

Making a Referral to Redcar & Cleveland Council's Multi Agency Children's Hub



A Guide for Professionals

This guide will help professionals when making referrals to Redcar & Cleveland Council's Multi Agency Children's Hub (MACH).

The MACH is the route for support for both Early Help and Children's Social Care services. We will use the information in your referral to identify the right service for the child you are worried about.

This document provides advice and guidance about the best ways to record your worries on the referral form so that we can clearly understand the level of risk to the child and the important people in the child's life. This will help our social workers in their decision making so that we can get the right help in place for the child at the earliest opportunity.

In Redcar & Cleveland our Early Help and Social Work services are aligned to the Signs of Safety model of practice. You can find out more about this approach, including a guide for partner agencies, on our website at the following link:

<https://www.redcar-cleveland.gov.uk/children-and-families-services/signs-of-safety>






For a copy of the safer referral form please go to:

<https://www.teescpp.org.uk/>

For more information about raising concerns about a child living in Redcar & Cleveland please click the below link:

<https://www.redcar-cleveland.gov.uk/children-and-families-services/concerns-about-a-child>

General advice about completing your referral:

| | |
|---|--|
|  | <p>Use clear language that everyone can understand</p> <p>Bear in mind that, in the future, the child who is the subject of your referral may want to understand more about why they had involvement with children’s services and they might request a copy of the documents in their file. If they read your referral would they understand what you are worried about?</p> |
|  | <p>Capture the voice of everyone involved, especially the child</p> <p>When you describe what people have told you, this might be your colleagues, the family, or the child. Use their exact words where you can, rather than summarising this and giving it your own interpretation. Make this clear by stating who told you what and putting their words in speech marks.</p> |
|  | <p>Don’t use Acronyms</p> <p>We all use them but outside of our profession or organisation most people don’t have a clue what they mean. The same acronym could mean something totally different to a police officer, a social worker and a teacher - this can be confusing so please don’t use acronyms in your referral.</p> |
|  | <p>Avoid Professional Jargon</p> <p>There are words and phrases that are specific to our profession or organisation and it’s easy to forget that others don’t understand what this means. Professional language doesn’t explain what you are worried about and if we use this in our conversations with families it’s likely to create a barrier to good communications. Try and use language you would use if you were explaining your concerns to the child.</p> |
|  | <p>Avoid Professional Terminology</p> <p>We’re all familiar with terms like ‘neglect’ and ‘domestic abuse’ but what do they actually mean? These terms are just broad labels and they don’t tell us much about what has happened or the severity of your worries.</p> <p>One person’s interpretation of the term neglect is likely to be different to someone else’s, depending on their previous experiences.</p> <p>If you don’t describe exactly what you have seen and heard, that has led you to determine that the child is being neglected, the social worker picking up the referral could significantly under or overestimate the severity of risk, especially if we can’t get hold of you to ask follow up questions.</p> |

It’s definitely a culture shift to change the language that we use and how we describe things. Social workers will slip up on this as well. You are welcome to challenge us if you think we aren’t adhering to these principles. Please ask us to clarify if you are not clear about anything we say.

If you have concerns about a child being harmed, the harm matrix on the last page of this document will help you to explain your worries in a clear and structured way. This will provide the social worker with a good understanding of the previous and existing harm which the child has been

Describing your concerns

Be clear where possible and explain:

- who you are worried about;
- what they have done to make you have a worry;
- how long you have been worried and how often you have had these worries;
- describe how severe these worries have been and the known impact on the child or children to date.

When you are explaining what you are worried about, the harm that you have observed or the risk of harm, please describe this in detail. Write what you have seen and heard.

For example:

“We are concerned that the children are being neglected”

compared with:

“The children have told us that there hasn’t been any food in the house for the past 3 days because their mum and dad have spent all of the money on drugs. The children have said that they have been so hungry they have been looking in bins for food.”

The latter is a more detailed statement which will better inform our assessment. When we visit the home the parents might have just been shopping and the children might have just eaten. The parents might have told the children not to tell the social worker that sometimes there isn’t food in the house. If so, we won’t be able to capture this in the same way that you, the referrer, can and this information will be important to evidence harm in a Court Report.

A contextual safeguarding example is:

“We are worried Emma is at risk of CSE.”

Would be better described as follows:

“Emma is often picked up from school by a group of older young people in a car, mum reports she doesn’t know these new friends of Emma’s, Emma has become very secretive about where she goes and who she is with. Emma showed her support worker a brand new iPhone that she was really pleased about and said she had a job after school.”

If you are describing events or behaviour that you didn’t witness first hand, make sure you explain who observed this

If you didn’t see or hear the harmful behaviour first hand tell us who did. Where possible use their words verbatim to explain this and provide their full name and contact details so we can get further information if necessary.

What is the impact on the child?

What have you seen/ heard/ been told about the impact of the worries on the child?

Make sure you distinguish between what you think is the impact on the child and what you have observed. If you say something like “James was really upset” explain what this looked like. Was he crying, screaming, quieter than usual?

What did James say or do to make you think he was upset? When describing what James told you, use his exact words in speech marks. We want to capture the voice of the child wherever possible.

