

How to make a 'good' referral

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Striving for excellence



Professional responsibility

Safeguarding referrals should be based on good analysis, timeliness and transparency and proportionate to the needs of the child and their family.

- Legal framework- Children's Social Care, under Section 17 and Section 47 of the Children Act 1989.
- Safeguarding is everyone's responsibility and should come from the person or persons who dealt with the concern.
- Is it an emergency – Consider- is police involvement needed? Safe and well check / Immediate risk and response?
- Please refer to the threshold document on Safeguarding Enfield for support on when to make a referral [Enfield Threshold Document](#)

Your role in assisting the MASH...

- Ensure ACCURATE information is provided
- Highlight your concerns clearly
- Be clear about your assessment of risk to the child
- Give details on any incident - what actually happened not what you think happened
- Details of your concern that significant harm is taking place, how and why they have arisen
- What appear to be the needs of the child?
- Have there have been any previous concerns?

Making a 'good' referral

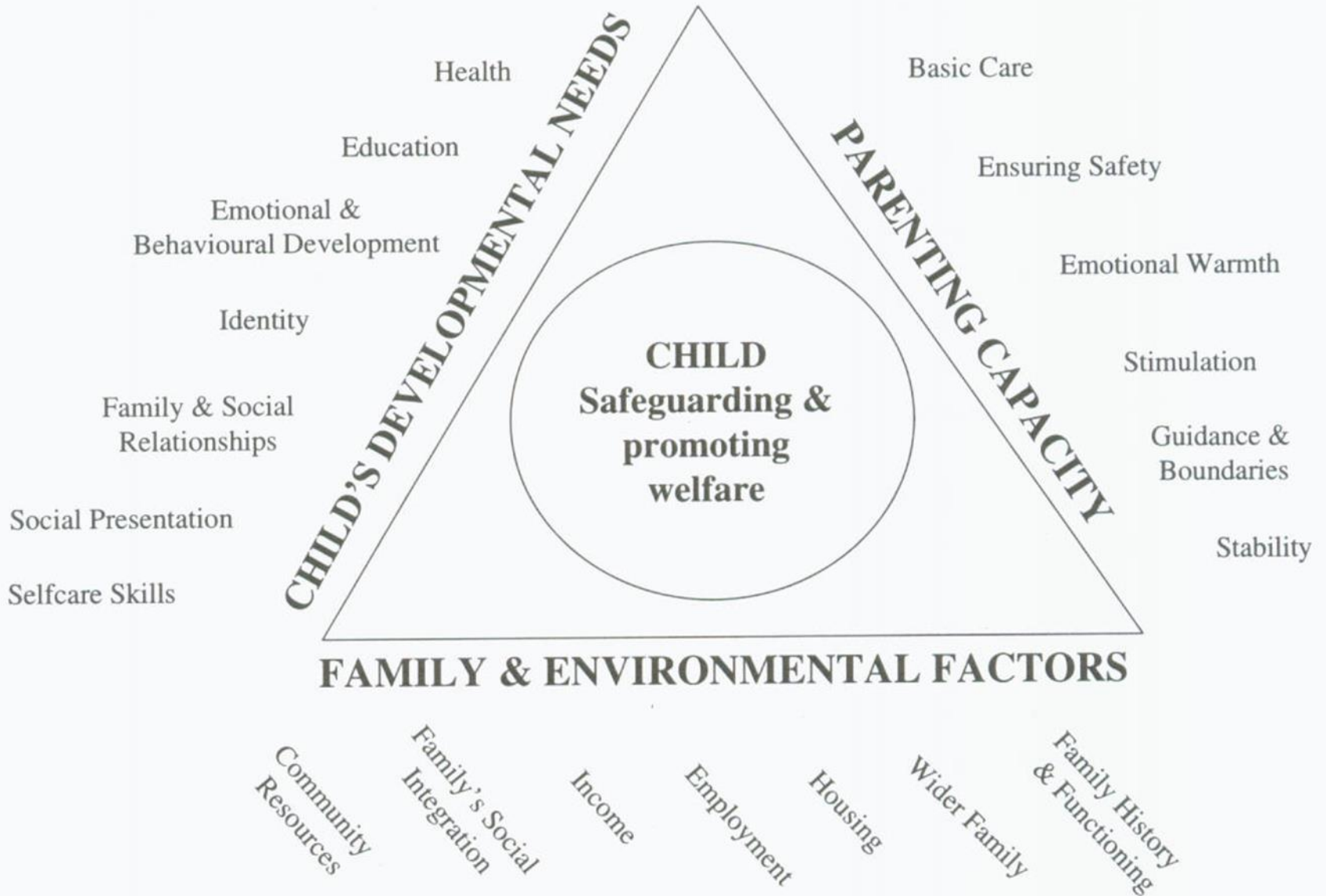
- The source of your information (Is a third party involved?) When the child was last seen by anyone at your establishment?
- Any significant relationships the child has with others (e.g. grandparents)
- Recent changes in the child's behaviour or presentation
- Any network of support provided to the family and any contact with outside agencies
- Whether the child is currently safe?
- Are there any deadlines approaching?
- Is any immediate action necessary to protect the child?
- Sometimes a single act or traumatic event can constitute 'Significant Harm'

