Children's Services **Referral**

Durham County Council

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 Tool**. Other information can be found via the **Durham LSCB website**.

Email the completed form to
firstcontact@durham.gov.uk

First Contact
03000 26 7979

Referral type

Early help referral ☐ Safeguarding referral ☐

Consent

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

2. 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** ☐

1. Referrer details

Name	
Role/Agency/Team/Department	
Address	
Email address	
Telephone	

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** ☐

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**

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 ☐

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

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)?	

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.

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.

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

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.

8. Are there any known risk factors to professionals/staff if visiting the family home? (If yes, please explain why)

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?

Email the completed form to **firstcontact@durham.gov.uk**

Please remember to include all relevant attachments if available;

- ☐ Chronology
- ☐ Home Environment Assessment
- ☐ Family Engagement Risk Assessment
- ☐ EHCP
- ☐ Other (please state)