



# **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 with disability and additional needs to ensure they receive the right help from the right agency at the right time.

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.

### **Making contact**

Download it and email this referral to [\*\*Referral@RHSCS.org.uk\*\*](mailto: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	
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 or different communication format 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**

<b>Name</b>	<b>DOB</b>	<b>Relationship</b>	<b>School</b>	<b>Parental Responsibility Y/N</b>

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

**Health condition, diagnoses, medication previous and present.**

**High risk indicators within the family and child.**

**Personal Care/Toileting/Eating & Drinking.**

**Dietary and food allergies. List of likes and dislikes.**

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

**What difficulties is your child currently experiencing?**

**When did you first notice this?**

**How does your child get on at school, with friends and teachers?**

**How are your child's mood or stress levels?**

**What was your child like as a baby/ at different stages in their childhood (for older children)?**

**What is your child good at and how do they like to enjoy themselves?**

**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?**

**Are there any concerns regarding Parents learning abilities?**

**Are there any other concerns regarding Parental which is impacting on the child?**

<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 <b>(State reason why referring without consent)</b>	
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 [By your agency]</b>	
<b>Yes [by another agency give name of lead professional]</b>	
<b>No [Give reasons why not]</b>	
<b>Not known</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>Approval of referral by agency safeguarding lead</b>	<b>Yes/No</b>	

**Thank you!**

**Email this referral to [Referral@Rhscs.org.uk](mailto:Referral@Rhscs.org.uk) Or contact Richmond House Social Care Services on [01262481518](tel:01262481518)**