

CHILDREN'S SERVICES REFERRAL FORM

This form must be used to refer to Children's Services.

This form should always be used to provide written confirmation of telephone referrals. Please complete as much as you can, the information will be very helpful and will enable an informed decision to be reached.

For health professionals it may be helpful to consult the NHS Safer Communication guidelines and use these to support this referral.

IF YOU HAVE IMMEDIATE CONCERNS PLEASE TELEPHONE.

Is there an Early Help Assessment (EHA) in place for the child/family YES/NO
EHA attached YES/NO

Child/young person's name including alias:	Date of birth	Gender
Ethnic origin (please specify):	Religion (please specify):	
First language:	Is an interpreter or signer required? Yes/No	
Home address	Current address if different:	
Phone:	Phone:	
Does the child have a learning or physical disability; mental or chronic physical illness? Yes/No If yes provide details		

Family and household members including unborn babies. Any significant adults not living at home. (asterisk those with parental responsibility if known)

Relationship	Name	D.o.b. / EDD	Address/postcode (if different)	Phone

Agency involvement (previous and current)

Name	Profession	Address	Phone	Dates

Please note any circumstances affecting the parent's ability to care for children e.g. physical illness, mental illness, learning disability, substance or alcohol misuse, domestic violence, childhood abuse, history of abusing children

Please remember to note what it is that you are worried about, what is working well (include strengths, exceptions, resources, goals, willingness etc) and what needs to happen?

Reason for Referral (please continue on separate sheets if required)

In persons own words

Please remember to note what it is that you are worried about, what is working well (include strengths, exceptions, resources, goals, willingness etc) and what needs to happen? (For health professionals it may be helpful to consult the NHS Safe Communication guidelines and include all relevant information.)

On a scale of 0-10 where 10 means the problem is sorted out as much as it can be and zero means things are so bad for the child or young person you need to get professional or other outside help, where do you rate this situation today? (Please try to put different judgment numbers on the scale for different people e.g. you, child, health visitor, Sure Start, teacher etc).

0-----10

Information on previous referrals

If Police referral who made the call to Police?

Where is child presently?

Has the parent/s been informed of the referral: Yes/No

Name and Profession of Referrer: _____

Location and address of Referrer: _____

Telephone number: _____ Date & Time of referral: _____

Continuation Sheet

Social Worker's Action(s)

Duty Officer's Recommendation:

Family Known to Children's Services Yes/No

File Available Yes/No

Location _____

File Requested Yes/No

Team Manager's Action(s):

Acknowledgement letter sent out to referrer and evidenced on ICS YES

Social Worker: _____

Date: _____

Team Manager: _____

Date: _____