|  |  |
| --- | --- |
| Making a referral to First Response | 2017 |
| This document contains information, documents and activities that relate to making good quality referrals to First Response. It serves as both a source of information for delegates, and a workbook to be completed during the training itself. | KBSP Interagency training Programme |



# Introduction

“Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part; and adopt a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.” Working together to safeguard children, 2015.

# About First Response

* First Response is the front door to children’s services in Bristol. You contact them if you have a safeguarding or child protection concern about a child or young person.
* The team deals with concerns from all professionals in Bristol, regardless of who they work for, any concerns from families themselves and members of the public. **That’s about 2,000 referrals per month.**
* To complete their work they have 11 advisors, 2 administrators, 0.8 of an apprentice, 1 Early Help Coordinator, 4 deputy managers and 1 Manager. The Deputy Managers and Manager are qualified and experienced social workers. Taking into account leave, staff illness, and training there are 6-8 people available to respond to referrals each day.
* Every referral is triaged by one of the qualified social workers in the team to assess priority and allocate accordingly – that means each Deputy Manager could be analysing up to 30 referrals every day – more on some Monday mornings.
* First Response are responsible for assessing the concerns that they receive and making the decision about what action to take regarding them. If a family is not already known to Children’s services in Bristol then they might only have the information on the referral to base their decision on.
* First Response will gather information from partner agencies that are involved with families that are referred, however they can only do this if they know who is working with the family – there is no main database in Bristol that stores all the information about our families. There is no national database for families involved with Children’s services in other areas so First Response rely on their referrers to tell them about the family and the concerns.
* First Response will decide whether any action is necessary, and if so whether a family will be referred to the Early Help Team or a Social Work Unit for further assessment. If they need more information to make that decision then they can pass referrals to the Threshold Decision Service or the children’s MASH (Multi Agency Safeguarding Hub).

**What do First Response do with my referral?**

* First Response have to decide what service is most appropriate for each referral. They do this in line with Bristol threshold guidance (link is at the end of this booklet).
* First Response use the information contained within the referral and any other information that they are able to gather to decide what service is most appropriate.
* First Response will focus on the voice of the child, and the evidence of what impact the concerns raised are having on the child’s safety, welfare, and life experiences.
* First Response have to make a decision about what service is appropriate very quickly – they need detailed, accurate information to do this.
* If a referral does not meet the threshold for any services then First Response will write to the refferrer explaining the reason why no further action is being taken.
* If a referral does not contain enough information to make a decision then First Response will return the refferal to you with advice about what is needed before they can accept the refferal and make a decision regarding suitable services.

**What do First Response need to be able to do their job properly?**

* They need a clear explanation of what you are worried about, and why you are so concerned that you have made a referral asking for a service.
* They need a clear focus throughout the referral of the impact your concerns are having on the child/children. This can be about specific serious incidents, but it should also include details about the day to day impact on their health, safety and development.
* They need as much information as you can provide about the family – who else lives with the child, or is significant but lives elsewhere. You might need to ask the family about this, or research your agency databases to provide this information.
* They need the parents to know about the referral, and unless there are Child Protection (S47 enquiry) concerns that they parents agree to the referral. Include information about the parent’s view of your worries, and what they would like to have happen. The only exception to this is if you believe that informing the parents would put the child at risk of further harm – but if this is the case explain fully why you haven’t told the parents. Be aware that even in this case you might still be the best person to inform the parents that a referral has been made – but it can be done as part of a joint plan with other agencies and the social worker allocated to complete the enquiries.
* They need the voice of the child to be clearly present in the referral. If the child cannot speak then there are many other ways to capture their voice (even if they can speak some prefer other ways to communicate their worries and concerns). Ensure that the child’s views are detailed in any referral – in whatever way suits them.
* They always need to know what has gone well with previous support, and what works well for the family – in Bristol we use the signs of safety approach which reminds us that all families have things that are going well. Describing positives will not prevent support that is necessary to protect children from being provided – it can help to determine what action is most appropriate, or how to engage effectively with a family.

**What can I do when I make a referral to help First Response?**

* Include all the relevant information they need to assess what to do with the referral. If you can find the information out then do so – ask the family, the child or check your own databases for information.
* Use clear, easy to understand language.
* Answer all the questions on the referral form – if for any reason you can’t record why you don’t have access to the answer. Referral forms could be returned if there is information missing that could have been provided so this is important to avoid delays in getting children the help they need.
* Avoid using jargon, or abbreviations that only make sense within your own agency.
* Keep a copy of the referral, and a record of the referral number so that if you need to follow up it is easy for First Response to find your referral. Ensure that any copies are stored securely.
* Be really specific – the advisor at First Response has never met the child you are concerned about. They won’t know what you mean by phrases such as “gets emotional”, “self harms” or “has behaviour issues”. Describe what actually happens when a child behaves in a way that worries you, explain the impact on the child, and others. Imagine you had not met the child – would you understand what was happening based on your referral?
* Explain why you are making a referral now – what has changed recently to make this necessary? In some cases this will be very obvious as there will be a clear disclosure or specific incident, however, in cases involving escalating concerns, or an accumulation of low level worries this will be important to explain the change in threshold.

