

**Effective Referrals to Safeguarding/Child Protection Front Door Services**

**Making a Referral**

As a Designated Safeguarding Lead you need to make decisions about the most effective intervention for the child or family you are working with. You may be basing that decision on historic concerns or the monitoring of a child over a period of time, information from another member of staff or child or an immediate notification of harm directly from the child.

Before you consider any referral look at your Local Safeguarding Children Partnership threshold guidance and use it to support you in making a decision. For any family the lowest level of intervention required to meet the need of the child should be the one offered. For example are there any universal services out there that could meet the need of the child? What is the school offer? If neither of these options would suffice, go through the tiered system of support using the threshold guidance to support you in considering if targeted non statutory intervention would be suitable eg. Early help or if statutory intervention of child is required e.g. Section 17 (child in need) or Section 47 (child in need of immediate protection) of the Children Act, 1989.

In which case the first decision you are making is the level of intervention. The second decision you are making if the decision crosses the line to require statutory intervention is, is it immediate risk of harm or is it support for statutory services through assessment e.g. is this a child in need (section 17) or a child in need of immediate protection (section 47). If the decision is immediate risk of harm then you should contact your local front door services immediately to have a discussion with them regarding the referral and the immediate level of support required (e.g. there may be risk of the child going home that afternoon). You must then follow it up in written referral (even if you are advised otherwise) if you do not you will not have a written account of your concerns in the future and this may not be recorded in the same way as a verbal conversation. This is particularly important if the child is making the FIRST disclosure, this then can reflect their language used and the level of detail that they may struggle to repeat again to individuals unknown to them (e.g. the police or a social worker). If the intervention is immediate then the third decision you need to make is do you need to tell the parents? If by informing the parents you would be placing the child at further risk you MUST not share the information with them. If you are challenged on this by front door services then you must be clear on your reasons for not sharing that information with the parents and you may wish to have a further discussion with the line manager if you still disagree with the decision to inform parents. If you believe that sharing this information may put the safety and well-being of the school, staff and other pupils then you may need to seek additional support from the police (e.g. an angry or aggressive parent showing up on site).

If you feel the referral is not immediate risk of harm, then you would be submitting your referral as a child in need (section 17) which is statutory intervention from front door services through an assessment process. In which case you must clearly mark that on the referral when submitting it. In these circumstances you would not need to ring and speak to a social worker prior to putting the referral in. In these circumstances you would inform the parents you were doing so and this type of referral should not usually come as a surprise to parents as it is likely you would have tried other forms of intervention previously e.g. early help and it has been unsuccessful. It may be that you have had concerns and offered intervention over a period of time but that has had little or no impact on the well-being of the child in which case parents should always be aware of the next steps or course of action you are going to take.

**Writing the referral**

When writing the referral be as clear and as factual as possible. If you have a professional opinion then cite is as so but it should not contain any personal opinion or hearsay. Give as much information as possible when completing a referral, this can include historic information that has an impact on the present information (don’t assume front door services will have all of this) and include your chronologies if necessary to back up your concerns.

The referral should clearly show the voice of the child, their language, their views and the impact of their current situation on their general well-being. Be clear of what your concerns would be, if this family does not receive intervention following your referral and therefore give your views on what you think is needed to support this family.

To give weight to your referral highlight what has already been done or offered to support this child and family and why was it not successful? Show your patterns of concerns, the deterioration in the child and the impact of the circumstances on this family. Remember to talk about the child’s journey and their lived experience. Bring the referral to life so that front door services can see the impact of the situation on the development and well-being of the child. If this was a child that was previously involved with services, what went wrong last time? What has changed for the child and what was missed?

Give details of the child’s current living arrangements, who is in the family home, e.g. new partners and the family dynamics. It is always useful to give strengths and positives even if this is highlighting other supportive family members e.g. grandparents particularly if the child/ren may need to be removed from the family home and placed with other family members. It is also useful to highlight if family members can be aggressive and may pose a risk to staff attending the family home.

Provide an analysis of your concerns, balancing the risks against the strengths and highlighting your concerns if intervention is not provided. Link this back always to your educational specialism e.g. the development and progress of the child. Ensure you state what your expectations are following the referral, what support is needed and what needs to change.

**Professional Challenge**

Once the referral has been submitted you should receive a response within 24-48 hours and if you do not, you need to contact your front door services to find out the decision made. If you disagree with the decision, listen to the views of the social worker and see if there is an alternative option/intervention that could be provided.

If you continue to disagree with the decision then escalate it to the line manager, service manager and eventually your Local Safeguarding Children Partnership (via professional resolution procedures). Ensure that you document your discussions, challenges and any written complaints.

It is always more successful to work in partnership with agencies and try to resolve issues with the best support for the family even if that means accepting that your referral didn’t meet the threshold. However, on balance you must always assess the risk to the child if intervention does not occur and if you believe that the child is at risk you must continue to pursue the challenge until the best outcome for the child can be reached.

**Recording**

Please ensure that you keep accurate and reflective records of all the actions that you take from hearing the initial information, to writing the referral, to escalating and challenging and that you record who you spoke to and why the decision was made. If you agree with an alternative decision then record it and why you agreed with it. Record the dates and times of everything undertaken. Do not use language such as ‘decided to continue to monitor’. You must be explicit about what you are continuing to monitor, for how long for and what your next steps will be.

If you challenged decisions, record it, what was the outcome and what happened next? You must record the solution and when it was reached, otherwise external auditors and your own governing body could query whether this has been resolved and if not, why not?

Following the referral resulting in any level of action or intervention, you should continue to record the impact and outcome of the intervention for the child and family to support you in feeding back to multi agency meetings.

**Supervision**

As part of the formal supervision process you should consider and discuss referrals that are made from your school/setting. What decisions were made and why? Did you agree with them and why? Acknowledge your own shortcomings but equally celebrate the challenges that resulted in intervention for the child.

Use supervision as a tool to track the progress of your interventions and measure the impact, outcome and success for the child/family to support you in continuing to make good progress for the child or to use as a tool for challenge to escalate intervention.