



Richmond House

Social Care Services CIC

Referral Form



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.

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 Local Authorities. Informed consent is required of parents or carers at level 3 and desirable at level 4. At level 4 however the referral should be made whether or not consent is given.

If there are concerns about a child or young person at level 4 of child protection make direct contact on [01262481518](tel:01262481518) or Police (**999** in an emergency) and complete this form once the immediate concerns have been addressed.

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.

Making contact

Download it and email this referral to Referral@RHSCS.org.uk

The Telephone number for contact regarding level 4 referrals or to discuss this referral is 01262481518

Referral to : Richmond House Social Care Services CIC							
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							
Child(ren) unique pupil number if referral from school							
Gender M/F			Disability [if known please specify]				
Ethnicity		Child's first Language		Is an interpreter needed? Y/N			
Address							
Postcode			Tel No				
Name of child(ren) primary carer/s:			Relationship:			Parental responsibility Y/N	
Is the child/Young person aware of the info sharing/Referral							
YES <input type="checkbox"/> No <input type="checkbox"/>							
School/Nursery/College attended:							
Child(ren) GP details:							
Tel No:							

Family Composition/Significant Others

Name	DOB	Relationship	School	Parental Responsibility Y/N

Reason for referral

State the key areas of concern about risk of harm or neglect, outline what these are and how it will impact on the child. Refer to the continuum of need as a guide and identify if you are referring at level 3 child in need or level 4 child in need of protection.

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 Richmond House Social Care Services 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?

Consent to Referral

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

Has a CAF or any other assessment been completed on this child/young person?	
Yes [By your agency]	
Yes [by another agency give name of lead professional]	
No [Give reasons why not]	
Not known	
Attach CAF and any relevant TAF minutes or any other assessment if available	

Other agencies/provision involved e.g. Health visitor, CAMHS, YOT , WPEH if known		
Name of Organisation and Profession.	Contact Details: Address/ Telephone No/ Email Address	Brief description of work undertaken to support child/young person.
Referral from:		
Name		
Job title		
Agency		
Address		
Tel		
Email		
Approval of referral by agency safeguarding lead	Yes/No	

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.

Email this referral to Referral@Rhscs.org.uk

Or contact Richmond House Social Care Services on

[01262481518](tel:01262481518)