Identification of need

Examples-

- Parental disclosure /Child disclosure
- MDT concerns
- Parent requests support
- Consistent low level concerns
- Children at risk of harm

Assessment Framework¹

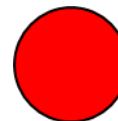


Typical flow in and out of the MASH Team

CONTACT FROM PRACTITIONER



MASH RESPONSE



Advice & signposting

Early Help

Sent on to Social Care
(for Child & Family Assessment)

Consent

- Consent has been asked by parent or child for information to be shared or that you feel the information must be shared for with social care in their best interests.
- Support from Early Help is consent based and is a voluntary service, as well as Child and Family Assessment and Child in Need plans with social care. Consent is necessary for this involvement.
- If you cannot get consent give a rationale as to why you have not got consent or why it could be overridden.
- Do not delay if a child is at risk of significant harm now or it would put them in danger if parents/ they knew about the referral



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Think Threshold

PREVENTION – Level 1 – Blue Universal Needs

EARLY HELP – Level 2 – Green Targeted Needs

CHILD IN NEED – Level 3 – Amber Complex Needs

CHILD PROTECTION – Level 4 – Red Acute Needs

[Enfield Threshold Guidance 23](#)

Referral information required

- Demographic details
- Family details
- Parents details
- Who lives in the home
- Address – **Make sure you have the correct borough**
- DOB
- Ethnicity
- Religion
- First language – Interpreter needed?
- School or nursery details
- Childcare details
- Contextual safeguarding information?
- Family functioning
- Social graces
- Your contact details etc

Network checks

Network checks are important for the social care service to understand more about the families needs

- A summary
- Engagement
- Health conditions
- Any other service involvement?
- Any concerns?
- Any additional information that may help their assessment?

Network check timelines

Requests are sent by email

4 hours – RED

24 hours – AMBER

72 hours- GREEN

= This is so information is gathered in a timely way for social care to make a threshold decision and gather additional information if reaching section 47 and the child has been deemed at risk of immediate or significant harm.

Referral do's and don'ts

Please don't

- Copy and paste the record notes
- Send photos
- Send documents from the medical record -this is against privacy and confidentiality
- Write two lines
- Don't assume social care know everything – they are relying on your assessment
- Think social care are an investigatory service with no limits - there are limits to their ability and barriers without consent sometimes




Do

- Go with your gut
- If in doubt, discuss
- Seek support if needed
- Write as much as you can and what you think is important
- Answer the questions in the referral form
- Use the Threshold Document for guidance
- Have a framework, if it helps
- Be clear, concise and factual



What does a bad referral look like?

Enfield Childrens Trust		 Enfield Children's Trust
All Departments		
Tel: Fax:		
Make an Early Help referral		
How does this tool work?		
How to Navigate		
The Form		
Options		
Child Protection concern		
Do you have Child Protection concerns?	No	
Consent		
Has the person with parental responsibility been informed about this referral?	Yes	
Has young person given explicit consent for information sharing with the LA?	Yes	
Has person with parental responsibility given explicit consent for information sharing with the LA?	Yes	
Referrer details		
Please state whether you are making this referral in your capacity as a professional, self-referral or family/friend	Professional	

What does a bad referral look like?

Professional	
Name	DR NAME
Role	GP
Agency	EXAMPLE PRACTICE
Address	1 EXAMPLE ROAD EDMONTON N9 1EX
Telephone	02081234567
Email	example.referrals@nhs.net
Child/young person details	
Portal User	
First Name	Staff
Last Name	Member
Email	example.referrals@nhs.net
Telephone	
Building	
Street No	
Street	
Locality	
Town	

What does a bad referral look like?

County	
Postcode	
Service User	
Relationship	ON BEHALF OF DR NAME - GP

First Name	Example
Last Name	Child
Date of birth	01-Jan-2016
Age	
Gender	Female
Ethnicity	
NHS Number	12345678910
Email	
Telephone	
Building	
Street No	100
Street	EXAMPLE STREET

What does a bad referral look like?

