

# Childrens Social Care Referral Form



The purpose of this referral form is to support information sharing and decision making about children and young people in need of protection and support to ensure they receive the right help from the right agency at the right time.

Consideration needs to be given to Lancashire's Continuum of Need and Threshold Guidance.

This form must be completed as comprehensively as possible for children and families in need of help and support at **level 3 with consent of Parents or Carers and Level 4 on Lancashire's Continuum of need (CON).**

If there are concerns about a child or young person at level 4 of the CON (child protection) **make direct contact** on 03001236720 or Police (999 in an emergency) and complete this form once the immediate concerns have been addressed.

If the child you are concerned about already has an allocated Social Worker go directly to this person by contacting 03001236720 – there is no need to use this form.

Informed consent means that the person on whose behalf the referral is being made understands that any offer of help will be based on an assessment of need and that this will require agencies to share information.

The failure to obtain consent means the referral cannot be accepted unless concerns lie at level 4 on the CON.

## Making contact

Email this referral to [cypreferrals@lancashire.gov.uk](mailto:cypreferrals@lancashire.gov.uk)

The Telephone number for contact regarding level 4 referrals or to discuss this referral is 0300 1236720

Referral to : Lancashire Children's Social Care						
Date of Referral		Time of Referral				
Details of Child(ren)						
Child(ren) name		DOB		Age		Unborn Y/N
Child(ren) NHS number(s) if referral from Health						

<b>Gender M/F</b>		<b>Disability</b> [if known please specify ]		
<b>Ethnicity</b>		<b>Childs first Language</b>	<b>Is an interpreter needed? Y/N</b>	
<b>Address</b>				
<b>Postcode</b>		<b>Tel No</b>		
<b>Name of child(ren) primary carer/s:</b>		<b>Relationship:</b>	<b>Parental responsibility Y/N</b>	
<b>School/Nursery/College attended:</b>				
<b>Child(ren) GP details:</b>				
<b>Tel No:</b>				
Family Composition/Significant Others				
<b>Name</b>	<b>DOB</b>	<b>Relationship</b>	<b>School</b>	<b>Parental Responsibility Y/N</b>


**Reason for referral**

**State the key areas of concern about risk of harm or neglect, outline what you think these are and how it will impact on the child.**

**List the actions taken or support provided so far e.g. support via your agency, CAF and offer of Early Help, assessments completed. Please include any previous involvement of agencies with the family.**

**What are you requesting from children’s services social care and or other agencies?**

**Child/Family View of the referral**

## Child/Young Persons Health and Developmental needs, Parental issues and Family /Environmental factors

*Consider all aspects of child/young person's social, emotional, health and well being. Provide information in relation to any unmet health needs, education, emotional and behavioural development, identity and the parental/family environmental issues impacting on these.*

### **Child/YP Unmet needs**

**this is about comparing where the child is in terms of their health, education, social, emotional and behavioural presentation at this present time compared with where they should be given their age and stage of development**

**Underlying risk factors within the family and the child such as;**

**poverty, poor housing, lack of support/isolation, learning disabilities, physical health problems, poor cooperation with professionals, drug and alcohol issues, mental health difficulties impacting on the child's needs.**

**High risk indicators within the family and child such as;**

**chaotic drug and alcohol misuse, personality disorder, uncontrolled mental health problems, other previous children removed, previous involvement in child neglect, physical and sexual abuse of children, history of violence, sexual offending, parental experience of own parenting abusive, denial to accept responsibility, evidence of FGM, over excessive chastisement, honour based violence, radicalisation, child is under 3 and pre mobile and these factors are present.**

**Child involved in CSE, frequently MFH,**

**Strengths / resilience factors (for example, a protective parent, supportive wider family, parent wants to change / acknowledges problems, Child has some secure attachments and secure base )**

**Are there any current or previous concerns regarding CSE (Child Sexual Exploitation)? Please provide details.**

**Are there any concerns regarding the child going missing from Home? Please provide details.**

**Are there any concerns regarding Radicalisation and have any referrals to CHANNEL been made? Please provide details.**

**Are there any concerns regarding the child's Mental Health? Please provide details**

#### **Parenting capacity**

*Issues affecting parent/carers capacity to respond appropriately to child/young person's needs; consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries and stability.*

Are there any concerns regarding Parents mental health which is impacting on the child?

Are there any concerns regarding Parents learning abilities which is impacting on the child?

Are there any concerns regarding Parental substance use which is impacting on the child?

Are there any concerns regarding Domestic abuse and violence?

<b>Consent to Referral</b>		
Has informed consent for this referral been obtained from a person who has parental responsibility?	Yes Name of individual providing consent & relationship	
	No (State reason why referring without consent)	
Has informed consent to share information with other agencies such as health and education been obtained?	Yes/No	
<b>Has a CAF or any other assessment been completed on this child/young person?</b>		
<b>Yes</b> <i>[By your agency]</i>		
<b>Yes</b> <i>[by another agency give name of lead professional]</i>		

<b>No</b> [Give reasons why not]	
<b>Not known</b>	
<b>Attach CAF and any relevant TAF minutes or any other assessment if available</b>	

<b>Other agencies/provision involved e.g. Health visitor, CAMHS, YOT , WPEH if known</b>		
<b>Name of Organisation and Profession.</b>	<b>Contact Details: Address/ Telephone No/ Email Address</b>	<b>Brief description of work undertaken to support child/young person.</b>
<b>Referral from:</b>		
<b>Name</b>		
<b>Job title</b>		
<b>Agency</b>		
<b>Address</b>		
<b>Tel</b>		
<b>Email</b>		
<b>Feedback to referrer</b>		

## **Lancashire's Risk sensible Model**

### **Underlying Risk Factors**

Those elements that are ***often present*** in risk situations but which do not, of themselves, constitute a risk:

- Poverty
- Poor Housing
- Lack of support network/isolation
- Experience of poor parenting
- Low educational attainment
- Physical/learning disability (adult/child)
- Mental health difficulties (adult/child)
- Drug & alcohol misuse
- Victimisation from abuse/neglect
- Discorded/discordant relationships
- Previous history of non-violent offending

- Rejecting/antagonistic to professional support
- Behavioural/emotional difficulties in parent
- Behavioural/emotional difficulties in child
- Young, inexperienced parent
- Physical ill health (adult/child)
- Unresolved loss of grief

## High Risk Indicators

Those elements which, **by their presence**, do constitute a risk:

- Previous involvement in child physical and sexual abuse and/or neglect
- History of being significantly harmed through neglect as a child
- Seriousness of abuse (and impact on the child)
- Age of the child (particularly if less than 3 years old)
- Incidence of abuse (how much abuse over how long a period of time)
- Record of previous violent offending (against both children and adults)
- Older child being relinquished or removed
- Unexplained bruising (particularly in pre-mobile children)
- Uncontrolled mental health difficulties (including periods of hospitalisation)
- Personality disorders
- Chaotic drug/alcohol misuse
- Denial/failure to accept responsibility for abuse or neglect
- Unwillingness/inability to put the child's needs first and take protective action
- Cognitive distortions about the use of violence and appropriate sexual behaviour
- Inability to keep self-safe
- Unrealistic, age inappropriate expectation of the child.

This list is not exhaustive and is to be used as a guide only.