

5 Referring Concerns to Children's Social Care or the Police

If there is concern about the welfare of a child, including children living away from home, and in particular concerns that a child may be suffering or at risk of suffering significant harm, a referral should be made to Children's Social Care and/or the Police, as appropriate. Workers should always consider if there is domestic abuse in the family/household and the impact of this on the child.

In general, if the concern is about abuse or risk of abuse by **someone known to the child or the child's family**, an enquiry should be made to the list/register of children who have a Child Protection Plan. This should be followed by a referral to Children's Social Care, if appropriate. Children's Social Care should involve the Police in cases where a criminal offence may have been committed.

If the concern is about abuse or risk of abuse by **someone not previously known to the child or the child's family**, a list/register check should be made and the matter should be reported directly to the Police. The Police **should** initiate a strategy discussion involving Children's Social Care and other agencies, if there are wider child welfare concerns within the family.

These procedures also apply to allegations made against staff, carers and volunteers, to be used in conjunction with the Protocol.

5.1 When to make a Referral to Children's Social Care and/or the Police

Telephone referrals should be made to:

Children's Social Care

- Contact the **Social Care Access Team** or the relevant [Locality Team](#) if the concern relates to family currently open to a worker within the Children's Social Care (**see Appendix 8 'Key Contacts'**)
- **Urgent telephone referrals outside office hours** should be made to the **Children's Social Care Out of Hours Team** (**see Appendix 8 'Key Contacts'**)

and/or

South Yorkshire Police

- Contact the [Central Referral Unit](#) (CRU) (01709) 832793 between 8.00 am and 4.00 pm Monday to Friday
- If a Police response is required out of hours then the SYP switchboard should be contacted on

(01142) 202020 and details referred to the CRU the next working day

A telephone referral should be made in the following circumstances to Rotherham Children's Social Care Access Team and should be followed up with a **completed CAF Form (or information under the Common Assessment dimensions** within **48 hours**).

Please see Section 5.5 'Talking to Parents/Carers'.

Urgent telephone referrals outside office hours should be made to the **Rotherham Children's Social Care Access Team on (01709) 364689**

When to make a telephone referral:

- a) a child makes a clear allegation of abuse
- b) a child sustains an injury and there is professional concern about how it was caused
- c) a non-mobile infant sustains any injury, however slight, **without an adequate accidental explanation**
- d) a member of the public makes a clear, detailed, credible allegation that someone has abused a child
- e) professional concern exists about abuse or neglect, despite no allegation being made
- f) despite professional intervention, either on a single agency basis or as part of CAF intervention, because of suspected neglect or emotional abuse there is concern that a child is suffering or is likely to suffer significant harm
- g) an allegation is made that a child under 13 has been involved in penetrative sex or other intimate sexual activity
- h) where young people under the age of 18 are engaged in sexual activity and there are concerns around significant harm
- i) there are concerns a child under 18 is being sexually exploited
- j) concern exists about a child having contact with a person who may pose a risk, or potential risk, to children (see Protocol on Rotherham Safeguarding Children Board website: People who Pose a Risk, for further guidance)
- k) a child has been abandoned
- l) a child is being denied access to urgent or important medical assessment or services
- m) a child is at risk of being subjected to illegal procedures, for example female genital mutilation or forced marriage
- n) a child is being harmed through seeing or hearing the ill-treatment of another for example through domestic abuse
- o) there are any other circumstances which suggest that a child is suffering or is likely to suffer significant harm

- p) further concerns have arisen in relation to an open case to Children's Social Care
- q) either an adult or a child makes historical allegations of abuse
- r) a CAF confirms there are suspicions of fabricated or induced illness (see Appendix 11) where there are concerns about the welfare of any unborn child
- s) concerns of significant harm have arisen for a child receiving a service as a child in need
- t) further concerns have arisen of increased or additional risk to a child currently on the list/register of children who have a Child Protection Plan
- u) a child has been made the subject of an emergency protection order or Police protection
- v) concerns have arisen for a child who is the subject of a Supervision Order or Care Order.

Please note this list is not exhaustive.

5.2 The Welfare of Unborn Children

There will be a number of situations where sufficient concerns exist prior to the birth of a baby to require inter-agency assessment, planning and intervention including:

- a) where legal intervention has led to the removal of older siblings
- b) where older siblings have a Child Protection Plan
- c) where a woman is placing her unborn child at risk of significant harm by disregarding advice given to her about her drug and/or alcohol misuse
- d) where there are concerns that the family may attempt to conceal a pregnancy and subsequent birth, and this has welfare implications for either the unborn child or other children within the family
- e) where a woman and her unborn child are at risk of significant harm from a partner who subjects her to domestic abuse
- f) where a woman is associating with a person identified as posing a risk or potential risk to children
- g) where either parent has a mental health problem that may indicate risk of significant harm.

