

SHARED REFERRAL FORM

REFERRAL FORM GUIDANCE NOTES

Policy Statement

NHS Greater Glasgow and Clyde recognise the key role played by health professionals in the prevention, detection, diagnosis and treatment/support of children and young people who are at risk of, or have experienced abuse and/or neglect. NHS Greater Glasgow and Clyde is committed to working collaboratively with partner agencies to improve outcomes for children, young people and their families.

Lead Manager:	Marie Valente, Head of Child Protection Development
Responsible Director:	
Approved by:	Child Protection Forum
Date originally approved:	January 2007
Date for Review:	August 2014
Replaces previous version: [if applicable]	January 2010

INTRODUCTION

These guidance notes are intended for the use by all staff within NHS Greater Glasgow & Clyde that currently work within Glasgow City Council boundaries. This applies to both Acute and Community settings and for those working in both adult and children's services.

All staff, through the course of their work, may come into contact with children and young people or provide services to those who have care and responsibility for them.

NHS staff have a responsibility to act to make sure that all children are protected from harm. Where you have concerns about the welfare of a child, even if the child is not your patient, you must act on those concerns.

The concerns you have may be the result of a specific incident you have observed (child or parent/carer); a disclosure made by the child or parent/carer; certain behaviours of the parent/carer which you consider may place their child at risk of harm; or may be the result of a culmination of minor concerns you have had over a period of time. Your concerns may also be in relation to an unborn baby.

In some circumstances, children may be in need of protection from those who have care or responsibility for them. In others, their families may require support from the statutory and voluntary agencies to reduce the likelihood of abuse from happening or to minimise the risk of previous abuse or neglect recurring.

Social Services Departments, together with the Police, have the statutory responsibility for investigating child protection referrals and co-ordinating an inter-agency response. Under the Children (Scotland) Act 1995, Social Services Departments also have the responsibility of assessing the needs of children identified as being 'children in need'.

Social Services Department are therefore the first point of referral if concerned about the welfare of a child.

It is not intended that this guidance on the use of the referral form to social work when there are concerns about a child, is extensive, but rather lays out when the form should be used, who completes it and how it links in with the existing referral processes, for example Child Protection and Integrated Assessment.

Section 1 – Reason for Shared Referral Form

This form has been produced by Glasgow Child Protection Committee to:-

- Promote consistency in practice across agencies when dealing with concerns about a child's welfare including child protection concerns.
- Ensure information sharing between agencies.
- Ensure concerns about children are passed to social work at the earliest opportunity.
- Enable information to be retained on record that can be used if further concerns are identified in the future, thus building a fuller picture of the child's circumstances.

Presentation of concerns

Concerns about a child can present themselves in a number of ways –

- A particular incident may come to light through disclosure
- workers may observe changes in a child's behaviour or demeanour
- Information about the child's or family's circumstances may result in concerns about the child's welfare.

In some instances, the nature of the concerns is such that there is a concern about immediate or possible future risk to the child and these instances would trigger a response under the agency's child protection procedures. On other occasions the possible risk to the child may not be so apparent and workers may be reluctant to trigger a response under child protection procedures or simply unsure as to whether a referral should be made. The purpose of this form is to encourage staff to share information whenever they have a concern about a child's welfare to help determine the best course of action to support the child.

If the professional believes the concerns necessitate a referral under their child protection procedures this should be done, however it is not necessary for the concern to be child protection before a referral to social work is made.

Impact on child

When workers are concerned about a child, as well as providing the reasons for their concern, workers should provide a view on how they believe the concern has impacted on the child. For example, if the parents are known, or believed to be drug users, the referral should attempt to outline how this has affected the child e.g. lack of care, poor health or development etc. This will allow agencies to consider what supports or interventions may best support the child

Section 2 – When to use the Referral Form

When workers are concerned about a child's welfare, telephone contact should be made with social work in the first instance to discuss the concern and the possible action that may be taken.

