

## REFERRAL FORM FOR CHILDREN'S SOCIAL CARE IN SUNDERLAND

To discuss your concerns prior to making a referral, please ring: 0191 520 5560

If you have an urgent child protection concern, please ring before submitting this form.

For urgent out of hours concerns, please ring the Emergency Duty Team on 0191 520 5552

### Consent:

Please note parental consent for this referral should always be sought unless there is an immediate risk of harm to the child (ren) or to do so would place the child (ren) at risk of significant harm.

**Together for Children will not accept referrals where no consent has been obtained unless there is a risk of immediate harm to the child (ren). Referral forms submitted without appropriate consent will be returned and the referring agency will be expected to obtain consent before re-submitting.**

Date of this referral\*:

Has parental consent to this referral been obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If consent has been obtained</b> , when was this?	Date:
How was consent obtained? <i>E.g. telephone call, face to face</i>	
Do parents want help and support from Children's Social Care? What is their view of your concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child aware that you are making a referral? What is their view of your concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If consent has not been obtained</b> , explain the immediate risk that has prevented you from doing so:	
Where you have not sought consent, is the parent aware of your concerns? When and how did you make them aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Your details as the Referrer**    all details\* must be completed

Your full name*:	
Your job role*:	
Your agency*:	
Your address*:	
Your primary phone number*:	
Your e-mail address* (state if secure):	
How do you know this child?*	

**The Child's personal details** fields marked \* must be completed

Family name. Include any 'known as' names*:		Given names*:	
DOB or EDD*:		Gender*:	
Child's ethnicity:		Primary language or preferred means of communication:	
Child's religion:		Is an interpreter or a signer needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
NHS number (if known):		Does the child have special educational needs or a disability? An EHCP? Please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Primary address*: (for unborns please give Mother's address)		Main carer's telephone numbers*: Landline: Mobile:	
Alternative address:		Whose address is this? When does the child reside here?	
Child's school or nursery or College:			

**Details of other children living with the subject of this referral (in the same household)**

<i>Full name*</i>	<i>Date of birth*</i>	<i>School/nursery/College (if known)</i>	<i>Is this child also the subject of this referral?*</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Details of the parent(s)/Carer(s)** fields marked \* must be completed

<b>Parent/Carer 1</b>	
Full Name (include any 'known as' names)*	
DOB	
Address*	
Telephone number*	
Does this person have Parental Responsibility?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<b>Parent/Carer 2 (if applicable)</b>	
Full Name (include any 'known as' names)*	
DOB	
Address*	
Telephone number*	
Does this person have Parental Responsibility?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

Are there other adults living in the household?  Yes  No  Don't Know

<b>Name (and DOB if known)</b>	<b>Relationship to child</b> e.g. adult sibling

Are there other significant adults in the child's life? E.g. grandparents / aunts / uncles

<b>Name and address</b>	<b>Relationship to child</b> e.g. Maternal Grandmother

**Your concerns**

We need you to give very specific details about your concerns for this child by completing all of the boxes in the next section:

<b>What are you concerned about?</b>	
<p>What have you seen or heard about that concerns you?  <i>Be very specific – refer to the Threshold of Need if possible to describe what you have seen or been told about.</i></p> <p><i>Tell us about the impact on the child (ren) of what you have seen/heard about.</i></p> <p><i>If you have compiled a chronology of events, send it with your referral rather than try to write a full family history here.</i></p>	
<p>Have the things that concern you happened before?            When? How often? What did you do then?            Was a referral made to Children's Social Care? When? What was the outcome?</p>	
<p>Have you spoken to the parents or other family members about your concerns?            If yes, what was the response?            If no, why not?</p>	
<p>Are there issues within the family which are linked to domestic abuse, parental or child</p>	

<p>mental ill-health or parental or child alcohol or substance misuse? If yes, please give details.</p>	
<p>Is the child at risk of Child Sexual Exploitation or Criminal Exploitation? If yes, have you completed the <a href="#">Stage 1 MSET Screener</a>? Please attach the completed screener to your referral.</p>	
<p>Are there any other issues which impact upon parenting capacity? (e.g. learning disability, significant debt, recent bereavement, isolation, housing) If yes, what are these?</p>	
<p><b>How concerned are you?</b></p>	
<p>How concerned are you that this child has <u>been harmed</u>? Why do you think/know this?</p>	
<p>How concerned are you that this child is <u>at risk of significant harm</u>? Why do you think/know this?</p>	
<p>How concerned are you that this child will <u>fail to thrive</u> if support is not provided? Why do you think/know this?</p>	
<p>What do you think needs to be done to improve this child's circumstances? What would make things better or safer?</p>	
<p><b>What works well in this family?</b></p>	
<p>Are there good relationships between family members in the household?</p>	
<p>Are there extended family members who support or who could offer support?</p>	
<p>What is the family good at?</p>	
<p>What else can you tell us about family strengths?</p>	

<p>Was there a time when you were not concerned/less concerned about the family? What was different then?</p>	
<p><b>What has already been tried to support this family?</b></p>	
<p>Do you know if there is anybody within the family or the community helping the family? If yes, please provide details of what is being done and how long this support has been in place.</p>	
<p>Have you or your agency tried to help this family? If yes, please provide details of what has been done, when and what difference this made.</p>	
<p>Who else could provide help to this family as part of a Team Around the Family approach?</p>	
<p>Has an Early Help Assessment been completed / considered for the family? Are you part of an Early Help Team Around the Family for this child? If yes, please give details of the work that has been done, who is co-ordinating the Plan, how long the Plan has been in place and what progress has been made in which areas. Please attach a copy of the Early Help Plan and the most recent Review to your referral.</p> <p>If there is no Early Help Plan in place, why is this?</p> <p>Do you think parents would be receptive to this type of support?</p>	

**Are there any risks to professional staff who might visit this family?** *If yes, please give details:*

Yes     No     Don't Know

**Professionals/agencies already working with the child/family**

*Please list all services that you know to be involved with this child/family: e.g. GP, Education Psychology, CAMHS, CYPS, or Health Visitor etc*

<b>Professional Full Name</b>	<b>Agency / Role</b>	<b>Contact details Address/e-mail</b>	<b>Telephone</b>

**What happens next?**

Please e-mail your completed form to [Safeguarding.Children@togetherforchildren.org.uk](mailto:Safeguarding.Children@togetherforchildren.org.uk)

Someone will contact you to discuss your referral and the outcome.