Locality											
Town	LONDON										
County											
Postcode	N9 2EX										
Additional details											
Interpreter required	No										
School attending											
GP name and address	DR NAME EXAMPLE PRACTICE 1 EXAMPLE ROAD EDMONTON N9 1EX										
Religion											
Disability	No										
Family composition											
Please add information of parents, carers, siblings (18+), significant others											
Name:	DOB or Age	Gender	Relationship to child	Interpreter required	Languages spoken	Contact details	Parental responsibility	Ethnicity	Religion	Disability	If yes, please provide details

What does a bad referral look like?

Agencies currently involved	
Are there any other agencies currently involved?	No
Early Help indicators	
Education	No
Crime and anti-social behaviour	No
Children who need help	Yes
Please provide as much detailed information as possible	SEE ATTACHED LETTER
Is the child affected by parental conflict?	Yes
Please provide as much detailed information as possible	SEE ATTACHED LETTER
Employment or at risk of financial exclusion	No
Domestic Violence or abuse	No
Families with Health Concerns	No

What does a bad referral look like?

Signs of safety	
Please SUMMARISE your main areas of concern (you will be able to provide more detail in the following sections)	SEE ATTACHED LETTER
What are you worried about?	SEE ATTACHED LETTER
What is going well?	SEE ATTACHED LETTER
What needs to happen?	SEE ATTACHED LETTER
What things are making it harder to deal with the difficulties? (Any complicating factors)	SEE ATTACHED LETTER
What is your expected outcome of making this request?	SEE ATTACHED LETTER

Vulnerability scale

Additional documentation

Please consider any relevant information that will support this referral

What does a bad referral look like?

Example Practice
1 EXAMPLE ROAD
EDMONTON
N9 1EX

17-Mar-2022

Dictated 16.03.2022

Parenting Support Unit

By Email: via Children's Portal

(1 page(s) in total)

Dear Colleague

Re: Miss Example Child, Date of Birth: 01-Jan-2016
100 Example Street, London, N9 2EX
Hospital No: , NHS No: 1111987654321 Telephone: 07512345678

Presenting complaint: problem behaviour

I would be grateful of your review of this 5 y/o girl that since the age of 3 has been showing aggressive behaviour, tantrums and uncontrollable outbursts of anger with only her mother and her grandmother since this time.

They have tried lots of different types of discipline around these tantrums but have not had any success.

She does not display the behaviour to her brother or any of her friends or at school. Her behaviour is exemplary at school and she is doing very well academically.

What does a bad referral look like?

She is sleeping and eating ok and has had no previous medical problems. She was born by normal vaginal delivery.

Her mother and her father separated before birth but her mother is worried regarding the biological father's also anger outbursts. He has no formal diagnosis of any medical problem that she knows of that could explain this.

I would be very grateful of your review.

Yours sincerely

Dr Name
GP

What does a good referral look like?



Enfield Childrens Trust	
All Departments	
Tel:	
Fax:	
Make an Early Help referral	
How does this tool work?	
How to Navigate	
The Form	
Options	
Child Protection concern	
Do you have Child Protection concerns?	No
Consent	
Has the person with parental responsibility been informed about this referral?	Yes
Has young person given explicit consent for information sharing with the LA?	No
Has person with parental responsibility given explicit consent for information sharing with the LA?	Yes

What does a good referral look like?

Referrer details	
Please state whether you are making this referral in your capacity as a professional, self-referral or family/friend	Professional
Professional	
Name	Example Worker
Role	Occupational Therapist
Agency	Enfield Social Services
Address	Example address Example EN1 3XA
Telephone	0208 379 1234
Email	Example.worker@enfield.gov.uk
Child/young person details	
Portal User	
First Name	Example
Last Name	Worker
Email	Example.worker@enfield.gov.uk
Telephone	07959 123456
Building	
Street No	
Street	Silver Street
Locality	

What does a good referral look like?

Town	Enfield
County	
Postcode	EN1 3XA
Service User	
Relationship	Allocated worker to mother

First Name	Example
Last Name	Child
Date of birth	01-Jan-2014
Age	
Gender	Female
Ethnicity	BLACK BRITISH
NHS Number	
Email	
Telephone	07787654321
Organisation	
Secondary Name	
Building	
Street No	100
Street	Family street
Locality	
Town	ENFIELD
County	MIDDX
Postcode	EN1 1EX

What does a good referral look like?

Additional details											
Interpreter required		No									
School attending		Enfield Academy									
GP name and address		Dr Name General Medical Practitioner Surgery Road									
Religion											
Disability		Yes									
Please provide details		Recent diagnosis of Autism									
Family composition											
Please add information of parents, carers, siblings (18+), significant others											
Name:	DOB or Age	Gender	Relationship to child	Interpreter required	Languages spoken	Contact details	Parental responsibility	Ethnicity	Religion	Disability	If yes, please provide details
Example Mother	01-01-1989	Female	mother	No							
Agencies currently involved											
Are there any other agencies currently involved?		Yes									

What does a good referral look like?

