be kept in a locked filing cabinet, in accordance with the LV Care Group Data Protection policy.

## **10. Staff Recruitment**

- 10.1. All managers of the LV Care Group and its subsidiary companies are committed to safeguarding and promoting the welfare of vulnerable adults. All managers strive to mitigate the actions of staff who are employed to provide care to the clients/residents.
- 10.2. This means that LV Care Group and its subsidiary companies will ensure the highest standards of the safe recruitment of staff:
  - 10.2.1. Recruitment will be done in line with safe recruitment practices;
  - 10.2.2. Each member of staff who will come into contact with clients/residents will undertake a Disclosure and Barring Service (DBS) check prior to working with this client group;
  - 10.2.3. Each potential employee will be required to provide two satisfactory references. If the potential employee has previously worked within the field of care, one of the references should be from this role;
  - 10.2.4. The interviewer will include questions regarding safeguarding, which will be scored appropriately;
  - 10.2.5. Applicants who are successful at interview will be required to undertake recognised safeguarding training. This training is provided by LV Care Group as part of the new employee's induction process. The purpose of this training is to give the new employee a clear understanding of accountability in relation to safeguarding.

**11. Support for staff involved in raising safeguarding concerns**

- 11.1. The process of referring a client/resident for safeguarding concerns can be a worrying or even frightening process for staff, particularly when children are involved. LV Care Group and managers of its subsidiary companies are committed to supporting you throughout the process, and provide you with supervision from a manager whenever you ask for it.
- 11.2. Supervision can take the form of a face-to-face discussion, or a telephone discussion. It can be done as a group, or individually (CQC, 2013).
- 11.3. Any supervision which occurs will be documented. This documentation will be kept in the staff member's file.
- 11.4. Following the process, the involved staff member will be invited to talk to their manager about the outcome of the safeguarding concern. This is also a good time for the staff member(s) to discuss with their manager if they feel that the process of dealing with safeguarding concerns needs to be reviewed or changed in any way.
- 11.5. Supervision in this manner is a formal process, with the aim of empowering practitioners to review, plan and be accountable for their work; develop knowledge and confidence, take responsibility for their own practice and strive to better the care of vulnerable adults (Family Nursing and Home Care, 2016).
- 11.6. Review of the outcome following a safeguarding incident should be carried out by the manager and any staff involved should be involved throughout the process and offered support.
- 11.7. If there are matters which are unproven or unresolved, a professional risk assessment should be completed to ascertain whether it is safe for that staff member who raised/was involved with a concern to return to work with the client/resident who the safeguarding concern was about.

**12. Training**

- 12.1. All employees of the subsidiary companies of the LV Care Group, who come in contact with clients/residents will have access to safeguarding training relevant to their role. Safeguarding training must be attended regularly, in accordance with the LV Care Group Training Policy. The purpose of training is to ensure that staff are able to identify causes for concern, and understand how to make safeguarding referrals.
- 12.2. Staff must have access to an up-to-date version of this policy, which details procedures for reporting concerns.

### 13. Reference List

- Age UK (2017). 'Safeguarding older people from abuse and neglect,' Available at: [https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs78\\_safeguarding\\_older\\_people\\_from\\_abuse\\_fcs.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs78_safeguarding_older_people_from_abuse_fcs.pdf). (Accessed: 13th April 2018).
- Bath and North East Somerset Local Safeguarding Adults Board (2016). 'Guidance to staff on managing self neglect,' Available at: [http://bathnes.gov.uk/sites/default/files/self\\_neglect\\_guidance\\_pdf.pdf](http://bathnes.gov.uk/sites/default/files/self_neglect_guidance_pdf.pdf). (Accessed: 12th April 2018).
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- Care Quality Commission (2017). 'Regulation 13: Safeguarding service users from abuse and improper treatment,' Available at: <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper#guidance>. (Accessed: 12 April 2018).
- Family Nursing and Home Care (2016). 'Safeguarding Supervision Policy,' Available at: [http://www.fnhc.org.je/media/42772/safeguarding-supervision-policy-new-template-v2-apr-2016-v1\\_1.pdf](http://www.fnhc.org.je/media/42772/safeguarding-supervision-policy-new-template-v2-apr-2016-v1_1.pdf). (Accessed: 12th April 2018).
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- Jones, L. Bellis, M. Wood, S. Hughes, K. McCoy, E. Eckley, L. Bates, G. Milton, C. Shakespeare, T. Officer, A. (2012) 'Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies,' *Lancet*, 383 (380), pp 899-907.
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- Safeguarding Partnership Board (2017). 'Jersey Safeguarding Partnership Board Child Protection Procedures,' Available at: <http://jerseyscb.proceduresonline.com/index.htm>. (Accessed: 13th April 2018).
- Safeguarding Partnership Board (2018). 'Welcome to the Safeguarding Partnership Board Website,' Available at: <https://safeguarding.je>. (Accessed: 12th April 2018).
- Safeguarding Partnership Board (2018b). 'What is child abuse?' Available at: <https://safeguarding.je/what-is-child-abuse/>. (Accessed: 13 April 2018).