**Making a Referral – Use the Single Assessment Framework**



When assessing the needs of a child in Bristol a Single Assessment Framework (SAF) is used. When making a referral, evidence is looked at based on this framework to establish the needs. The more prepared you are, the better your referral is likely to be.

## Exercise: Making a good referral

Below is a referral that has been made to First Response. Use your skills and knowledge to assess the quality of the referral. Consider the following questions:

1. Is all the information in the correct place?
2. Have all the questions been answered fully?
3. Is the language used clear, specific and easy to understand?
4. What additional information is needed?
5. What feedback would you give to the referrer in this case?

**Report a concern about a child or young person**

You should only use this form if you're a professional. If you're not then you should call First Response on 0117 903 6444.

All fields are mandatory unless marked as optional.

**Parental consent**

Do you have consent to make this referral from the parents or carers?

⌧ Yes

[] No

Sometimes we’ll need to share this information with other agencies who might be able to help. We'll also usually need to get additional information about the children and family from other agencies to help us to make the right decisions about the support that's needed.

These agencies include:

Schools

Health professionals

Police

Early Years settings

CAMHS

Voluntary sector services

If the parents or carers haven’t agreed to this then we won't be able to progress this referral for further support. **It's important that this question is answered accurately as information sharing must happen legally and with consent.**

Have the parents or carers agreed that we can share information this information with other

agencies?

⌧ Yes

[] No

**Your details**

Your full name: **Barbara Smith**

Job title or relationship to the child and young person: **Headteacher**

Organisation: **Bramley Apple Primary School**

Phone number: **0117 123 4567**

Email address:

Full address:

**Children in the family**

How many children are there in the family?

Will an interpreter be needed for any of the children?

Details for children:
Name: **Poppy Small**

Date of Birth: **01.12.2012**

Address: **42 Barny Lane, BS1 2AA**

School or Nursery: **Bramley Apple Primary School**

Gender: **Female**

Ethnicity: **WBR**

Religion:

First Language:

Details for children:
Name:

Date of Birth:

Address:

School or Nursery:

Gender:

Ethnicity:

Religion:

First Language:

Details for children:
Name:

Date of Birth:

Address:

School or Nursery:

Gender:

Ethnicity:

Religion:

First Language:

**(must be completed for each child).**

**Parents and Carers**

How many parents, carers, or other adults are involved?

Will an interpreter be needed for any of the adults involved?

Name: **Louise Small**

Date of Birth: **31.04.1985**

Address: **42 Barny Lane, BS1 2AA**

Phone number: **07582145698**

Relationship to the child: **Mother**

Do they live with the child? **Yes**

Ethnicity: **WBR**

Religion:

First Language:

Name:

Date of Birth:

Address:

Phone number:

Relationship to the child:

Do they live with the child?

Ethnicity:

Religion:

First Language:

Name:

Date of Birth:

Address:

Phone number:

Relationship to the child:

Do they live with the child?

Ethnicity:

Religion:

First Language:

**(must be completed for each parent / carer)**

**Other professionals involved**

Are any other professionals involved?

[] Yes

[] No

Are they working with just one child, or more?

**Worries**

Why are you requesting help for this family?

Poppy is having challenging behaviour both at home and at school. She is very emotional at home and at school.

Poppy has always had challenging behaviour at home but is now having challenging behaviour at school too.

Mum feels that Poppy has always had behaviour difficulties since being a baby

Mum thinks Poppy has ADD

Poppy doesn't go to sleep very easily - it can take Poppy three hours to go to sleep

Poppy has always had challenging behaviour at home but is now having challenging behaviour at school too.

Have you spoken to other professionals working with the family about your concerns?

No

What are the views of the child or children on this situation and the referral?

Poppy says she is tired and she tries with her behaviour

What are the parents’ or carers’ views on the situation?

They would like support

What is the impact on the children of the worrying issues you’ve identified?

Due to her behaviour at the moment she is not accessing all of the curriculum.

Poppy can get very emotional she needs a lot of reassurance.

Poppy is falling out with her friends quite a lot at the moment.

She has hurt other children on occasions.

