Rough Guide to Referrals

Hartlepool & Stockton-on-Tees
SAFEGUARDING CHILDREN PARTNERSHIP

Introduction

This *Rough Guide to Making Referrals to Children's Social Care* is one of a series of practice guides produced by Hartlepool and Stockton-On-Tees Safeguarding Children Partnership (HSSCP) which have been designed to be read and used by the range of practitioners and professionals working across children's services in the borough.

All of the *Rough Guides* have been developed to support the valuable work that is carried out with children and young people[1] and families by identifying the key elements which underpin good practice and incorporating significant messages from research.

It should be noted that *Rough Guide to Making Referrals to Children's Social Care* does not replace, provide the detail of or interpret legislation, policy, frameworks and procedures, which are all subject to change, but focuses more on the *'how to'*, offering advice, suggesting ideas and providing signposts to sources of information and further reading.

This *Rough Guide* focuses on referrals to local authority children's social care services, although the information may have relevance to other situations where information is being shared.

Making effective referrals

All of our work in children's services is about ensuring that the right children receive the right service at the right time. Many children will have their needs met through the provision of universal services. Others will have additional needs and require more support. Decisions about signposting families to, or involving, other services are not made arbitrarily and will be grounded on robust assessment.

Referrals to services for children assessed as having additional needs which cannot be met by universal services typically fall into the following categories:

- Referrals to early intervention and prevention services e.g. education welfare services, bereavement counselling, support for young carers

- Referrals to children's social care e.g. child protection, secure accommodation or other support services provided by the local authority such as fostering

- Referrals to other specialist services e.g. specialist hospital based services, hospice care services

Children should be referred to children's social care because they need the support services that the local authority can provide or because there are concerns about abuse or neglect which need investigating. We can all agree that some situations are so obviously dangerous that it doesn't require much analysis to know that a child is not safe. Equally, the needs of some children for other specific social care services, e.g. respite care for a child with disabilities, will be immediately apparent. But decisions about those cases which are not so clear at the outset will need very careful consideration.

[1] To avoid repetition in subsequent sections, child or children are the terms used to refer to children and young people.

Children's social care operates under a strict legal framework and it is this legal framework that dictates which cases must be accepted from referrers and the services which can then be provided. The term 'threshold' is frequently bandied about but, in the context of this *Rough Guide,* essentially it refers to the point at which children's social care are likely to accept a referral about a child.

It is crucial that practitioners and professionals feel confident about *when* to make a referral. We know that anxiety about missing or overlooking cases of abuse or neglect, particularly in the wake of a high profile tragedy, leads to increased numbers of referrals to social care. What we need to avoid is the situation where there are high levels of referrals to children's social care which are subsequently assessed as inappropriate. What we need to ensure is that we get it right for children first time and avoid what might be termed 'waste activity'.

'There is still a reluctance from some other agencies to share the safeguarding responsibility. This clogs the system with inappropriate referrals.' *Evidence to the Munroe Review of Child Protection, 2011*

Referring children inappropriately into social care is problematic for the following reasons:

- If they are subsequently assessed as not needing services it means that children and families experience stressful and intrusive interventions for no benefit

- Research has shown that, when children who are referred become subject to Section 47 child protection enquiries and allegations are subsequently unsubstantiated, they are less likely to receive a service at all than those who are assessed as children in need

- If children's social care is overwhelmed in searching through the volume of referrals for those children who really do need services, it means that less time and resources (which are already limited) will be available to provide those services which causes unnecessary and unacceptable delay in meeting children's needs

Before making a decision about how to proceed once a referral has been received, children's social care needs to establish:

- The reason for the referral and the nature of the concern
- How and why the situation has come about
- What the child's needs appear to be
- Whether the concern involves abuse or neglect
- Whether there is a need for urgent action

Robust decision making in children's social care is therefore clearly dependent on high quality referral information which is accurate, specific, concise, relevant and makes sense. (*See Rough Guide to Recording and Report Writing.*) The forms or templates you may be required to use for making referrals will identify the information needed from referrers by children's social care and which is likely to include:

Child and family details – names, addresses, dates of birth, ethnic origin and language spoken, whether the child or a parent has a disability etc. These should be recorded accurately.

Confirmation that the referral has been discussed with the parents or carers (and the child where appropriate) and that they have agreed to the referral being made. Include their views and if possible their signatures. This is really important. Children's social care has no mandate to compel families to undertake assessments or accept services (although there may be consequences for the family if recommended services or interventions are not taken up). If consent hasn't been obtained you will need to provide an explanation of why.

The reason for the referral. This should include an account of any particular event or situation or specific information that has led you to make a judgement that the child needs the services children's social care can provide and to make the referral. What are the child's needs? Which services are you requesting? What results or outcomes do you want for the child? What services and interventions will your agency continue to provide to the child and family? On receipt of the referral, social care should have a very clear understanding of *why* you are referring the child, *what* you expect to happen and *how* you or your agency will continue to provide support to the child and family. Be specific. Don't ramble. Be focused on the child. Avoid using jargon which might not be readily understood. Avoid being ambiguous or confusing. Communicate effectively. Attach a copy of the completed common assessment to support the referral.

A summary of actions or interventions which have already been taken to address the child's assessed needs.

Information about other practitioners or agencies who may be providing services to the family. Include names and telephone numbers if you are aware of them.

Any other information which is relevant. If you think there is a likelihood of risk to practitioners' safety, say so. Attach any reports or minutes of meetings related to the referral which you think is relevant.

The Common Assessment Framework and referrals to children's social care

Assessment is central to all our work in children's services as a process for understanding what is happening to a child and family, what a child's needs are, whether they are being met and informing decisions about actions to be taken or services to be planned and provided to achieve change and improved outcomes.

