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# **Stoke-on-Trent Safeguarding Children Board**

## **Managing Individual Cases Procedures**

### **MAKING A REFERRAL**

#### **Section C 01**

Version 15

# C 01 Making a Referral



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### 1 Introduction

This section provides advice on what should happen if someone has concerns about the welfare of a child/young person living in Stoke-on-Trent. This will include concerns that indicate that a child or young person may be suffering, or likely to be suffering, significant harm.

### 2 Sharing Concerns

Irrespective of whether an Early Help Assessment has been undertaken, where there are concerns that a child may be in need, and in particular where there are concerns about a child being harmed, relevant information about the child and family should be discussed with a manager, a named or designated health professional or a designated member of staff depending on the operational setting.

**It is not unusual for people to be uncertain** about acting upon more unspecified concerns. Bearing in mind information-sharing legislation and guidance and in particular the common law duty of confidence, it is important that staff, volunteers and members of the public should feel able to share concerns in a responsible way. This may be achieved by having a preliminary discussion in one's own agency or work setting in order to help identify the critical threshold in passing on concerns. This can be undertaken with a senior colleague or child welfare professional. Many agencies have **designated staff** whose advice can be sought about determining immediate options. Such discussions should be clearly recorded on individual agency case records in a confidential section within the case record.

Professionals and members of the public alike can consult the Stoke-on-Trent local authority's Children and Families Safeguarding Referral Team (SRT) if they have information that indicates a child is suffering or is likely to suffer significant harm.

Where a child or young person is suffering, or likely to suffer, significant harm, children's services staff, have the lead responsibility for undertaking an assessment of the child's needs,

the parents' capacity to meet these needs and to keep the child safe and promote his or her welfare, and of the wider family and environmental circumstances. The child's own account of their needs, concerns, the capacity of their parents to protect them and promote their welfare, as well as other factors, should be taken into account as a part of the assessment and any subsequent interventions.

Everyone who works with children/young people, parents and others who are in contact with children should be able to recognise and act upon a situation that indicates the welfare of the child/young person may be at risk. Professionals should always be mindful of the welfare and safety of children, including unborn children, and the need to properly protect them when there are concerns about significant harm. Some children in specific circumstances i.e. children with a disability / those living away from home may be particularly vulnerable. This should not distract people from the potential for any child, in any circumstance, to suffer significant harm.

### 3 Immediate Safety

The safety of children is paramount in all decisions relating to their welfare. The law empowers anyone who has care of a child to do all that is reasonable in the circumstances to safeguard his or her welfare (section 3(5), Children Act 1989).

If the child is suffering from a serious injury, medical attention must be sought immediately by calling an ambulance or taking the child to the Accident and Emergency Department of the local hospital. Any action taken by staff should ensure that no child is left in immediate danger.

All agencies should also consider whether action is required to safeguard and protect the welfare of any other children in the same household, related to the household or the household of an alleged perpetrator or elsewhere e.g. a work environment.

### 4 Seeking Consent

Where a child is not deemed to be a **child in need** or a **child in need of protection**, the practitioner should consider what other types of support services should be offered. This can include support from the 'Early Help' or 'Early Intervention' services.

See further details on:

<http://www.safeguardingchildren.stoke.gov.uk/ccm/navigation/professionals/early-help/>

If it is determined that the child may be defined as 'in need'<sup>1</sup> or 'in need of protection'<sup>2</sup>, then a referral should be made to the Safeguarding Referral Team (SRT).

The permission of a parent / the person holding parental responsibility or the child, where appropriate, should be sought before making a referral unless to do so would place the child at risk of significant harm. If referring a child deemed to be 'in need' under Section 17 then consent is required; [see threshold document for further details](#). If consent is obtained then the child should be referred to children's services following the process described in this section.

In general, concerns should be discussed with the child, appropriate to their age and understanding, and with their parents. Where concerns arise as a result of information given by a child, it is important to reassure the child but not to promise confidentiality.

