

## SECTION 3

## REFERRAL TO CHILDREN'S SOCIAL CARE

This Section sets out –

- The circumstances in which agencies and professionals should consider making a referral;
- Issues to be considered before making a referral;
- How to make a referral; and
- What will happen in the hours after a referral has been made.

## 1. GUIDANCE

*Working Together to Safeguard Children* [2010] Chapter 5 Paragraphs 5.17 – 5.34.

***The words in this typeface are additions or amendments made in response to the 2010 edition of this guidance.***

## 2. WHEN TO REFER

- 2.1 This procedure should be followed by all agencies and practitioners when they are concerned that a child may be suffering, or at risk of suffering, significant harm through abuse or neglect.
- 2.2 Any professional who has concerns about the welfare of a child should refer their concerns to children's social care in the Directorate of Children, Young People and Families. This applies to children living away from home as well as those living with their parents. It applies whether the concern relates to the actions of the child's parents, relatives, carers or others. It also applies when there are concerns about the welfare of an unborn child - see [Section 10](#) of these procedures [Unborn Babies at Risk of Abuse].
- 2.3 The Department for Children, Schools and Families has issued guidance on when to refer concerns about child protection issues. It is called *What to do if You're Worried a Child is Being Abused*, and it is available at <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00182/>  
***Practitioners should be particularly concerned regarding children whose parents or carers are experiencing difficulties in meeting their needs as a result of domestic violence (see [Section 23](#)), substance misuse (see [Section 25](#)), mental illness (see [Section 20](#)) and/or learning disability (see [Section 27](#)).***
- 2.4 If there are issues around the possible trafficking of a child, there is a flowchart attached to this section which shows how this relates to these procedures. ***Guidance on safeguarding children who may have been trafficked was issued in 2008, and is available from – [www.everychildmatters.gov.uk/socialcare/safeguarding](http://www.everychildmatters.gov.uk/socialcare/safeguarding)***  
***A brief summary of this guidance will be found in *Working Together to Safeguard Children* [2010] Chapter 6 Paragraphs 6.54 – 66.***

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### 3. ACTION

#### **Discussing and recording concerns**

3.1 Any practitioner who has concerns about the welfare of a child, should discuss them with colleagues, managers, a designated or named professional, or other agencies. Practitioners should -

- Never delay action which is necessary for the immediate safety of a child.
- Always record the reasons for their concern in writing.
- At the close of any discussion, always reach clear and explicit agreement about who will take what action, or that no action will be taken.
- Whether or not further action is taken, always record in writing:
  - ◇ Any discussions about the child's welfare, and
  - ◇ Any agreements about possible action.

And

- Always keep their line manager informed and follow their own agency's guidelines.

3.2 As a general rule, before making a referral to children's social care the practitioner should discuss their concerns with the child and family, and seek their agreement. However this should only be done if it will not place a child or vulnerable adult at increased risk of significant harm.

#### **Concerns arising from a possible or alleged criminal offence**

3.3 If any agency or practitioner has concerns about a child's welfare which constitute, or may constitute, a criminal offence against the child, they must always consider notifying children's social care or the police. If they feel that this information should not be passed on, this decision must be approved by a designated senior person in the relevant agency, and the reasons for the decision must be recorded.

3.4 In deciding whether to share this information, the practitioner must consider:

- Their legal obligations, including whether they have a duty of confidentiality to the child;
- Whether the child consents to disclosure of the information; and
- If not, whether there is a public interest of sufficient force to disclose the information without consent.

The practitioner must make these judgements on the facts of each case, and the overriding consideration must be the child's best interests.

- 3.5 Specific guidance relating to underage sexual activity will be found in [Section 28](#) of these procedures [Concerns about Children and Young People Involved in Underage Sexual Activity].
- 3.6 Whenever an agency or practitioner refers concerns which may constitute a criminal offence, children's social care will discuss the case with the police at the earliest opportunity.

### **Making the referral**

- 3.7 If the practitioner remains concerned that a child may be suffering, or may be at risk of suffering, significant harm, they must report their concerns to children's social care. **Do this on the same working day.**

Heart of Birmingham Tel: 0121 303 2334

South Birmingham Tel: 0121 303 1888

North & East Birmingham Tel: 0121 303 6541

Outside office hours, they should contact –

The Emergency Duty Team Tel: 0121 675 4806

- 3.8 The referring practitioner should state clearly:
- The name, address and physical description of the child about whom they are concerned;  
If there is any uncertainty about the identity of the child, they should draw attention to this.
  - The nature of their concerns;
  - How and why the concerns have arisen;
  - ***What appear to be the needs of the child and family;***
  - ***The nature of their past and present involvement with the child and/or family members; and***
  - Whether they feel that urgent action may be necessary to protect the child from harm.
- 3.9 When a practitioner makes a telephone referral to children's social care, they should confirm it in writing within 48 hours, using the multi-agency referral form and giving full information about the child and household and the reasons for their concerns.
- 3.10 When children's social care receives a referral -
- The referral and advice officer will record the information and discuss the concerns with the referrer;  
***This will include asking whether the referrer knows about any difficulties the family may have due to domestic violence, mental illness, substance misuse and/or learning disability.***

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- The referral and advice officer will consult the records held by children's social care and check for any evidence of previous concerns (lateral checks);  
This will identify contact with the Adults and Communities Directorate as well as contact relating to children of the family.

And

- The duty screening manager will decide what action should be taken (see Paragraph 3.12 below).

- 3.11 At the end of any discussion about a child, the referrer should be clear about ***the local authority's proposed course of action, including timescales and who will be taking this action, or that no action will be taken.*** The referrer should record this decision in writing.
- 3.12 On receiving the referral, the team manager in children's social care must decide on the next course of action within ***one working day***, and will notify the referrer of this decision and the reasons for it on the next working day after the referral, and will confirm this in writing. If the referrer has not received notice of the decision within three working days, they should contact the team manager again.
- 3.13 If the referrer is unhappy about the response of children's social care, they should discuss the matter with their manager/supervisor or the designated or named professional for child protection, who will raise the issue with the team manager in children's social care. If there is still disagreement, the matter should be referred up to more senior managers.

## CHILD WHO MAY HAVE BEEN TRAFFICKED