*Sexual Offences Act (2003) United Kingdom.* Available at:

<https://www.legislation.gov.uk/ukpga/2003/42/contents>. (Accessed: 16th April 2018).

States of Jersey (2015). ‘Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in Jersey,’ Available at:

[https://search3.openobjects.com/mediamanager/jersey/asch/files/code\\_of\\_conduct\\_booklet\\_pdf\\_version.pdf](https://search3.openobjects.com/mediamanager/jersey/asch/files/code_of_conduct_booklet_pdf_version.pdf). (Accessed: 5th April 2018).

States of Jersey (2016). *Approved Provider Framework: Standards to Expect from Care and Support Services*, Jersey: States of Jersey.

### Appendix a - Examples of self-neglect

“Self-neglect situations might include:

- Portraying eccentric behaviours/lifestyles, such as hoarding or antisocial behaviour causing social isolation. This can impact on the living environment causing health and safety concerns;
- Neglecting household maintenance, and therefore creating hazards;
- Poor diet and nutrition, evidenced for example by little or no fresh food, or what there is being mouldy or unfit for consumption;
- Refusing to allow access to health and/or social care staff in relation to personal hygiene and care;
- Personal or domestic hygiene that exacerbates a medical condition that could lead to a serious health problem;
- The person refuses to consent to treatments, medications, the use of equipment or interventions for a health or medical condition which could compromise and significantly impact on their health and well being;
- There are signs of serious self neglect that is regularly reported by the public or other agencies, but no change in circumstances occur;
- The person refuses to engage with services despite a need being identified
- The person is either unwilling or refuses to attend external appointments with professional staff, whether social care, health or other organisations (such as housing);
- The person refuses to allow access to other organisations with an interest in the property, for example; staff working for utility companies (gas, electric and water)
- The abode they are living in becomes filthy and verminous causing a health risk or possible eviction;
- The conditions in the property cause potential risk to people providing support or services;
- There could be other wide ranging situations not listed above or a situation could include one or a combination of the above.”

(BATHNES, 2016)

**Appendix b - Safeguarding Alert Form**

**About the person raising the alert**

<b>Date of alert:</b>	
<b>Name of person raising the alert:</b>	
<b>Contact details of person raising the alert</b>	

**2. About the adult at risk you are concerned about**

<b>Name of adult at risk</b>	
<b>Location of adult at risk</b>	
<b>Contact details for adult at risk</b>	

<b>Is the adult at risk aware that you are raising an alert?</b>	Yes	No
<b>Client Group</b>	Physical disability Older Adult Sensory disability Learning disability Autism Other (please specify) Not Known Not recorded	
<b>Specify 'Other' here:</b>		

**3. About the concern:**

*Please note that the boxes will expand automatically as you type to accommodate the length of your statements.*

**What happened?**

<b>Where and what time did it happen?</b>
<b>What was the adult at risk's reaction to the incident?</b>
<b>Who witnessed the incident?</b>
<b>Were there any triggers (Anything leading up to the incident) ?</b>
<b>Any other specific information (e.g. clothing/car number plate, etc...)</b>

#### 4. About the person alleged to have caused/be causing the harm

Name (if known)	
Relationship to Adult at risk	
Any other information	

**Please return to Single Point of Referral (SPOR) –  
[SPOR@health.gov.je](mailto:SPOR@health.gov.je) or call 01534 444440**

