

# REFERRALS

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## 1. INTRODUCTION

Anyone who has concerns about a child's welfare can make a referral to North East Lincolnshire Children's social care. Referrals can come from the child themselves, professionals such as teachers, the police, GPs and health visitors as well as family members and members of the public.

Referrals to Children's social care services usually fall in to three categories:

- Requests for information from Children's social care.
- Provision of information such as notifications about a child.
- Requests, for services for a child, which will be in the form of a referral.

Children's social care has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.

The local **Thresholds of Need 2020** provides guidance about the criteria for making and receiving referrals.

If the referral to Children's Services is deemed as requiring a statutory assessment or intervention, the child must be seen by a qualified social worker as soon as possible following a referral. In respect of all referrals to Children's Social Care, the child's needs and safety remain paramount at all times and we will advise and guide those working with children and families in how to prevent concerns escalating.

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## 2. THE DUTY TO REFER

All professionals have a responsibility to refer a child to North East Lincolnshire Council Children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm.
- Is likely to suffer significant harm.
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989.
- Is a Child in Need whose development would be likely to be impaired without provision of services?

When professionals make a referral to Children's Social Care, conversations about worries should always take place with the family first, **unless** having a conversation with the family would place the child or someone else at **increased risk of suffering significant harm**.

Professionals should include any pre-existing assessments such as an Early Help assessment in respect of the child. **(Threshold of Need 2020)** Any information they have about the child's developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information.

The referrer must always have the opportunity to discuss their concerns with a qualified social worker

### 3. MAKING A REFERRAL

For all referrals to Children's social care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the same day that it was received. A decision must be made by a qualified social worker supported by line manager within **one working day** about the type of response that is required.

New referrals and referrals on closed cases should be made to the Children's Social Care Multi-Agency Safeguarding Hub (MASH). Referrals on open cases should be made to the allocated social worker for the case (or in their absence their manager or the duty social worker).

The referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral. **(See Thresholds of Need 2020)** The referrer will be asked for information about some of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household.
- Family address and (where relevant) school / nursery attended.
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents.
- Names and date of birth of all household members, if available.
- Where available, the child's NHS number and education UPN number.
- Ethnicity, first language and religion of children and parents.
- Any special needs of children or parents.
- Any significant/important recent or historical events/incidents in child or family's life.
- Cause for concern including details of any allegations, their sources, timing and location.
- Child's current location and emotional and physical condition.
- Whether the child needs immediate protection.
- Details of alleged perpetrator, if relevant.
- Referrer's relationship and knowledge of child and parents.
- Known involvement of other agencies / professionals (e.g. GP).
- Information regarding parental knowledge of, and agreement to, the referral.
- The child's views and wishes, if known.

Other information may be relevant and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm.

The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. Where a professional decides not to seek parental permission before making a referral to North East Lincolnshire Council Children's social care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to Children's social care.

All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement within three working days, they should contact Children's social care again.

#### 4. RECEIVING A REFERRAL

The social worker will discuss the concerns with the referrer and considered any previous records in relation to the child and family in their agency. The social worker will establish:

- The nature of the concerns.
- How and why they have arisen.
- The child's views, if known.
- What the child's and the family's needs appear to be.
- Whether the family are aware of the referral and whether they are in agreement with it or not.
- Whether the concern involves abuse or neglect; and
- Whether there is any need for any urgent action to protect the child or any other children in the household or community.

A decision to discuss the referral with other agencies without parental knowledge or permission should be authorised by a Children's social care manager, and the reasons recorded.

This checking and information gathering stage must involve an immediate assessment of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and / or interventions.

Interviews with the child, if appropriate, should take place in a safe environment. All interviews with the child and family members should be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.

The Children's social care manager should be informed by a social worker of any referrals where there is reasonable cause to consider Section 47 Enquiries and authorise the decision to initiate action. If the child and / or family are known to professional agencies or the facts clearly indicate that a Section 47 Enquiry is required, the Children's social care should initiate a strategy meeting/discussion immediately, and together with other agencies determine how to proceed.

The police must be informed at the earliest opportunity if a crime may have been committed. The police should assist other agencies to carry out their responsibilities, where there are concerns about the child's welfare, whether or not a crime has been committed.

#### 4. CONCLUDING A REFERRAL

At the end of the referral discussion, the referrer and Children's social care should be clear about the proposed action, who will be taking it, timescales and whether no further action will be taken.

Referral outcomes about a child, where there may be concerns, typically fall in to four categories and pathways:

- No further action, which may include information to signpost to other agencies.
- Early Help - referrals for intervention and prevention services within the Early Help services range of provision.
- Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 CA 1989).
- Child Protection services - assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 CA 1989) with active involvement of other agencies such as the police.

Whatever the outcome of a referral, it should have been assessed by a qualified social worker and a decision should have been made by the relevant line manager within the time scale of **one working day** about what should happen

next. The Children's social care manager must approve the outcome of the referral and ensure that a record has been commenced and/or updated.

The social worker should inform, in writing, all the relevant agencies and the child, if appropriate, and family of their decisions and, if the child is a Child in Need, of the plan for providing support.

In the case of referrals from members of the public, feedback must be consistent with the rights to confidentiality of the child and their family.

If the referrer disagrees with the decisions made by Children's social care about the outcome of the referral, they may consider making a complaint under the local Complaint procedure or raise the matter under the **NEL Escalation Procedure** for all Agencies Protocol.

The child and parents should be routinely informed about local procedures for raising complaints, if they wish to, and local advocacy services.

Where the outcome of the referral leads to a continuing assessment – see **Assessment Procedure**.