Making Effective Referrals:
A guide for DSLs

safeguarding
network

Making referrals is central to the role of Designated Safeguarding Lead (DSL). It is a key responsibility outlined in the DSL's job description in early years settings, schools and colleges in Keeping Children Safe in Education, Annex C:

"To refer cases of suspected abuse and neglect to the local authority children's social care as required"

The DSL role was created to communicate with children's social care, acknowledging the need to have a named senior leader who could take the lead responsibility and share concerns with partner agencies.

This guide has been written with the aim of helping DSLs make referrals more effectively. By drawing on the experience of the Safeguarding Network team, it provides an insight into the issues that exist within the process and the wider context of social care. Further to this, it looks at a referral in more detail, explaining what should and shouldn't be included in terms of content to improve your chances of success.

Problems with referrals

Although a vital part of the DSL's role, making referrals and sharing concerns can be difficult, and as such, the referral stage is recognised to be a vulnerable point in the process

For example:

- What if both agencies don't share the same concern?
- What happens if there are differences of opinion?
- How much information should be communicated?
- What administrative errors could affect the process?
- Who is to blame if things go wrong?

Evidence of issues

The Social Care Institute for Excellence reviewed 38 Serious Case Reviews in 2016 and gathered further information from panels of professionals. From this, they identified 14 themes, including 10 issues relating to referrals and information sharing, which were:

1. Disagreement about use of early help assessment
2. Confusion about 'referrals' and 'contacts' in children's social care (CSC)
3. Not making a referral after bruising to non-mobile babies
4. Not making a referral when young people disclose sexual activity
5. Unresolved disagreement about the need for children's social care involvement
6. Not convening strategy discussions
7. Confusion about interpretation of medical information on cause of injury
8. Incomplete information sharing by schools in child protection conferences
9. Misinterpretation of police decisions not to pursue a prosecution
10. Euphemistic language in reports and written records

More recently, in 2020, 14 of the 33 Case Reviews published on the national case review repository included issues around referral or information sharing.

The wider context

Attempting to involve children's social care can be very difficult, because as DSLs, personal feelings and biases can come into play. DSLs can often also be impacted by limited resources as a result of the austerity measures affecting statutory services.

We've written previously on the reducing availability of services for children in need and at risk of protection in the context of rising need. While staff in schools and local authority Children's Services may strive to keep children's best interests at heart, they do this within the context of strained systems and limited resources, of IT systems that often do not communicate effectively and of unconscious aspects of professional dangerousness that cloud judgement and decision-making.

Digital safeguarding tools

The advent of electronic safeguarding files (such as MyConcern or CPOMS) in schools and colleges supports better recording, organisation and communication and some areas are trialling direct access between education settings and social care.

Safety and learning

There is also a growing recognition that children's safety underpins effective learning. This was mentioned in the 2019 Government response to the Review of Children in Need. In addition to this, much greater priority has been placed on the needs of vulnerable learners, including those who have had a social worker.

Quality of information shared

The detail shared in referrals is important

Many geographical areas have Multi-Agency Safeguarding Hubs (MASH) or similar, which share information across a number of agencies and combine the agencies' joint knowledge to make safer decisions.

With several parties feeding into the process, this can sometimes lead to very long referral forms. Children's Services should be made aware of this because it can deter professionals from making a referral. Information they provide, however, could be important to help identify information on other agency databases, for example, with the police or housing services.

Information to include

To be as comprehensive yet concise as possible, we recommend you include in your referral:

- The **reason for the referral** and the nature of the concern
- The child's voice and what their needs appear to be
- **Full** information for MASH/Children's Services wherever possible
- **Previous concerns** and interventions
- A full and honest **risk assessment** based on the family's strengths, capacity and partnership
- **The family's agreement**, or the reason for overriding this
- Whether the concern involves **abuse or neglect**
- **What you want** to happen next
- Whether there is a need for **urgent action**

Including the child's 'voice'

Hearing/seeing the 'voice' of the young person is essential in safeguarding work. This means paying close attention to what they say, how they behave and what they are communicating in other ways.