Please note this list is not exhaustive.

In the event of notification of a home birth where the parents' intention is to avoid or exclude medical or other statutory intervention ie involvement of a Midwife, Doctor, or Social Worker, then **a midwife should always be contacted immediately**. There should be an assessment as to whether there are any concerns for the baby and any other children in the household, and appropriate actions should be taken.

5.3 Safeguarding Vulnerable Adults

Where an adult protection referral indicates that children may be at risk, the Safeguarding Manager (Adult) should contact Children's Social Care. Both Safeguarding Children and Adult Protection Services should work collaboratively in order to protect all involved, where appropriate.

Where concerns exist that a child may be suffering or is at risk of suffering significant harm, the worker making a referral should consider whether vulnerable adults are present in the household. On receipt of a referral, Children's Social Care should contact the Adult Protection Co-ordinator. Workers making referrals may be invited to contribute to a safeguarding adults strategy meeting/discussion, the safeguarding assessment investigation (adult) and/or the Safeguarding Case Conference (adult).

Please refer to 'Safeguarding Adults: South Yorkshire's Adult Protection Procedures' for further guidance.

Information about adults who may be at risk of harm, vulnerable adults who may pose a risk of harm to children, and vulnerable adults who admit abuse of a child must be shared within the framework of the Safeguarding Adults Information Sharing Protocol (Section 3.11 of the Safeguarding Adults Protocol).

5.4 Talking to Children

It is good professional practice to ask a child why s/he is upset or how an injury was caused, and to respond to a child who wants to talk to you. However, it is important to remember that it is not the role of professionals, other than the enquiring/investigating Social Worker and/or Police Officer, to conduct the Child Protection investigation/enquiry.

It is important that the child understands the following:

- that information cannot be kept confidential
- with whom the information will be shared
- when the information will be shared and
- his/her wishes and feelings will be listened to

A child volunteering information about abuse should be allowed to:

- talk without interruption and be listened to
- expect a calm, kind, non-judgemental response and
- expect a non-directive approach, which avoids asking leading questions

A non-directive approach should be adopted with nothing required other than the child's verbal account. It is essential for workers to make notes of their conversation with the child as soon as possible after it has taken place.

Remember to record the words used by the child and yourself. Ensure time, date, location of conversation are recorded and the initial record is preserved. Use full names and job titles of any other professionals referred to, sign the record and print your name clearly.

5.5 Talking to Parents/Carers

In the majority of cases it is good practice to be open and honest at the outset with parents/caregivers about the concerns, the possible need for a referral, information sharing between agencies, and the accompanying need for a check of the list/register of children who have a Child Protection Plan. Research shows that being open with parents/caregivers from the outset results in better protection for the child. Where appropriate, all reasonable efforts should be made to inform them beforehand. However, an inability to inform them should not prevent a referral being made.

There are cases where it **will not** be appropriate to discuss concerns with parents/caregivers before referral. In such situations, the timing of contact with parents/caregivers will be agreed with Children's Social Care and/or the Police once the referral has been made.

Situations where it **would not** be appropriate to inform family members prior to referral include where:

- a) discussion would put a child at risk of significant harm
- b) there is evidence to suggest that involving the parents/caregivers would impede the Police investigation and/or Children's Social Care enquiry
- c) sexual abuse is suspected
- d) organised or multiple abuse is suspected
- e) fabricated or induced illness is suspected
- f) to contact parents/caregivers would place you or others at risk
- g) discussion would place one parent at risk of harm eg in cases of domestic abuse
- h) it is not possible to contact parents/caregivers without causing undue delay in making the referral
- i) where there are concerns about a possible forced marriage
- j) an allegation is made that a child under 13 has been involved in penetrative sex or other intimate sexual activity
- k) where young people under the age of 18 are engaged in sexual activity and there are concerns around significant harm.

In relation to j) and k) above, decisions to share information with parents will be taken using professional judgment and in consultation

with the Child Protection Procedures. Decisions will be based on the child's age, maturity and ability to appreciate what is involved in terms of the implications and risks to themselves. This should be coupled with the parents' ability and commitment to protect the young person. Given the responsibility that parents have for the conduct and welfare of their children, professionals should encourage the young person, at all points, to share information with their parents where ever safe to do so.

Please note this list is not exhaustive.

Reasons for not informing the family of the referral must be documented, as must the outcome of any advice sought.

