Referrals from Family, Friends and Neighbours Practitioner Briefing

A key message from the Child Protection Review of the deaths of Arthur Labinjo-Hughes and Star Hobson was that referrals were deemed malicious without a full and thorough multi-agency assessment, including talking with the referrer and agreement with the appropriate manager. Arthur and Star's wider family members voiced multiple concerns and shared evidence of physical abuse with practitioners prior to their deaths. There were failures to talk with and listen to wider family members. Different family members raised concerns about potential abuse with Police and Social Care practitioners on many occasions. However, despite family members knowing the children well, their voices were not heard. There were gaps in specialist skills around interrogating and analysing evidence; the versions of events given by parents were too readily accepted and photos provided by wider family members were not properly examined. There was limited evidence of practitioners trying to unpick concerns raised by family member. Reports into the murder of Victoria Climbie and the death of Peter Connelly - Baby P - also pointed to wider family members not being listened to.

There is evidence to suggest that there can be a tendency to prioritise contacts/referrals from practitioners, lending insufficient weight to information from family, friends and neighbours in the early stage of both referral and assessment. Research (NSPCC 2010 still relevant today) identified that busy teams can, at times, treat information from family, friends and neighbours as "malicious", particularly where there appears to be a motive for the contact/referral, such as an ongoing feud.

However, observations and information from family, friends and neighbours may provide vital insights into the workings of families and evidence suggests that even when a referral is maliciously motivated, it may still carry substance. In addition, family members may make tentative referrals or report minor issues, when actually, more serious issues are occurring. It is important that equal weight is given to contacts and referrals from family, friends and neighbours, and that anonymous calls are taken seriously. They may provide vital information and should be followed up. In cases of problematic family dynamics, or where parents are in conflict over care of a child we need to avoid the temptation to see information in light of such disputes, it is important to keep an open and enquiring mind. Remember to include fathers in conversations about their children and ensure that their views are clearly evidenced in your assessment. Many referrals are narrative and unstructured, telling a story and leaves the local authority to decide how to respond.

Questions for Practitioners:

Would I react differently if these reports had come from a different source?

How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family are in need of some help or support?

Any referral about the safeguarding and wellbeing of a child should be taken seriously from any source even when anonymously made. When a referrer is reluctant to give their name or other personal details every effort should be made to assure them that their confidentiality will be respected wherever possible. It should be emphasised that when a referral made by someone who is not a practitioner is received, personal information about the referrer, including anything that could identify them, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. Only a court can rule that in exceptional cases the identity of a referrer should be disclosed, where it is essential for this information to be known. However, it is not possible to guarantee them their identify will not become known as it may be deduced or inferred by the subject of the referral. In cases where the referrer remains anonymous or has given inaccurate details, the referral should be followed up through other agencies that know the child in an effort to ascertain whether there are real causes of concern or whether the referral was false. Under no circumstances should an anonymous referral be ignored or treated with less urgency than any other referral. Where Children's Social Care receive a referral from someone who is not a practitioner and does not request anonymity, personal information about the referrer, including anything that could identify them, should only be disclosed to third parties (including subject families and other agencies) with the referrer's consent.

Referrals are not deemed malicious without a full and thorough multi-agency assessment, including talking with the referrer and agreement with the appropriate manager. Referrals should also not be described as malicious in professional conclusions, due to the risks associated with this language.

If the concerns are not deemed to be substantiated, then the outcome should be recorded as unsubstantiated, unfounded or deliberately invented. The following definitions will guide practitioners in determining which outcome applies;

Substantiated – a substantiated allegation is one which is established by evidence or proof.

Unsubstantiated – an unsubstantiated allegation is not the same as an allegation that is later proved to be false. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

Unfounded – this indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively, they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it will be necessary to have evidence to disprove the allegation.

Deliberately invented/false – this means there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.

- **Practitioners to be aware of behavioural bias (behaviours that can influence the way that evidence is perceived or interpreted) which may impact information sharing between agencies. E.G. in Star's case, practitioners tended to interpret information based on its source (wider family members who supposedly made 'malicious' referrals) rather than its substance.**
- **Every effort should be made to support the referrer to feel confident in sharing their details, whilst reassuring them that they will remain anonymous to the family. This allows for direct dialogue, for clarification/exploration of the issues following the referral.**
- **If a referrer wants to remain anonymous, try and explore the reasons why and do they impact on the child's safety/welfare.**
- **If a practitioner is supporting family/friend/neighbour to make a referral they should always make their involvement known to the receiving agency, and supply their details. Again this allows for a future dialogue when responding to the referral.**
- **Equal weight should be given to anonymous referrals as those of practitioners and known persons.**
- **Guard against assuming the position that anonymous referrals are likely to be false.**
- **Avoid relying on parental self-reporting to discount concerns raised in anonymous referrals. Tell the family what information has been received about them and that as a practitioner you have a duty to investigate.**
- **Do not be pressurised into revealing who made the referral if they want to remain anonymous,**
- **Agencies will rely on family, friends and neighbours at times alerting them to children who are at risk and without anonymity some genuine cases may be missed and it is for this reason and this reason alone that anonymous referrals are accepted.**
- **Referrals are a process, not an outcome so it is important to think through what the referrer expects to happen as a result of the referral.**

The Pan Bedfordshire Inter Agency Child Protection Procedures are available to assist practitioners in safeguarding and promoting the welfare of children and young people.