While we take into account their age and understanding, children of all ages and abilities communicate and **their perception should be included in your referral**. If we see children and young people as 'experts in their own experience' it means we give their views proper weight.

Be careful, though, not to fall into the trap of waiting for young people to disclose abuse before taking action to protect them. Children are under many pressures and it is our responsibility to notice their concern, to understand their lived experience and to take action when we are concerned.

Factors, tools and frameworks to consider

When compiling the referral, it's important that you bear the following in mind:

1. **The context of threshold**
2. **Analysing risk**
3. **Threshold tools**
4. **Family partnership**
5. **The legal and guidance framework**
6. **Escalation and dispute resolution processes**

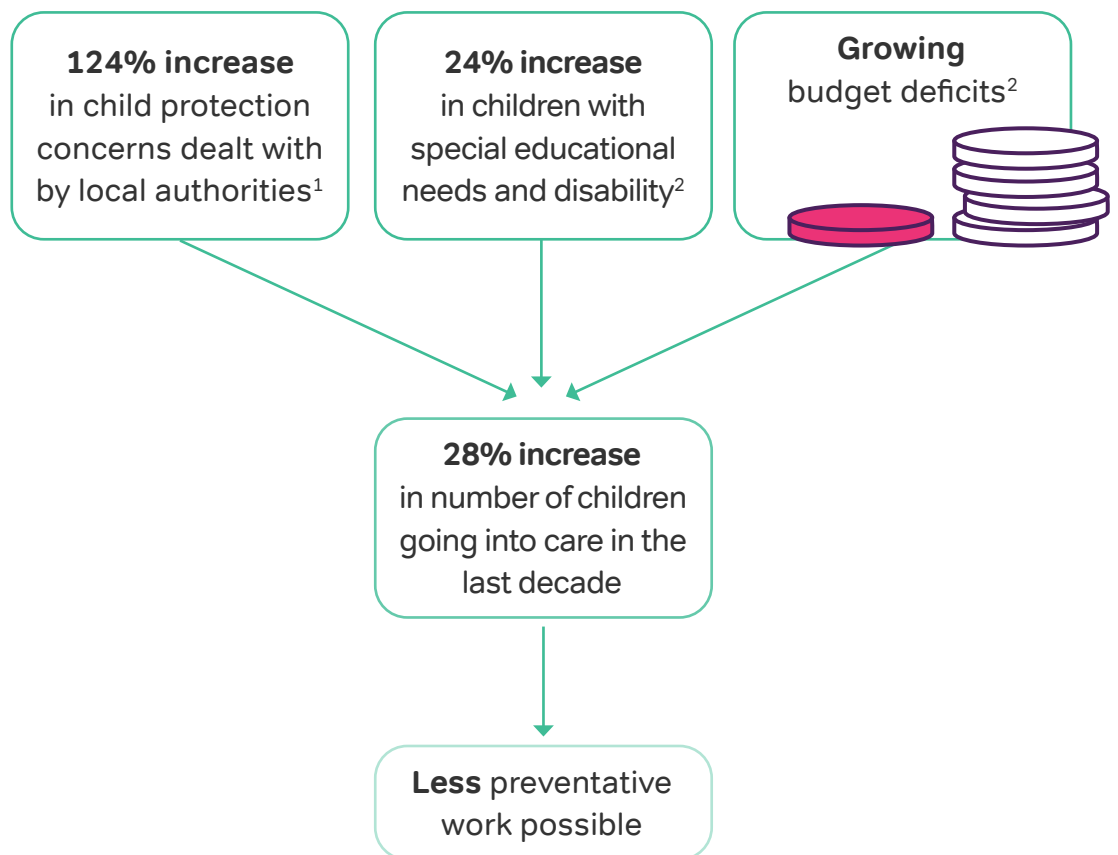More detail on these areas is provided on the following pages