Poppy has had allergies before. She also has a skin condition

**Strengths**

What’s going well for the parents or carers?

Mum is engaging with the school. She is coming to the school and asking for help.

Mum is able to meet the needs of food, housing etc.

Mum is asking for help and is unsure as what to do with Poppy.

What’s going well for the children?

Poppy is working at expectations for reading, writing and maths. She is able to dress herself and is independent.

Ellie (younger sister) attends the school's nursery

Mark - older brother - Year 9 - has been supported by CAHMS and mum feels this is working well. This has now been signed off.

**Final Questions**

What services or support have already been offered to the family?

Poppy has had 1:1 support at school through the Thrive Pastoral Mentor. Mum has previously done a parenting course.

Mum has requested a CAHMS assessment for Poppy

What work has been successful or unsuccessful?

Mum is concerned that her behaviour has got worse at school over the past couple of weeks both at school and at home.

Are there any risks to staff when working with this family?

None

Is there anything else we need to know to help us to make the right decisions for the children involved?

Mum is 12 weeks pregnant.

Mum's partner does not live at home but is over a couple of nights a week.

**Next Steps**

What support do you think would address the worries you’ve raised?

Mum would like to access a parenting course for children with ADD

Mum would like support with bedtime routine.

Mum feels like she is putting in the right strategies but they don't seem to be having an impact.

## What can I do if I am still worried about the child and I don’t think the right decision has been made?

## Decisions should always be reached by consensus through constructive conversations,

## however sometimes there might be disagreement on how the child’s needs can best be met. If this is the case:

## • In the first instance talk with your line manager or designated child protection lead for your organisation.

## • In your referral, check that you have included all of the relevant information and clearly articulated what you are worried about.

## • If you are still unhappy with the decision, the conversation should be progressed to the line managers/safeguarding leads of each agency, as set out in the BSCB Resolving Professional Disagreement Policy (escalation policy)

## Useful information

**First Response**: 0117 903 6444 – if urgent referral, immediate risk of significant harm. Otherwise refer at: [**https://www2.bristol.gov.uk/form/child-or-young-person-request-support-or-report-concern**](https://www2.bristol.gov.uk/form/child-or-young-person-request-support-or-report-concern)

**Outside office hours**- Emergency Duty Team- 01454 615165

**Early Help Teams** - North: 0117 903 8700, South: 0117 903 7770, East Central: 0117 903 6743

**Children’s Social Work Units:** contact numbers for all 27 units across the city can be found at:<https://www.bristol.gov.uk/social-care-health/social-work-contact-details-children-and-young-people>

**Keeping Children Safe website:** [**https://bristolsafeguarding.org/children-home/**](https://bristolsafeguarding.org/children-home/)

**Bristol Threshold Guidance:** [**https://bristolsafeguarding.org/media/1158/threshold-guidance.pdf**](https://bristolsafeguarding.org/media/1158/threshold-guidance.pdf)

**Bristol Single Assessment Framework Guidance:** **<https://bristolsafeguarding.org/media/1175/saf.pdf>**

### Escalation Policy: <https://bristolsafeguarding.org/media/1176/escalation-procedure.pdf>

### South West Child Protection Procedures: [www.swcpp.org.uk](http://www.swcpp.org.uk)

Go to speak with Safeguarding Lead immediately. If not available, find the deputy or you act.

Decide no further action and inform your agency.

Child in Need s17 enquiries. Allocated to Social Care Unit, referrer informed. Your agency participates in assessment and plan.

Early Help Team appropriate. – SAF allocated and referrer informed. Your agency participates in assessment and plan.

First Response assesses risk and direct to:

Complete web form referral to First Response (copy of referral kept for file). **Parental consent is required.**

Concern meets threshold for Early Help Team or Child in Need.

Agency led interventions/refer direct to other agencies (e.g. Brook, counselling, etc) – this equates to early help for the child (not to be confused with the team).

No further action – will monitor.

Child is in immediate danger – phone 999

Action is taken by the appropriate agencies

Child Protection concern – take action now.

Agree who will make the referral to First Response (and call the police on 101 if necessary).

Referral is made to First Response/Police, stating that it is a Child Protection concern.

You will need to record on your own system in writing ASAP (within 24 hours). This applies whether or not you make the actual referral.

Your agency continues to participate in Child Protection Strategy or S.47 Enquiries.

All other welfare and safeguarding concerns

Complete internal concern form and pass to Safeguarding Lead

Lead will assess (with discussion with staff and consultation of any safeguarding file held) to agree actions required.

You have concerns about a child

**No matter what the outcome, keep monitoring, re-refer or escalate as appropriate. Participate in all assessments and plans. Chase referrals if not kept informed – this is our responsibility.**