Has this happened before?

In line with the prompts on the harm matrix, is this the first time the reason for your referral has happened? If not, when was the first time this happened? What was the worst incident? When was the last time that you were aware of?

If you have checked your records and there is no indication that this has happened before, please mention this in your referral.

Complicating Factors

Complicating Factors should be clearly identified under a separate heading within the 'What Are We Worried About' section of the Safer Referral.

This is where you would record anything that is making it more difficult to address the worries for example:

- Physical or mental health of someone in the household
- Someone having communication difficulties because of a hearing impairment or not speaking English as a first language and this is making it difficult to explain what is happening.
- Problematic relationships with extended family, friends and community
- Financial problems.

What's Working Well

What is going well in the day to day care of the child, who does this and what are they doing?

This will help us to understand the actions that have been taken to keep the child safe when harm has been present and the good things that are already happening in the child's life, this is all useful information that we can build on with the family to create a good plan to keep the child safe, for example:

Please include information in your referral about the strengths and safety in the child's life.

Strengths are the good things people are doing to try and sort out the worries and the people who are helping

- *"Sometimes Mum's sister Kate is with her when she drops James off at school. This happens about once a week and when she is there he always arrives on time and his clothes look clean and smart. James often speaks about his Auntie Kate and he always smiles when he talks about her."*
- *"The Imam has been supporting the family with everything that has been going on during this difficult time."*
- *"Every Thursday James goes to his friend Ben's house after school and has his tea there, he has mentioned this a few times on a Thursday and really looks forward to playing with Ben. Ben's Mum Rebecca picks them both up from school."*
- *Emma seems to have built a good relationship with the pastoral support worker, she seeks her out in school regularly and will talk to her about some of her worries about school and friends. Emma has kept one of her best friends throughout these recent changes.*

Safety is the people who are keeping the child safe when the bad things are happening.

- *“When Mum started to get angry, Dad took the children round to their Gran’s house so that they weren’t frightened or hurt.”*
- *“Dad has been going to see the doctor to get some help with his depression. He has been getting Ben to school on time more often since he has started taking medication.”*
- *“Emma has phoned her best friend’s mum in the past to pick her up when she was out with these new friends but wanted to come home earlier than they did.”*

If anyone is mentioned in the ‘What’s Working Well’ section please list them in the ‘family network and other important people’ part of your referral, even if you don’t know their full name. We will explore this further if the referral progresses to early help or social care. It is important that we identify people who can help keep the child safe and support the family, both as part of a safety plan to address the worries and to continue doing this when children’s services are no longer involved. It does not always have to be a family member it can be a friend or neighbour too.

What Needs to Happen Next?

Tell us what you would need to see for you to feel that the child is safe, what are the next steps that your agency are taking to try and support the family going forward?

What is it that you need to see for you not to have a worry?

What does the child and/or their family think needs to happen next or what needs to change?

Scaling Questions

We will ask you scaling questions to help us understand how safe the child is in relation to your worry.

The question will usually be tailored to the child you are discussing but it will look something like this:

On a scale of 0 to 10:

Where 10 is the child is safe in relation to your worry and

Where 0 is you are so worried you don’t think it’s safe for the child to remain in their current situation.

Where would you rate the situation?

We will also ask you what you would need to see happening to rate the situation one step higher.

This helps us to understand how worried you are, and we will take this into account within our decision making.

We will consider all of the information and evidence that you have shared and this decision will also be checked and authorised by their manager.

Signs of Safety Harm Analysis Matrix

When assessing child abuse and neglect it is crucial to gather specific, detailed information about the harm. This involves clearly identifying the harmful behaviour, its severity and frequency and impact on the child. The matrix below is designed to assist professionals to develop questions to gather detailed information from referrers.

| Chronicity <i>Action/Impact</i> | Timespan | First incident | Worst Incident | Last Incident |
|--|--|---|---|---|
| Behaviour <i>The dangerous or harm causing adult behaviour. Can also be a young person's dangerous behaviour</i> | <i>What is the worrying adult behaviour and how long has it been happening? How many times has that adult behaviour happened over the total time span?</i> | <i>When and what was the first time you or your agency heard about the worrying adult behaviour?</i> | <i>When, and what was the worst event</i> | <i>When, and what is the most recent event of worrying adult behaviour your agency knows about?</i> |
| Severity <i>Describes how bad the harmful adult behaviour is</i> | <i>Over the whole timespan the adult behaviour has been happening, how bad has the adult behaviour been?</i> | <i>How bad was the first event of adult worrying behaviour?</i> | <i>How bad was the worst event of worrying adult behaviour?</i> | <i>How bad was the most recent event of worrying adult behaviour?</i> |
| Impact <i>Describes the physical and emotional impact of the adult behaviours on the child</i> | <i>Over the whole timespan the adult behaviour has been happening what has been the overall impact on the child(ren)?</i> | <i>Over the whole timespan the adult behaviour has been happening what has been the overall impact on the child(ren)?</i> | <i>What was the impact of the worst incident on the child(ren)?</i> | <i>What was the impact of the most recent incident on the child(ren)</i> |