1

The context of threshold

In an inquiry by the National Children's Bureau (NCB) for the All-Party Parliamentary Group for children,

"70% of … social workers [report] the threshold for helping 'children in need' had risen, … while half said the point at which a child protection plan was triggered had gone up"

It is easy to understand why when you consider the context:

124% increase in child protection concerns dealt with by local authorities[1]	**24% increase** in children with special educational needs and disability[2]	**Growing** budget deficits[2]

28% increase in number of children going into care in the last decade

Less preventative work possible

As you can see, there are significant dangers for young people, which create a vicious cycle of escalating risk.

Such a context risks conscious and unconscious pressures on everyone to deviate from clear analysis or procedure and engage in defensive practice, fuelled by anxieties of "fear, blame and mistrust" within which the child becomes invisible.

[1] Increase between 2006 and 2016, (National Audit Office).
[2] As quoted in our article "Shrinking Services, Growing Needs", January 2019.

In the wake of the pandemic, it is unlikely to get easier

With over £280 billion spent in 2020, predictions of a challenging winter and tax revenues falling, there will be a need to balance the books.

The Government is aiming to increase local authority central funding and council tax revenues (including a social care precept of up to 3%), but there are many competing priorities in these challenging times.

Some local authorities are on the brink of bankruptcy. Croydon Council has issued a s114 notice prohibiting new non-essential spending, which will include much 'child in need' activity, pending an emergency budget.

Local authorities cannot refuse their duty to undertake child protection work, but this will further erode their ability to exercise their powers to support 'children in need' and accelerate the demise of local authority funded 'early help' services, which have already reduced 71% from 2010 to 2020.

(Action for Children, 2018)

What can DSLs do?

The responsibility on DSLs in early years settings, schools and colleges is to:
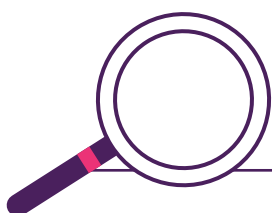
| Be **analytical** in their approach | "Make **fewer, more appropriate** referrals" |

Rigorously pursue and resolve professional differences to avoid externalising risk to the young person and their family.

The concept of early conversations between agencies and early help offered to families, identifying sustainable family strengths and engaging in preventative work at an early stage is crucial to preventing concerns escalating into child protection issues.

2 Analysing risk

Understanding the risk of abuse or neglect is complex but an unstructured approach to risk assessment can lead to dangerous errors. For example:

Rating risk as simply high, medium or low is very subjective. What may seem high risk to one individual may be considered low risk to another, as their perspectives, thresholds and abilities differ.

Adopting a deficit-led approach, which focuses on the problems, reduces optimism and hope in families (and professionals), and **can lead to anxiety-based relationships**, where inaccurate conclusions are reached and the potential for change becomes limited.

Research has found basing judgements on conversations with parents is "only slightly better than guessing". Professional judgement should be combined with standardised and actuarial tools to improve accuracy.

Examples of tools available

The family questionnaires and scales developed with the assessment framework give a useful starting point.

Some local authorities have specific approaches to working with families (such as Signs of Safety) or of assessing neglect or child exploitation, among other areas.

Safe Lives have a **risk checklist and guidance** around domestic abuse and violence.

Brook and The AIM Project have produced **tools around sexual behaviours**.

Where used, you should ensure that the tool is properly validated, and that anyone utilising these approaches is suitably qualified and competent to do so.
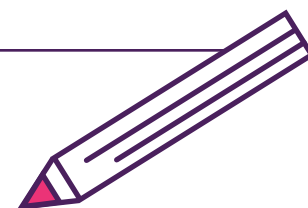
3

Threshold tools

Keeping Children Safe in Education sets out schools' responsibilities in the context of **Working Together to Safeguard Children**.

