

## Gateshead Integrated Referral Services Process to Children with Disabilities Team

### Step 1

A contact is received into the Integrated Referral Team (social work duty team). It can be a self-referral, a referral from another local authority, an anonymous referral or a professional referral. It can be submitted via the portal (<https://www.gatesheadsafeguarding.org.uk>) email with referral form attached, in person, by letter or over the phone (member of the public). An urgent safeguarding referral can be made by a professional by phone, but this must be followed up in writing.

### Step 2

The business support officer handling the contact checks the consent status. If consent is evident or the family have been informed that the contact/referral is being made, then the contact will progress. If there is no consent, the duty manager will oversee and determine whether the contact can be progressed without consent or whether it should be returned to agency referring. All anonymous contacts or those made by a member of the public will be progressed.

### Step 3

The business support officer will then check the care first system to see whether the child or family is already known to children's services and if not create the children. If this is already an open case, the information is passed onto the relevant business support/social worker. When the case is not open, a contact record is created on the oldest child in the family on the electronic recording system and saved to the virtual duty worker desk top EV2.

### Step 4

The IRT Manager or Practice Supervisor will then read every contact (during exceptionally busy times, experienced social workers will assist with this task to ensure that information is read in a timely manner). A management oversight/overview note will be added which will describe tasks required to determine the outcome of the contact. This will include which agencies should be contacted to support decision making. In order to make that decision, the threshold document should also be considered - [Link to thresholds document](#). The manager overview will include whether consent is given for information sharing and if not whether this needs to be sought from the primary carer prior to any agency checks being requested. If consent is being overridden, the rationale for this should be clearly recorded by the duty manager.

### Step 5

Each contact is then assigned to Duty to complete the tasks/enquiries identified. The social worker handling the case then asks agencies identified by the manager, to check the child/family details against their databases and provide any information they may have about the child referred which may be relevant to the decision making. The information is

collated, and the social worker will review and analyse the information received from partner agencies along with the historical information and will write a summary of that information on the contact record. The social worker recommends what further action should be taken.

#### Step 6

The social worker then reassigns the contact to the Manager/ Assistant Team manager. The duty manager reviews the contact record and then makes and records a decision at this stage as to the most appropriate action to take in relation to that referral. If Manager concludes that Eligibility Criteria for CIN assessment is met for CWDT, the contact is then re assigned to CWDT Daisy Duty Desktop.

#### Step 7

CWDT duty worker is responsible for checking Daisy Duty and makes contact to parent/carer to discuss CIN assessment process and by using Levels of need chart establishes if service user meets eligibility criteria for services provided by CWDT. Social worker records tasks completed on contact record.

#### Step 8

The social worker then reassigns the contact to CWDT Assistant Team manager/Team Manager. The manager reviews the contact record and then makes and records a decision at this stage as to the most appropriate action to take in relation to that referral. The current target is that 95 % of all contacts will be processed with 1 working day and 100% within 2 working days.

Outcomes of contact/referrals will typically fall into 4 categories:

- No further action, which may include information to signpost to other agencies; such as Local offer and SENDIAS.
- Early help - referrals for intervention and prevention services within the Common Assessment Framework and Early Help services range of provision.
- Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 Children Act 1989); - this contact will be progressed to referral and allocated the next working day.

#### Step 9

When Manger is ending the contact, they will trigger an alert to The Business Support Officer who contacts professional referrers in writing to advise them as to what has happened with the referral. Co-located partners will receive feedback on outcomes of contacts and referrals as required.

## Step 10

Within 48 hours of referral, Manager/Assistant Team manager sends email to business support to allocate case and open CIN assessment (without plan). Manager then sends email to social worker with contact attached and outlines purpose of CIN assessment.

### **For reference: Level of Need Chart**

• Range •	Child Disability Issue		Social, Environmental and Parenting Issues
High/complex	Mobility	Totally dependent upon others	Looked After Child
	Self-care	Totally dependent upon others	Child subject of a Supervision Order
	Communication	Unable to understand or communicate	Child subject of a Child Protection Plan
	Behaviour	Constant significant risk to self and others	Substance misusing parents or carers
	Cognitive	Constant danger to self and others	Family violence
	Sleep pattern	Needs attention throughout the night	Parent/carer has significant health/mental health or disability problems
	Medical	Needs medication by a trained person	Complex family issues
Medium/additional	Self-care	Dependent for major aspects of care	More than one disabled child in the family
	Communication	Communication often difficult to understand	Parent has significant difficulty managing physical care
	Behaviour	Significant risk to self and others two or more times per week	Parent has significant difficulty managing behaviour
	Cognitive	Structured prompting/supervision to make appropriate choices and stay safe	Major housing and environmental factors
	Mobility	Considerable assistance required	Ongoing health problems
	Sleep pattern	Needs attention 3+	High levels of family stress

		times per night	
	Medical	Requires medication by parent or carer	Relationship difficulties
Low	Mobility	Some assistance required	Socially isolated family
	Self-care	Some assistance required	Two or more children under five
	Communication	Some communication difficulties	Housing and environmental factors
	Behaviour	Occasional challenging behaviour	Financial problems
	Cognitive	Regular prompting required to make appropriate choices	Family stress
	Sleep pattern	Some attention required	Single parent family
	Medical	Low level medical needs	Acute tiredness

Children/young people with lower levels of need may receive a brief period of help or referral to other services but will not receive an ongoing social work service.

Children/young people in the high and many in the moderate need will require a more in-depth assessment. This may be done through a Statutory Assessment. The assessment will inform the child's plan and any package of care.