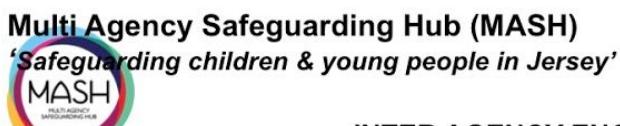
SPOR, Adult Social Services | Eagle House | Don Road | St Helier | JE2 4QD

**For more information about Jersey's Safeguarding Adult Procedures, please go to:**  
<http://www.proceduresonline.com/jersey/adults/>

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FOR OFFICE USE ONLY:

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### INTER AGENCY ENQUIRY FORM

This form should be used to make an enquiry to MASH.  
Please provide us with your details so we can contact you if we need to clarify any of the information you have given us. This will also enable us to provide you with the outcome of the enquiry.

Name of person completing enquiry			
How is this child known to you?			
Date		Time	
Tel No: Mobile:		Agency	
Address			
Email			

CHILD / YOUNG PERSON'S DETAILS					
Last Name (include alias names)		First Names			
DoB		Gender	Male	Female	Unborn
Address:					
Home tel / Mother Home tel / Father		Mobile / Mother Mobile / Father Mobile / Child			
School					
GP					
Health Visitor / School Nurse					
Are any other professionals involved? (Educational Psychologist, Education Welfare Office, CAMHs etc?)					

White British	Mixed White / Black Caribbean	Asian / Asian British - Indian	Black/Black British Caribbean
White Irish	Mixed white / Black African	Asian / Asian British - Pakistani	Black/Black British African
White French	Mixed White / Asian	Asian / Asian British - Bangladeshi	Black/Black British Other
White Portuguese	Other mixed background	Asian / Asian British - Thai	Chinese
White Jersey	Data Not on File	Asian / Asian British - other	

White Other		Other		Refused				
RELIGION	None			Rastafarian		Jehovah's Witness		
	Protestant			Muslim		Seventh Day Adventist		
	Roman Catholic			Sikh		Other		
	Eastern Orthodox			Hindu		Refused		
	Jewish			Buddhist		Data Not on File		
	First Language		<b>Interpreter Required?</b>			YES	NO	

**DETAILS OF ENQUIRY****Describe the identified cause for concern –****What is the IMPACT (or potential) on the child/young person?****What is the current location of the child?****Voice of the child: Childs wishes and feelings?****On what evidence / information is your concern based? (i.e. your own observation; assessment or information from others).**

**What action have you / your agency taken to date to address this specific concern?**

**FAMILY CONTEXT**

**Outline your agency's role / service provided to the child and or family.**

**Confirm how long you have been involved; include any history of concerns and when you last saw the child/family.**

**Outline your knowledge of the child's needs and parent's capacity to meet these.**

**Include any family and environmental factors that impact on child's need and parent's capacity.**

**FAMILY COMPOSITION AND HOUSEHOLD MEMBERS**

Name	M / F	DOB Age	Relationship to child	Do they have Parental Responsibility	Address / contact number	School / Nursery	GP

SIGNIFICANT OTHERS – NOT OF THE HOUSEHOLD						
Name	Gender	DOB/ Age	Address / contact number	Relationship to subject child	Does this person hold parental responsibility?	Is this person a known risk to children? E.g. JMAPPA.

CONSENT & CONFIDENTIALITY		
Is the parent aware / informed of the enquiry?	YES	NO
Has the parent given consent to the enquiry being made?	YES	NO
Has the child's consent if appropriate been obtained?	YES	NO
Is any information contained in this referral to remain confidential from the subject child and family? If so outline specific information to remain confidential and reasons. <i>NB details of enquirer if a professional person cannot be held as confidential</i> <b>If consent has not been obtained please document the reason why.</b>		

Send to Multi-Agency Safeguarding Hub (MASH) in Jersey as below:
Telephone number 01534 519000 Email: <a href="mailto:Enquiries-MASH@gov.je">Enquiries-MASH@gov.je</a>
Education Sport & Culture Please Email Enquiry to: <a href="mailto:EnquiresMASH@jeron.je">EnquiresMASH@jeron.je</a> with MASH ENQUIRY FORM in the subject title
Out of Hours Tel: 01534 442000 or in an emergency contact the Police on 01534 612612