This statutory inter-agency guidance sets out the definitions of abuse and neglect together with the procedures to follow. The guidance says that "safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood" (p17, para 16).

The threshold document

Most local authorities have such a threshold document in place. They are locally devised and set out to explain:

- the process for early help assessment, criteria for child in need, child protection and accommodation and

- the local area's child protection procedures.

They are helpful documents to help structure reflective discussions between agencies (Sharley, 2020), to gauge the likely response of a local authority and to judge how to proceed with a referral.

Inconsistencies in their use

There are, however, significant inconsistencies between geographic areas as to how these threshold documents are used, which was described as a "postcode lottery" in 2018.

A few local authorities, such as Leeds, have (with the express assent of the DfE) stepped away from threshold tools to continual assessment supported by inter-agency conversations, seeing the tools as deficit-led and mechanistic, easily swayed by local pressures.

Schools and colleges must continue to follow the established local procedures, but the principles of conversations between families and professionals, shared decision-making and a strength-based approach that fully captures the complexity of the family situation and risk to the child are valuable in any assessment.

Developing inter-agency collaboration

It is possible to go further in terms of inter-agency collaboration. In her recommendations for inter-agency practice, Vicky Sharley stresses the need for leaders to:

"cultivate understanding around the barriers which impede successful inter-agency collaboration".
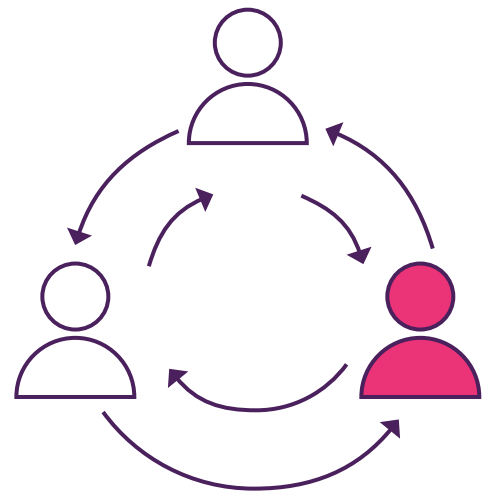
The potential to embed social workers in schools feels a useful direction of travel for local authorities and schools, with strong benefits highlighted in the What Works for Children's Social Care evaluation in 2020.

Three ways to reduce barriers to inter-agency understanding

The following are three ways to promote inter-agency collaboration:

Build trust in one another's judgements and assessments

Understand the context of each agency and what is achievable for families

Create formal and informal opportunities (inter-agency training, informal visits or secondments) to learn about how agencies approach abuse and neglect.

They are likely to lead to better judgements being made both together and alongside families.
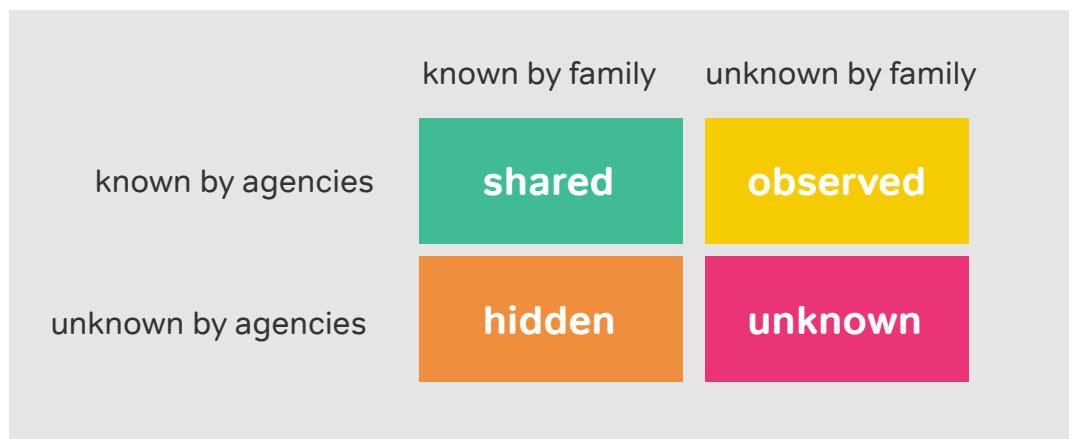
4 Family partnership

Speaking to families before making a referral is often seen as a barrier but it is a crucial step in almost all cases. Doing so will allow you, as a DSL, to properly understand what is happening and how you can support the children best.