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<sup>1</sup> As defined by S17, Children Act 1989

<sup>2</sup> As defined by S47, Children Act 1989

**Exception applies where seeking consent may itself place the child at increased risk of significant harm.**

There should always be the opportunity to discuss concerns about a child's safety and welfare with, and to seek advice from, colleagues, managers, a designated or named professional, or other agencies but:

- Never delay emergency action to protect a child from harm;
- Always record in writing concerns about a child's welfare, including whether or not further action is taken; and
- Always record in writing discussions about a child's welfare in the child's file. At the close of a discussion, always reach a clear and explicit recorded agreement about who will be taking what action, what timescale has been agreed or that no further action will be taken.

## **5 Making & Taking Referrals Regarding Concerns about a Child's Welfare**

Professionals should complete the multi-agency referral form in order to make a referral regarding concerns about a child's welfare. This form should always be completed when making a referral to Stoke-on-Trent Children's Social Care / Staffordshire Children and Families First Response Service in the MASH. This is to allow the sharing of information with other agencies. All urgent child protection referrals should initially be made by telephone and then confirmed in writing as soon as possible, ideally within 24 hours but with a maximum timescale of 48 hours using this form.

### **URGENT Contact Numbers:**

**Stoke-on-Trent Safeguarding Referral Team: 01782 235100  
(Monday-Thursday 08:30am - 5:00pm and Friday 08:30am - 4:30pm)**

**E-mail: [SRT@gcsx.stoke.gov.uk](mailto:SRT@gcsx.stoke.gov.uk)**

**Emergency Duty Team: (Out of Hours Service): 01782 234234**

**Staffordshire Police: 101 and ask for M.A.S.H. (Multi Agency Safeguarding Hub). Outside of MASH hours, report to the Area Communications Room.**

**In an emergency always call 999**

**Referrals on open cases should be made to the allocated social worker if known.** In their absence the referral should be made to the duty officer or manager of the relevant team, or to the EDT out of hour's service.

The SRT worker receiving the call then has the responsibility for clarifying with the referrer:

- The nature of the concerns
- How and why they have arisen; and
- What appears to be the needs of the child and family?

This process should always attempt to clearly identify concerns about significant harm, the reasons for such concerns and whether it may be necessary to consider taking urgent action to ensure the child(ren) is/are safe from harm.

The SRT worker will complete a referral/information record and **in all circumstances should seek to complete as many parameters of this form as possible**. This information will cover areas such as the child's developmental needs, parental capacity and environmental factors that may be impacting on the welfare and safety of the child. They will additionally interrogate the relevant information systems in establishing whether the child or family is known to children's services.

Relevant details will include (from the referrer and internal sources):

- **Whether the child/ren needs immediate protection**
- Child's current location and, if known, and the child's physical and emotional presentation
- The referrer's name, contact details and relationship to the child
- Child/ren's name(s), including aliases if known
- Address/addresses, including previous addresses if known
- Date(s) of birth
- Other family/household members (including siblings on whom concurrent referrals are opened), including different addresses/dates of birth/contact details.
- Those with parental responsibility
- Whether the family is aware of, or consented to, the referral being made.
- Any other "witnesses" to what is being described
- Basis of concerns, including where possible, allegations/ sources/ timings/ locations.
- Details of any alleged "perpetrator".
- Significant events/incidents; either current or historical
- Schools/pre-school provision/other child care
- Ethnicity, preferred language and religion of the child/ren, parents/ carers
- Any disability/special needs of the child

- Names/contacts of other professionals or agencies involved / previously involved
- Immigration status, as appropriate
- Information about the child's current/historical legal status (e.g. child/ren currently the subject/historically subject of a CP Plan – any LAC status – current legal order)
- Originating authority for looked after children placed within Stoke-on-Trent from other local authorities

**Referrals that are made without parent's consent, whatever the basis for concern, should not prohibit action by children's services.**

The SRT worker should inform the caller about what is likely to happen as result of the call, including likely timescales.

All professionals must confirm the details of telephone referrals confidentially in writing to the Safeguarding Referral Team ideally within **24 hours but within a maximum timescale of 48 hours**.

