

**If a child is in immediate danger dial 999**

**If you are worried about a risk of significant harm to a child it is essential that you share your concerns by contacting First Contact on 03000 267979**

This form should be used to refer a child and family for;

* **Early help (level 2)** – targeted provision for children with additional needs which can be met by a single practitioner/agency or where a coordinated multi agency response is needed
* **A request for targeted provision (level 3)** –for children with multiple issues or complex needs where a coordinated multi agency response is required
* **A safeguarding child concern (level 4)** – services to keep children safely at home, where a statutory response is required for intensive support

If you are unsure about whether or not to make a referral, or which service will best help the family and safeguard the child, please refer to the [**0 – 19 Levels of Need**](http://www.durham-lscb.org.uk/wp-content/uploads/sites/29/2016/06/0-19-Level-of-Need-Final-2016.pdf) **Tool**. Other information can be found via the [**Durham LSCB website**](http://www.durham-lscb.org.uk/concerned-about-a-child/).

Children’s Services **Referral Form**

Email the completed form to

[**firstcontact-gcsx@durham.gcsx.gov.uk**](mailto:firstcontact-gcsx@durham.gcsx.gov.uk)

First Contact

**03000 26 7979**

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| **Referral type** |
| Early help referral  Safeguarding referral |

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| **Consent** |

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| 1. **Early help support or targeted support – Level 2 & 3**   **Consent**  For an early help referral, **the referral must always be discussed with the family and consent for the referral should always be sought from those with parental responsibility.**  Have you obtained consent from the family to discuss and share information with appropriate agencies?  **Yes**  We will not be able to progress your request for Early Help unless consent has been agreed |  | 1. **Safeguarding concern – Level 4**   **Consent**  For a safeguarding children referral, **it is good** **practice to inform those with parental responsibility of your referral, unless to do so would place the child at further risk of harm.**  Have you obtained consent from the family to share information with appropriate agencies?  **Yes**  **No**    **If no, reason why**  **Have you informed the family that you are making a referral?**  **Yes**  **No** |

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| **1. Referrer details** | |
| **Name** |  |
| **Role/Agency/Team/Department** |  |
| **Address** |  |
| **Email address** |  |
| **Telephone** |  |

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| **1a. Child’s details** (Please complete Section 1b for further children).**Please gather this information if not known.** | | | |
| **Name of child** |  | **Religion** |  |
| **Also Known As/alias** |  | **Ethnicity** |  |
| **Date of Birth or Expected Date of Delivery** |  | **Immigration status** |  |
| **Age** |  | **Interpreter/signer needed?** | **Yes**  **No** |
| **Gender** | **M**  **F**  **Unknown** | **GP name and practice** |  |
| **Education provider/employer** |  | **Does the child have a disability?** | **Yes**  **No**  **Unknown** |
| **Own agency reference number (e.g. NHS No, UPN)** |  | **State diagnosis if known and any SEN statement if known** |  |
| **Child’s address and postcode** |  | **Does the child have an Education, Health and Care Plan? (EHCP)** | **Yes**  **No** |

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| **1b. Siblings and other related children’s details** | | | | | | | | |
| **Child’s**  **full name** | **DOB**  **EDD** | **Gender** | **NHS No**  **UPN** | **Address** | **Relationship to child referred?** e.g. brother, sister | **Ethnic Origin** | **Mother's full name** | **Father's full name** |
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| **2a. Parent/carer details** | | | | | | |
| **Adult’s/parent’s**  **full name** | **DOB** | **Gender** | **Address and contact number** | **Relationship to child referred?**  e.g. mother, father, step parents, parental partner | **Ethnic origin** | **Do they have parental responsibility** |
|  |  |  |  |  |  | **Yes**  **No**  **Unknown** |
|  |  |  |  |  |  | **Yes**  **No**  **Unknown** |
|  |  |  |  |  |  | **Yes**  **No**  **Unknown** |
|  |  |  |  |  |  | **Yes**  **No**  **Unknown** |

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| **2b. Other significant adults details** | | | | | |
| **Adult’s**  **full name** | **DOB** | **Gender** | **Address and contact number** | **Relationship to child referred?**  e.g. grandparent, aunt, family friend etc | **Ethnic origin** |
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| **3. Reasons for referral** | |
| **What are you and/or the family concerned about?** |  |
| **What is the impact on the child(ren)?** |  |
| **What do you think needs to happen to ensure the safety of the child(ren)?** |  |

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| **4. Development of referred child (Please describe the key areas of need identified)** |
| Think about - disability, young carer, educational attainment, educational attendance, school exclusion, health, social presentation/relationships/behavioural problems/self-esteem, emotional wellbeing, child sexual exploitation, child abuse/neglect, pregnancy. |
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| **5. Parental/carer capacity (Please describe the key areas of parental need or risk)** |
| Think about - relationship, disability, learning disability, substance misuse, domestic abuse, mental wellbeing, criminality/anti-social behaviour, ‘risk to children’ status, looked after child, pregnancy, how these affect parental capacity, do both parents have current contact, support from extended family members. |
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| **6. Environment** |
| Think about - home conditions, risk of homelessness, household finances, parents employment status, number of house moves - in last 2 years, anti-social behaviour, relationships in the community, acknowledgement of needs, willingness to engage in offers of support, dangerous animals |
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| Have you completed the Home Environment Assessment Tool? **Yes**  **No**  Have you attached the Home Environment Assessment Tool? **Yes**  **No** |
| **7. What are the strengths/ protective factors?** |
| Think about - support from extended family members/friends, engagement with your/other services, this may include the Voluntary and Community Sector organisations - what is working well. |
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| **8. Are there any known risk factors to professionals/staff if visiting the family home? (If yes, please explain why)** |
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| **9. Involvement of other services** | | | |
| Which other services are **currently or were previously** involved with the child and family (name, agency), if known. This may also include Voluntary and Community Sector Organisations that provide social/community based services and activities for adults, children and young people i.e. drops in services, community projects, sports clubs, art clubs | | | |
| **Child(ren) /family** | **Name/agency** | **Purpose** | **Ongoing or Ended when/why?** |
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Email the completed form to[**firstcontact-gcsx@durham.gcsx.gov.uk**](mailto:firstcontact-gcsx@durham.gcsx.gov.uk)

Please remember to include all relevant attachments if available;

Chronology

Home Environment Assessment

Family Engagement Risk Assessment

EHCP

Other (please state)