The Johari window

The Johari window model, adapted below, highlights information that is visible and invisible to professionals when trying to protect a child:

	known by family	unknown by family
known by agencies	**shared**	**observed**
unknown by agencies	**hidden**	**unknown**

Avoiding engagement with the family limits your assessment to observed issues, things you have seen or believed you have seen.

Benefits of working alongside families

If you can liaise and work alongside families effectively, you can access so much more information. For example:

- you learn what information is shared
- you can share observed information you might understand as a professional, but which has not been seen or perhaps understood by the family
- the family have the opportunity to challenge your observations
- there is the potential to build trust in the relationship and for the family to reveal some of the hidden information. You may even begin to decipher unknown information together.

This is hugely important in making safe decisions for children and young people for the following reasons:

- Exploring the potential to work together reduces barriers and can avoid feelings of betrayal and anger if we can share the level of our concern and perhaps make a referral to Children's Services together.
- It can be difficult to talk to parents and preparing for these conversations, through safeguarding supervision or seeking advice from an education safeguarding or social care consultation line, can help build the confidence and clarity of purpose to initiate supportive, curious conversations, that provide the best chance of eliciting partnership.

Barriers around information sharing

While barriers around information sharing must never prevent you from making a referral, should you suspect abuse or neglect, it is still good to be upfront with families. Working alongside the family will give you the greatest opportunity to sustain a relationship with them.

When speaking with families prior to referral should be avoided:

Contact should be made with all families in all cases, unless there is evidence to indicate that the child would be at risk as a result or that it would interfere with the investigation of a serious crime.

Examples of where contact should be avoided therefore are as follows:

- intrafamilial sexual abuse,
- fabricated or induced illness,
- organised abuse,
- forced marriage,
- any form of abuse where there is evidence of threats being used to silence the child.

You should understand the law around GDPR, recently updated in Working Together (2018, as updated 2020).

5

The legal and guidance framework

The local authority provides assessment and support under two main sections of the Children Act 1989 – Section 17 and Section 47.

Section 17

Section 17 is a power the local authority may exercise to provide services to 'children in need'. These services are most affected by the budgetary reductions as the local authority is not duty-bound to provide them. However, they underpin much preventative and life-changing work and a reduction in s17 provision often correlates to a rise in child protection activity.

Section 47

While perceptions of threshold have changed, the arbiter of a judgement about child protection, Section 47 of The Children Act 1989, has remained largely the same for over 30 years and is the defining threshold in deciding when a local authority must investigate abuse or neglect.

Details of this threshold are outlined below in grey and then discussed below that.

> Where a local authority has **reasonable cause to suspect** **1** that a child you lives, or is found, in their area is suffering, or is likely to suffer, **significant harm**, **2** the local authority <u>must</u> make enquiries or cause enquiries to be made.

1 Note the threshold for action is **suspicion** rather than **belief**. Belief is established on the 'balance of probability' buy having a reason to suspect abuse or neglect is a lower threshold.

Sometimes, however, DSLs feel they have to prove a child is at risk of harm to a much higher degree. You may be told, for example, that a risk of child exploitation 'does not meet the threshold' as there is insufficient evidence to convict the offenders.

This leads us to a third threshold, which is used by the courts: **proof beyond reasonable doubt.**

It is important to secure evidence and actions against the correct threshold.