5.6 Who Should Make a Referral

Within a single agency a decision will need to be made about who is going to make the referral to Children's Social Care or the Police. This can differ from agency to agency, but the important thing is that everyone with a Child Protection concern has a responsibility to ensure the referral is made. It is good practice for the person with firsthand information to make the referral or at least be available to pass on their information. Referrals must be made as soon as possible, but in any event within **24 hours**.

Any professional making a referral should not expect anonymity. However, in exceptional circumstances where disclosure to third parties could endanger the referrer, managers should assess risk and if necessary agree anonymity at this stage.

Where a member of the public may express concern to a professional about significant harm to a child, **the professional should assume responsibility for making the referral to Children's Social Care** if appropriate. The professional should assure the member of the public that confidentiality will be respected wherever possible. Personal information about the member of the public, including anything that could identify them, should only be disclosed to third parties with their consent.

5.7 Information Required When Making a Referral

The referrer should have as much of the following information as possible prior to making a referral. However **gaps in essential information should not result in a delay in making a referral.**

5.7.1 Essential information:

- full names and dates of birth of the child, caregivers and any other family members

- address and daytime contact telephone number for parents/caregivers
- the child's full address and telephone number
- full name, date of birth and address of any suspected abuser
- current location of child and suspected abuser
- child and family's first language
- reason for referral, including description of any injuries observed, (photographs of the injuries should only be taken by Police or medical staff as part of a Section 47 investigation), details of any allegations made, discussions with the child or relevant others, details of any witnesses. Include dates/times/locations of alleged incidents
- action taken and people contacted since the concern arose
- any immediate or impending danger to the child
- special needs of the child and parents/caregivers, including a need for an interpreter, signer or communication therapist
- if a CAF has been completed, the name of the lead professional
- the outcome of checking the list/register of children who have a Child Protection Plan.

5.7.2 Additional useful information you might include in your referral:

- addresses of family members or other significant people not living in the household
- previous addresses of the family
- information regarding contact between any alleged abuser and other children, ie in a work, community, extended family or other settings
- schools, nurseries, etc. attended by the child and other children in the household
- name, address and telephone number of GP
- name, address and telephone number of Health Visitor/School Nurse
- hospital ward, consultant, named nurse, and date admitted/discharged
- name/address/ telephone number of other professionals involved with the family
- child's legal status (eg Residence Order, Care Order) and details of anyone not already mentioned who has parental responsibility (unmarried fathers whose details are on the birth certificates of children born after 1 December 2003 share equal parental responsibility with the child's mother)
- ethnic origin, religion, cultural background

- whether vulnerable adults are present in the household¹²
- previous concerns and any relevant background information. This should be structured using the domains of the 'Framework for the Assessment of Children in Need and their Families',^{12a} ie
 - the child's developmental needs
 - the parents or caregivers capacity to respond to those needs
 - the wider family and environmental factors and
 - any opinion you have formed about how the child and family are likely to react to the referral and any subsequent Section 47 enquiries, including in particular any factors which are likely to place the child or others at risk (eg where there is domestic abuse, a history of violent behaviour, chaotic substance misuse or adults with unstable mental ill health problems)

5.8 What to expect after a Referral has been made to Children's Social Care

A worker making a referral to Children's Social Care should be informed of the outcome and the reasons for any decisions made within **one working day**. Both Children's Social Care and the referrer should record the outcome of this discussion.

If a professional is actively involved in Section 47 Child Protection enquiries, s/he should be kept fully informed throughout.

A member of the public giving information to a professional that leads to a referral being made should only be told that appropriate action has been taken but may not be given further details. This is because of the need for confidentiality.

5.9 Recording

If you are concerned about a child you should record the following details:

- a) the reason for the referral
- b) a description of any observed injuries (ie site, size, colour, etc – photographs of the injuries should only be taken by Police or medical personnel involved in a Section 47 investigation) and who has seen them
- c) any allegations made and who witnessed them
- d) any discussions with the child or others
- e) dates/times/locations of alleged incidents

¹² Safeguarding Adults: South Yorkshires Adult Protection Procedures

^{12a} Department of Health, 2000

- f) any known witnesses to the alleged abuse and
- g) action taken and people contacted (including when the referral was made, to whom, their response and any agreed action)

The record should indicate the original source of all information given and be clearly signed and dated by the author. This record may be needed for:

- any subsequent Child Protection Conference
- any Court action by Police or Children's Social Care and
- any work with the family

You should confirm the referral in writing **within 48 hours**. Where a CAF has been completed a copy should be sent to Children's Social Care and the original kept securely in accordance with workplace procedures. Where the child/ren has/have not been subject of a CAF, it may be useful to provide information under the CAF headings to support your referral. If you have not heard within **3 working days**, you should contact a manager within Children's Social Care.