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| **TEES MULTI AGENCY SAFER REFERRAL FORM****SITUATION, ASSESSMENT, FAMILY, EXPECTED RESPONSE, RECORDING** **When do you need to use this form?**This form should be used to request support for a child who has suffered or is at risk of suffering significant harm; where you believe they are unlikely to achieve or maintain a reasonable level of health or development without the provision of a social work service. This is Level 4 of need. **What do you need to do?** * Discuss your concerns with the child and family if appropriate and where you can, gain their consent.
* Where you are able, reflect on the right support at the right time with your agency’s safeguarding lead to determine that a request for a social work service is the most appropriate response for the child.

**What is the level of need? (To ascertain the level of need based upon the information you have, consult your threshold document at:** <https://www.teescpp.org.uk/safeguarding-procedures/2-early-help/>**)** |

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| **Level of Need** | **Level description / response** | **Referral Pathway** |
| **1** | A child whose needs are being met, or whose needs can be met by universal services  | **Universal Services** |
| **2** | A child with additional needs that can be met by a single agency providing additional support or by signposting to an additional agency – complete an early help assessment (EHA) (<https://www.teescpp.org.uk/safeguarding-procedures/2-early-help/>) | **Early Help**  |
| **3** | A child who would benefit from a coordinated response from multiple agencies – complete an Early Help Assessment (EHA) | **Early Help**  |
| **4** | A child who has suffered or is at risk of suffering significant harm or has complex needs; that requires a specialist or statutory intervention  | **Children’s Social Care**  |

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| **Request for Children’s Social Care** |
| **Date of Request:** |  | **Time:**  |  |
| **DETAILS OF CHILD(REN)** |
| **Child’s name:** |  | **DOB:** |  | **Expected Date of Delivery (Unborn):**  |  |
| **NHS no/UPN (if available)** |  |
| **Age:** |  | **Language:** |  |
| **Gender M/F :**  |  | **Ethnicity:** |  | **Interpreter required:** |  |
| **Religion:** |  | **Communication Needs:** |  |
| **Address:** |  |
| **Postcode:** |  | **Tel No:****(Child)** |  | **Disability:** | **Y/N** |
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| **Name of Parent(s) /** **Carer(s):** |  | **Address of Parent(s) /** **Carer(s):** |  | **Relationship and DOB:** |  |
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| **Family Composition/Significant Others (Who else lives with the child or plays a significant role in their life?)** |
| **Name:** | **DOB:** | **Relationship:** | **Address (and contact number):** |
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| **CONSENT** |
| ***Professionals should seek to discuss concerns with the family and where possible seek the family’s agreement in making a referral unless this may place the child at increased risk of significant harm.*** |
| Who has parental responsibility for this child? |
| Have parents / carer(s) been informed of this referral? Yes  No  | Has the child / young person given consent for this referral?Yes  No  N/A  |
| Have parents / carer (s) given consent for this referral? Yes  No  |
| If the answer to any of the above is **NO** please provide an explanation : |

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| **WHAT IS WORKING WELL? (What support is currently in place)** |
| * What existing support is in place/offered for this child and family? What is the impact on the child?
* What is your agency doing? What services will your agency continue to provide?
* What are the strengths / protective factors?
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| **WHAT ARE YOU WORRIED ABOUT? (Reason for the referral: consult your threshold document)** |
| * Is there actual harm – what is causing the harm? What is the impact?
* What are the future dangers for the child(ren) / family should this concern not be addressed?
* What are the complicating factors (E.g: parental substance misuse/ mental health issues) that make the concern more difficult to deal with?
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| **WHAT NEEDS TO HAPPEN NEXT? (What change do you want to see happen?)** |
| * What are the views of the children and family? What do they think will help them?
* What needs to change?
* What intervention do you think will make a difference for this child and family?
* What outcome do you hope this referral will achieve?
* Are there any issues for worker safety that need to be considered when planning a response?
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| **Details of other agencies involved with the child**  |
| **Agency** |  | **Agency** |  |
| Midwife |  | Other Health Professional |  |
| Health Visitor |  | Child care or Education Setting |  |
| School Nurse |  | Youth Justice / Offending |  |
| GP |  | Other Agency |  |
| **REFERRAL FROM:** |  |
| **NAME** |  |
| **JOB TITLE** |  |
| **AGENCY** |  |
| **ADDRESS** |  |
| **TEL** |  |
| **EMAIL** |  |
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| **PLEASE SEND THE COMPLETED REQUEST TO:** |

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| **Children’s Services** | **Office hour** | **Out of hours** | **Email** |
| Hartlepool | 01429 28428401642 130080 | 01642 524552 | childrenshub@hartlepool.gov.uk |
| Middlesbrough | 01642 130700 | 01642 524552 | southteesmach@redcar-cleveland.gov.uk |
| Redcar & Cleveland | 01642 130700 | 01642 524552 | southteesmach@redcar-cleveland.gov.uk |
| Stockton-on-Tees | 01642 13008001429284284 | 01642 524552 | childrenshub@hartlepool.gov.uk |
| North Yorkshire | 01609780780 | 01609780780 | children&families@northyorks.gov.uk  |
| Durham | 03000 267979 | 03000 267979 | First.contact@durham.gov.uk  |
| Darlington | 01325 406222 | 01642 524552 | childrensaccesspoint@darlington.gcsx.gov.uk |

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| Note: Children’s Social Care operates a multi-agency approach to supporting children, young people and their families. In many cases, Cleveland Police, health and other agencies provide information and support the decision making process. All information shared is proportionate and appropriate to the level of need of the child.  |