

**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)](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 Mosaic 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 and referral is created on the group and includes all relevant children See Mosaic guide [Setting\_up\_a\_Group.pdf (gateshead.gov.uk)](https://intranet.gateshead.gov.uk/media/31328/Setting-up-a-Group/pdf/Setting_up_a_Group.pdf?m=637782889014100000)

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 (<https://www.proceduresonline.com/nesubregion/p_thresholds.html#gateshead>)  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 sends an alert to the Manager/Assistant team manager to consider the information. The duty manager reviews the contact and referral 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 Child and Family assessment is met for CWDT, the contact and referral step is then re assigned to the Children with disabilities virtual worker.

Step 7

CWDT duty worker is responsible for checking the Children with disabilities virtual worker and makes contact to parent/carer to discuss Child and Family 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 the contact and referral

Step 8

The social worker then reassigns then send a request to theCWDT Assistant Team manager/Team Manager to make a decision on next actions. The manager reviews the contact and referral and then decides the most appropriate next 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 the manger is ending the contact and referral, they will trigger an alert to Business Support who contacts professional referrers in writing to advise them as to what has happened with the referral either Business support to send NFA letter or Business support to send allocation letter. 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 the case. The contact and referral is outcomes with a Child and Family assessment and chronology step.Manager then sends email to social worker with contact attached and outlines purpose of Child and family 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 indepth assessment. This may be done through a Statutory Assessment. The assessment will inform the child’s plan and any package of care.