**Please go to [www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)  
To access a copy of the Stoke-on-Trent and Staffordshire and  
Multi-Agency Referral Form (MARF)**

Anonymous referrals should not be treated with any lesser degree of priority, nor the caller treated with any lesser degree of courtesy and respect.

When responding to referrals from a member of the public, rather than another professional, workers should bear in mind that personal information about referrers, including identifying details, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. Concerns of professional staff for personal safety as a result of making a referral should be clearly recorded on the referral record.

## **6 Safeguarding Referral Team (SRT)**

**All referrals should be recorded in the standard [Multi Agency Referral Form \(MARF - see Section\)](#) by the referring agency and forwarded to the SRT via the mail box for: [SRT@stoke.gov.uk](mailto:SRT@stoke.gov.uk)**

On receipt of the MARF a member from the team will check the system and process the information, raising an Initial Contact and Referral form. However, if the MARF is to confirm a previous call the MARF document will be scanned and added to the child's electronic file.

The SRT manager will be responsible for identifying further actions which need to be taken in terms of deciding the 'status' of the referral, including whether there is a risk of/or actual abuse or neglect and if any urgent action is needed to protect the child/ren or any other children in the household.

Outcomes available to the SRT Manager are:

- No further action.
- Advice and Support offered to the referrer in order for them to support the child further as a single agency.
- Referral to another agency/service.
- Referral to Early Help and Intervention support
- Progress for further Children's Social Care action; Child and Family Assessment and / or Child Protection Enquiry.

The SRT Manager must explicitly endorse this decision and forward the referral to the appropriate area Safeguarding and Support Practice Manager.

In cases where actions are completed by the SRT, this team should inform professional referrers and families in writing of the outcome of the referral **within one working day**. In the case of public referrals this should be done in a manner consistent with respecting the confidentiality of a child.

If the referral indicates that a criminal offence may have been committed, the police will need to be informed immediately. This will enable the police to work in partnership with children's services and/or other agencies. In all cases where the police are involved the decision about when to inform the parents (about referrals) from third parties will have a bearing on the conduct of police investigations.

**Where there is a need to consider immediate action to protect a child, this should be undertaken without delay. An SRT practitioner should telephone the team to whom the referral has been forwarded to ensure they are able to take urgent action.**

Upon receipt of a referral the SRT Practice manager should decide and record the next steps of action within one working day. The Practice manager should further ensure that they acknowledge receipt of written referrals from other agencies within one working day. If the referrer has not received an acknowledgement within three working days, they should contact the SRT again.

Possible next steps of action/decision are:

The outcome of a referral being passed to the Safeguarding team will always be a Child and Family assessment unless for some reason they disagree with SRT's decision. The list below relates to what SRT may choose as outcomes.

- Provision of information and advice.
- Completion of a Child and Family assessment.
- Referral to another agency.
- Completion of an ICS Private Fostering Arrangement Assessment
- No further action.

In identifying further enquiries that will need to be undertaken, the Practice Manager should advise the allocated social worker of the following action(s) as appropriate:

- Direction to trigger a Section 47 Strategy Discussion. This will normally be the case where concerns about actual or likely significant harm are identified.
- Child and Family assessment to be completed in 45 days
- Child/young person to be seen and spoken to alone.
- Carer(s) to be seen.
- Home visit to be arranged.
- Other agencies to be contacted. (Reasons for not seeking parental consent should be explicitly stated).
- Visit child in another setting.
- Referral to police where a criminal offence has been committed.
- The need to refer to parallel procedures and guidance provided either by Stoke-on-Trent Children and Families Services or Stoke-on-Trent Safeguarding Children Board.
- A contingency plan if contact is unsuccessful.

This advice must be followed in all cases by the responsible social worker following receipt of the referral.

**Where a child is clearly at risk of significant harm, the consent of parents/ carers to disclose personal information is *not* required and there is no requirement to inform them of any action that is to be taken.** In circumstances where the need to safeguard a child does not arise permission should be sought from parents / carers to disclose personal information between agencies.