**GOOD PRACTICE WHEN MAKING A**

**REFERRAL TO CHILDREN’S SOCIAL CARE**



Safeguarding children is everyone’s responsibility and timely, accurate and well

constructed referrals helps agencies to work together effectively to keep children and

young people safe.

A good child protection referral to children's social care is clear, concise, and includes relevant information about the child, any siblings and their parents/carers. It should also consider the child's needs and the level of risk they face.

This guide has been developed to support practitioners across Bolton with this practice area.

**✅ Get The Basics Right**

* As far is practicable, include the full names and dates of birth of the child, parent/carers, siblings and any other significant people in the child’s life even if they live apart from the child.
* Full addresses and telephone numbers of parents/carers; some children may access services from Bolton but live outside the Local Authority area therefore it is important to check the post code and ensure you make the referral to the right Local Authority .
* Ethnic origin, religion, cultural background, preferred language of child and parents.
* Be clear about the reasons for the referral and the intended outcome for the child.
* Understand and apply local thresholds consistently, Bolton’s threshold document ‘Framework for Action’ <https://www.boltonsafeguardingchildren.org.uk/downloads/file/36/framework-for-action-threshold-document>
* Use Plain English/Lay Terms; ask yourself whether what you have written is easy to understand by those reading it.

**✅ Consent To The Referral**

* It is important to discuss with parents/carers and the child (if they are old enough) your intention to make a referral, the reasons for this and to seek their consent.
* If consent is refused and the referral is made without consent then it is essential that a record of the reason for this is made and included in the referral, as well as in your agency records. You should inform parents/carers and the child about your intent to proceed with the referral unless to do so would increase the risk to the child or others.
* Parents/carers should be contacted when the referral has been made and having taken into account their wishes, informed of the reasons why the referral has progressed.
* A referral can be made without consent when a child's safety or that of others would be at immediate risk, it could jeopardise a criminal investigation.

**✅ What To Include**

* Reason for the referral, including description of any injuries observed, details of allegations made (using the child’s own words where relevant), any discussions with the child, parents/carers or others about the concerns. Think about why you are worried? Think about what have you seen? (where, when) What have you heard? (when, who from, how reliable).
* Be clear about the type of harm or harms the child is at risk of or experiencing, for example if neglect is the main concern, be clear about the type or types, i.e. medical, nutritional, educational etc. and how the harm or risk of harm is impacting on the child now and what do you think the future impact on the child is likely to be if Children’s Social Care do not become involved?. **Remember** it is important to use lay terms to describe impact.
* Have you had previous concerns and have you made previous referrals? It is important to revisit previous concerns to get a wider picture. The relationship between each event may be more significant than each individual event.
* If you have referred in the past, what was the outcome? Never let the fact that no action was taken last time affect the way you manage and respond to new concerns.
* Identify what you have tried already to meet the child’s needs and reduce risk; describe what has worked, what hasn’t and why this may be.
* What is the child’s lived experience? i.e. what is life like for them? What do they think about their lives? Have you asked them? How is the child viewed in the family, how do they see themselves in the family?
* Thinking about the child’s ethnicity, culture, religion and identity, does this have an impact on their vulnerability or risk? Have you considered all aspects of their identity and how these may intersect with other factors, such as poverty, gender, disability etc. to impact on risk and vulnerability?
* You should include whether English is the child’s and/or parents/carers first language or there are any other communication difficulties. If you have strategies or arrangements that support effective communication reference these.
* What do you know about the child’s parents and carers and their lived experience? How does this impact, or is likely to impact on their parenting? What do you know or have observed in relation to how parents react and interact with their child?
* What do you know about other significant adults or family members in the child’s life and their relationships with them? Are these positive or a source of tension/conflict?
* Are there any other stressors in the child’s, parent/carers or family’s life? This could include financial pressures, conflict with neighbours, issues with siblings, parent in prison etc.
* What do you know about the person or persons who are a risk of harm to the child or have harmed them?
* If you are making a referral without having worked with the child and/or their parents/carers at an earlier intervention level explain why, for example where there is an immediate risk of harm or perhaps your role doesn’t bring you into direct contact with children and families.
* Remember to separate Facts and Opinions. You can have a professional opinion but make sure this is stated clearly. For example, the young person said “I wanted to have sex with them” however in my view they were coerced and are being sexually exploited because…then list evidence that leads you to this opinion.
* Use the online form to make a referral unless the matter is urgent then contact 01204 331500 and select the appropriate option.

**❌Things To Avoid**

* **Formalising, sanitising or omitting language used** - When quoting someone use their actual words, this includes swearing and slang language. You may want to include clarification of what they meant. Remember, this could become part of an evidence submission to court – don’t leave room for ambiguity or dispute.
* **Not enough details of the impact on the child and what their lived experience is** - A good referral would not refer to a family having “a chaotic lifestyle” but would instead separate fact from opinion and evidence the lived experiences for that child; poor school attendance (e.g. 3 days in last fortnight), child cared for my multiple adults (who they are/how many are you aware of?), lack of routine and boundaries (e.g. 4 year old playing out in the street at 3 am) and poor home conditions (e.g. damp, refuse piling up, flies, animal waste on carpets, no toothbrushes for the children) etc.
* **The record is written in a way that is not for sharing** – It is important to avoid using judgemental or stereotypical views and language. It is also important to ensure the language you use does not victim blame. State your concerns but be respectful, and remember would you be happy for the person you are writing about reading your comments over your shoulder?
* **Delays in submitting the referral** - If you are worried about a child then making the referral should be a priority. We know everyone is busy with many demands and time pressures but timely referrals help to minimise risk and enable swifter action to assess and protect children.
* **Unclear about next steps** - Children’s Social Care should respond to your referral within **one working day** about next steps. If you have not had a response in this timescale or are not clear about what action is being taken, it is your responsibility to re-contact Children’s Social Care to confirm the outcome of your referral and the action being taken. If the threshold for statutory help is not met, Children’s Social Care should include the reasons for this and suggest other sources of more suitable support. If you do not agree with the outcome, you should follow the local escalation process <https://www.boltonsafeguardingchildren.org.uk/downloads/file/205/bolton-safeguarding-children-challenge-and-escalation-process>
* **Do not take or share photos of children in your referral** - A parent needs to be fully aware and in agreement with the specific use of photographs of their child. For this reason, taking a photograph to record a bruise or mark on a child, when you have a concern about child abuse is not permitted: a mark or bruise should be recorded and described in the **‘Accident and Incident’ book** and this included in the referral.
* **Finally** – the thresholds for Children’s Social Care intervention are not a ‘finish line’ for keeping children and young people safe. Safeguarding continues to be **Everybody’s** **Responsibility** even for those children and young people on Child Protection Plans

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| **Version** | **Date** |
| Final; created and first published by BSCP | 03 June 2025 |
| Review | June 2026 |