If the situation requires an urgent response, ensure that your referral is discussed with a qualified social worker or Team Manager. This is particularly relevant in areas where referrals are received by non-qualified social work staff.

The referral form should be completed **immediately** following this discussion.

Section 3 – How to complete the Referral Form

1. Who should complete form/make referral?

In most instances the practitioner identifying concerns should make the referral. There will be occasions when this will need to be done in consultation with their line manager.

2. Known information

Staff should provide as much information about the child, family members etc as possible however where information is not known, this should not prevent or delay the referral being made.

3. Copies

The form is available in both electronic and hard copy format and can be located in the staff member's place of work or will be available from the Child Protection Unit. (Yorkhill hospital, Dalnair St, Glasgow G3 8SJ) Copies of the completed forms should be sent to D. Ramsden, Administrator, Child Protection Unit, Yorkhill Hospital, Dalnair St, Glasgow G3 8JS. The Child Protection Unit is the central logging place for the monitoring of all referrals.

- I. The first copy should be sent to the Social Work Department where the initial telephone referral was made.
- II. The second copy should be sent to the Child Protection Unit, 2nd Floor Medical Records Building, Dalnair Street, Glasgow. G3 8SJ. If electronically send to dorothy.ramsden@nhs.net
- III. The appropriate case notes i.e. the referrer's records.

If the form is sent electronically password protect must be used. The password must be communicated in advance by telephone by the sender to the recipient(s) of the form. The sender and recipient must keep a log of the password protect number.

Section 4 – What happens next?

During the referral phone call, discussion will take place about the nature of the worker's concerns, the impact on the child and what action if any, is required. Action points should be agreed and be included in the written copy of the referral form.

On receipt of the referral form, (whether electronic or hard copy), social work will complete and return an acknowledgment of the referral and return to the referring agency, indicating the response made by social work.

Referrals about concerns over a child's welfare will not always require a response under child protection procedures. Instead, the child and family may be in need of general support, advice and guidance or may require a comprehensive multi-agency assessment to determine their needs.

Possible Options

- During the referral discussion it may be agreed that no social work intervention is required at this time and that the referring agency will continue to offer a service to the child and/or family. In such instances, if additional concerns arise in the future, a further referral should be made to social work.
- If referring practitioner is unhappy or disagrees with decision made during telephone discussion then they should discuss further with key professionals e.g. Duty Senior Social Worker, Line Manager and/or Child Protection Unit.
- On receipt of a referral, social work may decide that an integrated assessment is required and will discuss this with partner agencies accordingly.
- If social work determines that child protection measures are necessary, they will initiate child protection procedures and agencies will be involved accordingly.
- Other options include:
 - Provide advice or information and take no further action when task is completed
 - Refer family to another agency or service
 - Offer a service to the family

Section 5 – Integrated Assessment (where applicable)

Where health has contributed to or is in the process of contributing to, an integrated assessment then this constitutes a referral to social work. However if at any point if a staff member has concerns that they consider requires urgent action then a further referral can be made indicating the urgency.

Section 6 - Confidentiality

Confidentiality of personal health information is the cornerstone of the patient/health professional relationship. However, if there is reasonable concern that a child may be at risk of significant harm this will **always** override a professional or agency requirement to keep information confidential (Scottish Executive 2004)

Generally, it is considered best practice to be open and honest with parents/carers and where appropriate, children and young people, about your intention to share concerns with other agencies. However, there may be occasions when it is not appropriate to do so – this would be:

- where there are allegations/concerns in relation to possible sexual abuse and whether by alerting parents/carers to your concerns, this may prejudice any subsequent investigation;
- where you have concerns about possible factitious or fabricated illness;
- where you believe this may result in an increased risk of harm to the child; and
- where you believe this may result in an increased risk to your own personal safety.

The above factors should not however, detract from referring your concerns to Social Services