2 **Significant harm** is not defined in the Children Act. 'Harm' is defined as the "ill- treatment or the impairment of health or development including, for example, impairment suffered from

seeing or hearing the ill-treatment of another."

What is significant has been resolved across case law, but can be summed up in Appendix A of Working Together in the definitions of physical, sexual or emotional abuse and neglect.

For example, when considering a referral in respect of emotional abuse, you should be assessing whether the evidence you have gathered gives us **reasonable cause to suspect** that the **persistent** emotional maltreatment of a student is likely to **severely and persistently adversely affect** their emotional development.

This is a better approach to use to decide when threshold is met but places challenges on education settings to ensure they are robustly recording observations and interventions, so that they can evidence persistent maltreatment, together with analysis adjudging the likely impact on the child's future development.

The table below shows how the criteria of the risk assessment link to the action required. In this example, we have aligned these to the levels of a typical threshold tool:

		Impact			
		Low	Concern	Harmful	Significant harm
Likelihood	Very Likely				
	Possible			Level 3	Level 4
	Suspected	Level 1	Level 2	Level 3	Level 4
	Likely	Level 1	Level 2	Level 3	Level 4
	Almost Certain	Level 1	Level 2	Level 3	Level 4

For each axis, the definitions are given below:

Likelihood

Very unlikely	Event that could happen but is almost certain not to happen.
Possible	An event that could happen.
Suspected	There is an indication that something has happened or may happen.
Likely	Something you believe is more likely to happen than not.
Almost certain	Something that will happen unless action is taken.

Impact

Low - LEVEL 1	No injury or cause for concern.
Concern - LEVEL 2	A young person isn't doing as well as they should, although there is no evidence of harm.
Harmful - LEVEL 3	Harm means ill-treatment or the impairment of health or development, including for example, impairment suffered from seeing or hearing the ill-treatment of another.
Significant harm - LEVEL 4	Neglect, physical abuse, sexual abuse or emotional abuse, including for example, impairment suffered from seeing or hearing the ill-treatment of another.

## Recommendations for DSL referrals

1 Take a planned approach to referral writing, draw on relevant tools and structure your analysis against the legal criteria.

This will ensure your referrals to Children's Services are warranted and significantly improve the chances of them being accepted.

Too many referrals are narrative and unstructured, telling a story and leaving the local authority to decide how to respond.

2 Set out your professional opinion clearly, provide evidence and share your expectations.

Think through what you expect to happen as a result of your referral, otherwise the local authority will reach its own view, which may be one that you disagree with.
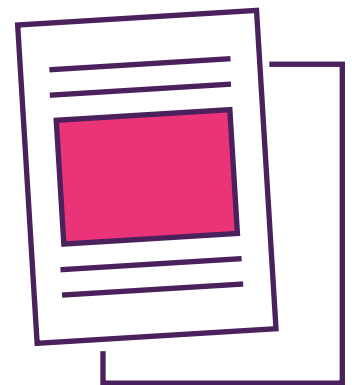
An example of expectation setting would be to "request the local authority convene a strategy discussion within one working day to consider whether the Section 47 criteria are met".

By doing this, you are placing the onus on the local authority to respond. It also decreases the likelihood of poor decisions being made based on incomplete or misunderstood evidence.

This approach will help clarify where differences of opinion may lie and also improve the chances of resolution should you need to challenge a decision.

6 Escalation & dispute resolution

Every organisation and Safeguarding Children Partnerships are expected in Working Together (p82) to have processes in place to resolve professional differences of opinion.

They typically encourage reflection through supervision followed by open and honest discussions between those involved.

This is a much better approach than waiting for a further incident to re-refer or coordinating multiple referrals across a number of agencies, which only adds to everyone's workload whilst leaving the young person exposed to the risk in the meantime.

If, following discussion, an outcome that keeps the child safe from abuse or neglect cannot be agreed, the dispute resolution documents generally support escalating the concern through managers and senior leaders in each organisation until ultimately the Safeguarding Children Partnership itself takes a view.

