**Early Help (intensive/targeted need) & Children’s Social Care**

**Referral Form**

This form should be used to refer a child and family for one of the two following services:

1. An **Early Help Best Start Family Solutions service (intensive/targeted need)**, where you are concerned for a child’s wellbeing and the family has asked for support that cannot be addressed by one or more organisation.
2. A **Children’s Social Care (CSC) service** where you are worried about the safety of a child.

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 Croydon Continuum of Need on the [Croydon Children Safeguarding Children Board website](http://croydonlcsb.org.uk/professionals/policies/#cscb-early-help-pathways-2017-amp-thresholds-documents) and speak to your designated safeguarding lead within your organisation. If you are then still unsure you can telephone the CSC Single Point of Contact (SPOC) consultation line for a consultation with the social worker or early help consultant on the numbers below:

Daytime hours: (Monday to Friday 9am to 5pm) 0208 726 6400 main council number

 (Monday to Friday 9am to 5pm) 0208 255 2888 for **urgent child protection matters** that require the same day intervention from a SPOC social worker;

SPOC Consultation: (Monday to Friday 9am to 5pm) 0208 726 6464 where professionals with safeguarding

responsibilities can **consult** early help consultants or social workers in the SPOC for advice on **non-urgent cases**

Out of hours: 5pm - 9am Monday- Friday, 24 hours Saturday, Sunday and bank holidays 0208 726 6400

If you are worried about an immediate risk of significant harm to a child, it is essential that you share your concerns by telephone and the referral, if appropriate will be accepted over the telephone and you will need to follow this up by completing the online referral form within 24 hours.

**Children’s Social Care Service**

Children’s Social Care service is statutory/ specialist need service (Croydon Continuum of Need) that assesses and provides services for children and families whose needs are complex and enduring and/or who are experiencing, or at risk of experiencing significant harm if they are not provided with statutory services

**Early Help Best Start Family Solutions Service**

Early Help Best Start Family Solutions service is an intensive/targeted need early help service (Croydon Continuum of Need) that provides support to children and their families when they are experiencing multiple difficulties

Those wishing to access **Parenting Programmes** only can tick below:

**Consent**

The referral must always be discussed with the child and their family and consent for the referral should always be sought from those with parental responsibility unless to do so would place the child at further risk of harm.

If you are worried about a child and you are unable to contact the parents, this should not stop you from making a referral and you can discuss your concerns in the first instance with your organisation’s designated safeguarding lead and if needed the CSC Front Door Single Point of Contact (SPOC) for a consultation with a Social Worker.

 **Once complete, please email this form to the SPOC:** Childreferrals@croydon.gov.uk

**This is a referral for (please tick one of the options below based on the need as outlined in the continuum of need).**

***If you have undertaken an assessment and/or are working to an outcome based plan with the child or have been recently, please submit the latest assessment & plan and provide the rationale for why you are ‘stepping up’ to a higher level of need with this form.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Early Help Best Start Family Solutions Service** |  |    | **Children’s Social Care Service** |  |
| This referral has been discussed with the family and consent to make the referral has been given.*(***Parents/carers are required to physically sign a hard copy of this document below)– you retain the hard copy on your files** | This referral has been discussed with the family and consent to the make the referral has been given. ***(*Parents/carers are required to physically sign a hard copy of this document below) – you retain the hard copy on your files** |
| Signed | Signed |  |
| Print name | Date | Print name | Date |
| Signed | Signed |  |
| Print name | Date | Print name | Date |
| If parents have not been informed or given consent please explain why not |
|  |

 **Child/Young Person’s details**

|  |  |  |
| --- | --- | --- |
| **Family name/Surname** | **Forenames** | **Date of Birth or EDD** |
|  |  |  |
| **Gender** | **Religion** | **Any special needs/disabilities? – are they a young carer?** |
|  |  |  |
| **Ethnicity** | **Child’s first language** | **Interpreter required?** |
|  |  |  |
| **Current address** |
|  |
| **Any other significant information e.g. a secondary address or telephone number** |
|  |