The Common Assessment Framework (CAF) is the process by which signs or worries that a child may have unmet needs, or when a child's needs are unclear, can be assessed by any practitioner. It's the common lens through which a picture of children's needs and family strengths can be viewed. A completed common assessment can then be used as the basis for decision-making about how the child can be best supported and who else, if anyone, needs to be involved.

A common assessment can identify that:

- The child has no additional needs
- The child needs additional support and this can be met by the practitioner or within the practitioner's agency
- The child needs support from another agency or several agencies which might include specialist or social care services
- A referral (or referrals) needs to be made

Common assessment is therefore not a referral process and it's not about passing on responsibility to children's social care when support and services could more appropriately be provided by other agencies. What a common assessment should do is help ensure that a referral is really necessary to meet a child's needs, that it's to the right service and that it's supported by accurate and up to date information. A common assessment should answer the question 'Does this child need help and if so which is the most appropriate service?' It also means that when a child is referred to children's social care, the information gathered and analysed for the common assessment can be built on and children and families do not have to repeat information over and over again.

The following extract is from a common assessment submitted by a head teacher in a local authority to support a referral to children's social care which was subsequently used by social care in place of their own Initial Assessment, which they deemed unnecessary.

Emotional and Social Development	Emotionally N is very immature. He sucks his thumb constantly. His reactions to situations are very childish – he has tantrums and talks in a baby voice. He bangs furniture and stomps about. He doesn't cope with stress in any way. He runs away or retaliates verbally. In school his physical aggression is 'controlled'. He will lash out and hit walls and doors but in such a way as not to cause real damage. He is not generally physically aggressive with his siblings and he shouts at the twins. At school he is often isolated and alone. Sometime she tries to be the class clown and enjoys the attention that this brings. He tries a lot of attention seeking strategies at home such as strops, baby talk and imitation of cartoon characters (which he is very good at). He receives praise well for his achievements but reacts badly to criticism. He is often unhappy.
Behavioural Development	There are no incidents of substance or alcohol misuse and no problems with anti-social behaviour. N does not often go out. He likes to make his peers laugh but after a while they get fed up with N's behaviour so few friends. He has a normal adolescent interest in sex. There has been an increase in the violence towards A and more recently J. This led to the incident when mum hit N with a badminton racquet. Mum was very frightened by the potential that N has to harm his siblings. See 'Emotional and Social Development' section for comments from school re controlled aggression at school. N can use sexual and foul language at school but mum does not hear it at home.

There will be occasions when the CAF and completing a common assessment is bypassed i.e. when practitioners become alerted to immediate risk of abuse or harm to a child through observation of, or information about, a specific incident or event or situation and where there has been no previous trigger for a common assessment. In such cases, swift contact with children's social care by telephone rather than form filling is the prime concern (although even in these cases you will be required to follow up your call with a written referral). In other cases, there should be a completed common assessment which should always be attached to the referral.

Seeking consent to make the referral

It's probably reasonable to say that there is a fair amount of myth and legend and some confusion about information sharing (when you can and when you can't) and seeking consent (when you should and when you shouldn't).

Essentially, making a referral to children's social care is about sharing information and it is good practice to discuss your concerns with the parent or carer (or the child if appropriate)

and get their agreement for the referral. Whilst this can be difficult, it is generally much better for your on-going working relationship with the family if you do this and most parents will appreciate that you are honest and open with them about why you are wanting to make the referral to children's social care, the information you will be sharing and what might happen as a result. The exception is if the child is at risk of harm and contacting the parents to ask for their consent would place the child at further risk. Remember, if you are in any doubt you can always seek advice (e.g. from your line manager, from your agency's lead for child protection or from children's social care).

Pitfalls to avoid when making referrals

Information in the referral is confused, confusing and vague. 'The children are not being looked after properly' is a very general statement, critical of the carer but with no reference to children's needs. Words like 'concern', 'risk' and 'harm' can mean very different things to different people. Statements like 'the house is a mess', 'the children are not dressed properly', 'she takes drugs', 'she drinks' need to be clarified and you need to differentiate between what is fact and what is opinion. (See *Rough Guide to Recording and Report Writing.*) Children's social care cannot work with uncertainty or incomplete or unclear information like the examples given. Poor quality referral information causes unnecessary work which causes unnecessary delays for children. Be specific. Be explicit. Be clear. Be logical. Ask yourself before making the referral if you have included the most important details. Not including or missing out information can compromise your referral.

Information is a reflection of the referrer's anxieties and a desire to just pass the case on. Sometimes a referral is made 'just in case' the practitioner is missing something about the child's situation. But all children cannot be referred 'just in case'. You may find it helpful, if you are unsure about whether to make a referral to children's social care or whether another service would be more appropriate for the child's specific needs, to consult with other practitioners in the child's network or to talk to your manager, your agency's lead for child protection or with social care (you don't need to disclose the child's or family's personal details at this stage).

Information is 'talked up'. This is when only the particularly worrying features of situations are selectively emphasised or are even exaggerated. Research has shown, both nationally and locally, that some practitioners admit to pushing the child protection panic button to produce results, to make sure the referral is accepted by social care, because child protection is seen as the key to unlocking services. But doing so is likely to lead to intrusive, distressing and unnecessary investigation of children and their families and may be counterproductive by resulting in the child receiving no services at all.

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Sources and further reading

Department for Education (2011) *Munro Review of Child Protection - Interim Report: The child's journey* London, Stationery Office

White S., Hall C. and Peckover S. (2010) *The Descriptive Tyranny of the Common Assessment Framework: Technologies of Categorization and Professional Practice in Child Welfare* British Journal of Social Work vol 39 issue 7 pg 1197-1217