Any individual or agency can follow this process, but it is infrequently used despite:

1/3

(approximately) of referrals to **Children's Services being declined**

61%

of referrals/assessments where no further action was taken being **subsequently re-referred**.

(Action for Children, 2018)

What to do if you disagree with the outcome of your referral

Where you disagree with the outcome of a child protection referral, always follow the procedure, discuss in supervision and actively consider your local escalation or dispute resolution process.

Some local authorities encourage discussion if there are differences of view, recognising that aspects of the concern may have been lost in the communication or that better understanding of when the local authority will become involved, will lead to improved use of the referral process in future.

Summary

In brief, nothing will radically change the systemic barriers surrounding the referral process at present. However, by following the recommendations in this document, you can be clear you have approached the situation analytically and created a robust referral that has the best chance of success, hopefully in conjunction with the family.

These recommendations are summarised below:

- **Take a planned approach** to child protection referrals using the s47 criteria and definitions in the glossary of Working Together. Write purposefully with a summative chronology, analysis, risk assessment, the family's view and a clear plan for what should happen next.
- Consider how your **record keeping and information gathering** provides the evidence to underpin the assessment of change and to meet the criteria for abuse or neglect.
- **Use standardised and actuarial approaches** alongside professional judgement to improve the accuracy and authority of your analysis.
- **Use a risk assessment tool** with clear definitions and ensure it aligns to the legal framework.
- Reference your safeguarding children partnership threshold tool or approach and use this to **structure reflective discussions between agencies.**
- **Involve families in your risk assessment discussions**. Appreciate their world and what drives their decisions. Understand their strengths and plan together how to build on these with Children's Services to improve their lives.
- **Develop an understanding around barriers to inter-agency collaboration and create opportunities to reduce these**. Wherever possible, share decision-making to understand people's complex lives and what is needed to affect change for their children.
- **Build trust between agencies**, understand the context while remaining focused on the child, and create formal and informal opportunities to learn about each other's needs and approaches.
- **Rigorously pursue and resolve professional differences** to avoid externalising risk to the young person and their family.

If you are in doubt as to how to proceed, always seek support. Use your supervisor, refer to your local authority and consider the Safeguarding Children Partnership escalation or case resolution policy.

Alternatively, if you're a member of the Safeguarding Network, you can contact us for free initial safeguarding advice.

About Safeguarding Network

Established in 2017, the founding team behind Safeguarding Network are John Woodhouse & Andrew Martin. Two social workers, we have over 40 years combined experience in working with children and young people and have brought together a team of local authority education Safeguarding advisors, former head teachers and senior leaders, inspectors and child protection chairs to provide you with specialist and focused support. We are concerned that there is an increasing requirement on early years settings, schools, colleges and children's homes, to fill the void left by decreasing social care budgets, with little by way of support particularly when something is not deemed to meet the social care thresholds.

Head teachers repeatedly tell us that they are teachers, not social workers, and that they feel ill-equipped to lead the school in relation to safeguarding responsibilities. The role of DSL is often in addition to an already busy work day, and the requirement of Keeping Children Safe in Education to ensure that staff are "regularly updated" is significant. Safeguarding Network is therefore designed with the aim of reducing this burden.

If you would like any further information about any of the resources or issues mentioned in this pack or indeed need any other safeguarding support, visit safeguarding.network drop us an email at contact@safeguarding.network or call us on 01803 862336.

Want to join Safeguarding Network?

Membership starts from just £99+VAT per term for the whole school. Visit safeguarding.network for more information or get in contact using the details above.

> *"It does exactly what it says on the tin – a huge time-saver"*
> **Head of Student Services/DSL**

> *"...well worth the subscription fee, pre-made training and massive wealth of resources on there!"*
> **DSL**

> *"It's brilliant – you must have found it a game-changer?"*
> **Ofsted inspector to member school**

safeguarding network