



Making good quality referrals and respectful inquiry guidance

This best practice guide is to help you apply the thresholds to evidence your concerns in a factual way and undertake respectful inquiry. This guide will help you escalate your concerns with an evidence base and structured way. Asking uncomfortable questions to establish the facts is not always easy but, however, it is sometimes necessary.

Top tips

- It is imperative that a synopsis of the child's/family background is provided for a context.
- Keep it factual and remove any references to emotions.
- Think about the language used to describe your concerns. Do not use 'looks like a mark made by a particular item such as a belt, tape' but instead describe the size, colour etc.
- Be assertive and clear about what's changed; adding facts, the child's presentation, interaction peers and other adults (staff. Parents/carers).
- Use the threshold document to help make a direct connection with your concerns.
- Think about structure in your referral; what's factual known?

Reflect:

- Are you professionally curious?
- What do the conversations with the child and parent (*where safe to do so*) tells you?
- What's deteriorated? (*poor behaviour, attendance, attainment*)
- Are there any trends/patterns emerging on CPOMs or your internal safeguarding discussions about your vulnerable children?
- Talk to SENCO, DT, Attendance Officer, and class teachers/others to help build a holistic picture. Don't forget the lunchtime staff – what do they see?
- Be mindful of emotive language used.
- Family functioning
- What is the trajectory of concerns? (*Have they got worse? If so, how and what's changed?*)

What next?

1. Collect your evidence of harm
2. Hypothesis your findings
3. Analyse your information; connect your data, behaviour, attendance and conversations
4. Complete your MARF using the threshold document to structure your concerns.

Identification data (*you may not have all this information, put in what you know*)

- The referrer's name and designation/relationship to the child and contact details, including e-mail address, landline and mobile phone number. If the referrer is about to go off duty, include the contact details of a person providing cover.
- The full name, date of birth, UPN number and gender of child/children. Include all the children you know about, not just the subject child. The full family address and any known previous addresses.
- The identity of those with parental responsibility.
- The names, date of birth and information about all household members, including any other children in the family and significant people who live outside the child's household.
- The ethnicity, first language and religion of children and parents/carers. Any need for an interpreter, signer or other communication aid.
- Any special needs of the children. Any self regulation techniques used.

Include what you know about the following

- What support services have already been offered to the child or family to address the needs you identified, including a summary of any previous referrals made.

Include what you know about:

- **The child's development needs;** diet, food habits, clothing, hygiene
- **Parenting capacity;** Parenting capacity therefore requires a combination of approaches to the collection of information; Observation/ assessing changes in parenting practices;

Family History you may be aware of; Use of validated tools-CE, Neglect, DA, young carers
Family functioning - Poor family cohesion (*family members feeling disconnected from one another*) ; Low family adaptability (*rigid roles and inflexibility in relationships and communication*); The poor quality of the adults' relationship

- **Social and environmental factors.** (*extended networks, finances, family life, work*)
- How you will remain involved with the family and if appropriate, how you can help to introduce a social worker to the family, e.g. by a joint visit.
- Whether you have sought the consent or co-operation of the parents with the referral and if not, the reasons why (*e.g. unsafe for the child because.....*)
- Whether you have any information about difficulties being experienced by the family/household due to domestic abuse, mental illness, substance misuse, and/or learning difficulties;
- Confirm any significant/important recent or historical events/incidents in the child or family's life.
- Details of any siblings and which school they may attend.
- Clarify what information that the referrer is reporting directly and what information has been obtained from a third party.
- Discuss any known or suggested information relating to the child or family being in contact with a person posing a risk to children. Which other significant others are you aware of in the child's life (*child minder, new significant partners*).
- The cause for concern including details of any allegations, their sources, timing and location.
- The child's account and the parents' response to the concerns if known. Include any conflict between parents or if there are any parental conflict management issues. If there is conflict – please include any tensions, violent or aggressive behaviours of parents.
- The identity and current whereabouts of any suspected/alleged perpetrator and or degree of contact with the child.
- The child's current location and emotional (*demeanour and what's changed in behaviour*) and physical condition.
- Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (*e.g. child about to be collected by alleged abuser*).
- The parents' current location. Have you spoken to parent? If so, when and include their reaction.
- If known, does the parent/carer work in the children's workforce.
- Any other changes in child's life; parent ill, in prison, absent fathers etc and include dates (*is there a correlation between the changes and your concerns*).
- Summarise what you are worried about, what the protective factors are and what needs to be done to help the family.