 **Parent/carer’s details**

|  |  |  |
| --- | --- | --- |
| **Family name/Surname** | **Forenames** | **Date of Birth or EDD** |
|  |  |  |
| **Relationship to the child** | **Does this person have parental responsibility?** | **Any special needs/disabilities?** |
|  | **Y/N** |  |
| **Ethnicity** | **Parent/carer’s first language** | **Interpreter required?** |
|  |  |  |
| **Current address** | **Contact details - Tel. No & email** |
|  |  |
| **Family name/Surname** | **Forenames** | **Date of Birth or EDD** |
|  |  |  |
| **Relationship to the child** | **Does this person have parental responsibility?** | **Any special needs/disabilities?** |
|  | **Y/N** |  |
| **Ethnicity** | **Parent/carer’s first language** | **Interpreter required?** |
|  |  |  |
| **Current address** | **Contact details - Tel. No & email** |
|  |  |

 **Other household members and significant relationships**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name/s** | **DOB/EDD** | **Relationship** | **Ethnicity** | **Language** | **Address and Contact details** |
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 **Educational setting/nursery/school details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address****Tel No** |  |
| **Head Teacher** | **Contact details** | **Nursery/ class/ form teacher** | **Contact details** |
|  |  |  |  |

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| --- |
| **Reason for Referral. What are you and/or the child and family worried about?**Does the family share your worries? Please describe facts including frequency, severity and impact. What are the specific behaviours of the parent/child/young person that may pose a risk to their safety? |
|  |
| **What is the impact on the child/young person?**How is this affecting the child’s health, development and well-being? *Provide information in relation to the child’s Education (Attendance, Support, Attainment), Health (Emotional and Physical) and Social Development  (Developing positive and healthy relationships)*What are you worried will happen if nothing changes? |
|  |
| **What is working well for this child and in this family?**What are the strengths/support systems within the family, the things they do well, the resources within the family, the resources within the family that reduce the risk and the times where risk has been present but the parents/carers have been able to manage/reduce this risk? |
|  |
| **What do you want to happen next?**What needs to happen next to ensure the child is safer and ensure the parents/carers can keep the child safe? |
|  |

 **What has led to you making a referral? (listed alphabetically) – please tick all that are applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| Alcohol misuse by child/young person |  | Learning disability of parent/carer/adult in household |  |
| Alcohol misuse by parent/carer/adult in household |  | Missing from home |  |
| Anti- social behaviour |  | Missing from school/education |  |
| Child sexual exploitation (sexual or criminal) \*\* |  | Mental health of child/young person, including bereavement |  |
| Disability (SEN-D) |  |  |  |
| Domestic violence |  | Mental health of parent/carer/adult in household |  |
| Drug misuse by child/young person/criminal exploitation/county lines |  | Neglect  |  |
| No Recourse to Public Funds |  |
| Drug misuse by parent/carer/adult in household |  | Parenting  |  |
| Early Years SEN-D |  | Physical disability or illness of parent/carer/adult in household |  |
| Emotional abuse |  | Physical abuse |  |
| Fabricated illness |  | Physical disability or illness of child/young person |  |
| Family in acute distress |  | Private Fostering  |  |
| Female genital mutilation |  | Radicalisation |  |
| Forced Marriage |  | Special Educational Needs and Disability |  |
| Sexual abuse |  |
| School exclusion/multiple school moves |  |
| Gang affiliation and /or serious youth violence |  | Self- harming |  |
| Homeless young person/ family at risk of homelessness |  | Trafficking |  |
| Honour based violence |  | Unaccompanied asylum seeker (UASC) |  |
| Learning disability of child/young person |  | Young carer |  |

 **\*\* Please ensure you’ve completed the Child Exploitation screening tool and attach this to your referral**

[Croydon Child Exploitation Screening Tool](http://croydonlcsb.org.uk/wp-content/uploads/2018/10/Child-Exploitation-screening-tool-for-other-agencies-to-SPOC-approved-July-2018.docx)

|  |
| --- |
| **If the issue you are concerned about it not listed about please include below** |
|  |

 **Referrer’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job title** | **Relationship to the child** | **Organisation** |
|  |  |  |  |
| **Email** | **Contact Tel No** | **Address including postcode** |
|  |  |  |

**Any other professionals/agencies involved with the child and family**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of professional** | **Role** | **Agency name** | **Contact details** |
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