Name:	Role	Organisation	Telephone without spaces	Email	Address
Adult social care	Occupational Therapist	SPA Team	02083791234	Example.worker@enfield.gov.uk	civic centre

Early Help indicators

Education	Yes
Please provide as much detailed information as possible	Adult social care are arranging a package of care to assist Example Child to get to and from school - this has historically been completed by friends and the support of the teachers but is no longer viable. Example Mother is unable to walk the distance due to muscular pain and poor exercise tolerance.
Crime and anti-social behaviour	No
Children who need help	Yes
Please provide as much detailed information as possible	Example Mother has expressed concerns about managing her parental roles and feels overwhelmed. Reported that she is relying on take-away meals as she doesn't have the energy/motivation to prepare nutritious meals and is unable to take her daughter to local activities. Example Mother is often resting in her bedroom while her daughter is alone in the living room, the house is unkempt as she cannot manage all the necessary tasks to maintain her home.
Employment or at risk of financial exclusion	No
Domestic Violence or abuse	No
Families with Health Concerns	Yes

Please provide as much detailed information as possible	Example Child has been diagnosed with Autism Example Mother has severe muscle weakness and pain that particularly affects her wrist, ankles and lower back. She was referred to rheumatology and is undergoing investigations to identify the cause of her symptoms, considerations include scleroderma and lupus. Diagnosed with anxiety and depression and reports low motivation that is exacerbated by chronic pain.
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What does a good referral look like?

Signs of safety	
Please SUMMARISE your main areas of concern (you will be able to provide more detail in the following sections)	Example Mother is a single mother who is managing several symptoms with no confirmed diagnosis therefore she is not currently on suitable medication that may manage her condition. She experiences fatigue, muscle pain and swollen joints and has difficulty sleeping due to acid reflux. Example Mother does not have a support network in the local area as she moved from Westminster - She is struggling to manage her parental roles and is becoming overwhelmed and emotional.
What are you worried about?	Example Child is aware of her mothers distress, during the OT assessment she observed her crying and suggesting she would rather be in hospital and let someone else take care of her daughter. Example Child is often left to roam the house when her mother is feeling tired and this could place her at risk of accidents. She is a young intelligent child who needs stimulation and activities to help her progress and feel secure.
What is going well?	Example Mother is a caring mother - she reported feeling guilty as she cannot engage with her daughter as much as she feels is required and is very self aware of the situation- she was willing to reach out for support and express her and her daughters needs and is willing to engage with services that could help the situation.
What needs to happen?	Example Mother needs support and to maintain the family situation - she is currently unwell and becoming overwhelmed with feelings of guilt, fatigue, pain and isolation. The family would benefit from services that could offer her some respite from her parental roles whilst engaging Example Child in age appropriate activities in a safe and secure environment. Example Mother needs support to manage her household tasks and gain control over the situation.
What things are making it harder to deal with the difficulties? (Any complicating factors)	Example Mother has experienced several symptoms such as alopecia, skin infections resulting in loss of skin pigmentation, stomach issues, swollen joints, fatigue and muscle pain - these are all under investigation but to date there is no confirmed diagnosis. This has resulted in both frustration and anxiety for Example Mother as she cannot be suitably medicated to allow her condition to be monitored and controlled. The lack of practical support from family and friends means Example Mother has to deal with her daughter alone and this has increased her social isolation.
What is your expected outcome of making this request?	Suitable services to be identified that can support Example Mother and prevent breakdown of the family.
Vulnerability scale	6
Additional documentation	
Please consider any relevant information that will support this referral	

Considerations

- Social care do not have any influence over housing
- Consider all the questions in the referral form
- Consider the child's lived experience
- Consider your role and responsibilities
- Consider the network around child/ family
- Consider next steps –social care may contact you or request more information
- Do you need to check and chase your referral with social care?
- ** MASH should respond with an outcome within 7 working days

5 Rs of safeguarding referrals

1. **Recognise** Consider what you see and hear, consider types of abuse, are the signs and symptoms consistent with the injury and explanation given?
2. **Respond** Consider type of appropriate response with the child's needs being paramount.
3. **Report** To the Designated Persons or Nominated Practitioners.
4. **Record** Exactly what you saw or heard.
5. **Refer** Designated Lead Persons/ Nominated Practitioners to ascertain best course of action. If they make a decision to refer a referral should be made using the portal and threshold document together with parental consent. Action may also involve concluding that immediate medical attention should be sought for the child. In such cases or where sexual abuse has occurred, a referral will be made without parental consent.

Key contact information

MASH consultation line: 0203 855 6241

EDT: 0208 379 1000

Shadowing Opportunities:
michelle.boreland@enfield.gov.uk