Referral Form for Early Help and Social Care



**IMPORTANT:** **Prior to completing this form, please speak to one of our childrens duty advisors:**

* For Early Help Services: Duty EH Practitioner on 0116 454 1004 - option 2
* For Social Care: Duty Social Worker on 0116 454 1004 - option 3

**For Social Care Referral only: Duty to discuss your concerns with parents/carers**As a referrer working with the child and family, it is your responsibility to speak with parents/carers about your concerns and the fact that you will contact Children’s Social Care – unless by doing so will place the child at risk of

significant harm. The parents need to be informed before discussing a referral about them/their children with Children’s Social Care, unless this action may itself place a child at risk of suffering significant harm.

**Name of duty worker you spoke to:**

**For Early Help referral:**
Parents/carers and young people who meet Gillick competency/Fraser guidelines have given verbal consent to this request for services and information to be shared: Please check box: [ ]

* Information will be treated confidentially and will be used to understand the needs of the family – this will involve checking our records to see if we are already working the family
* Information may be shared with other services to check whether they are working with the family or have done so previously
* Information will not be shared without permission, unless we are required to do so by law or there are concerns that someone may be at risk of harm.

Has the parent, carer or young person specified that this information cannot be shared with a particular person/agency? If Yes, state person/agency:

**This form should be returned to:** Das-team@leicester.gcsx.gov.uk

Your details (the referrer)

|  |  |
| --- | --- |
| Full name |       |
| Job Role |       |
| Agency |       |
| Telephone |       |
| Email address |       |
| Office address |       |
| Are you the main contact for the family? |       |
| Do you expect to be involved with the family for the foreseeable future? |       |

About the Children/Young People

Please provide the details of all the children and young people in the family, starting with the child you are most concerned about, where appropriate

 **Child 1**

|  |  |
| --- | --- |
| Firstname(s) |       |
| Surname |       |
| AKA / Previous names |       |
| Date of birth |       | Gender |  |
| Address |       | Post code |       |
| Ethnicity |  | Religion |  |

**Child 2**

|  |  |
| --- | --- |
| Firstname(s) |       |
| Surname |       |
| AKA / Previous names |       |
| Date of birth |       | Gender |  |
| Address |       | Post code |       |
| Ethnicity |  | Religion |  |

**Child 3**

|  |  |
| --- | --- |
| Firstname(s) |       |
| Surname |       |
| AKA / Previous names |       |
| Date of birth |       | Gender |  |
| Address |       | Post code |       |
| Ethnicity |  | Religion |  |

**Child 4**

|  |  |
| --- | --- |
| Firstname(s) |       |
| Surname |       |
| AKA / Previous names |       |
| Date of birth |       | Gender |  |
| Address |       | Post code |       |
| Ethnicity |  | Religion |  |

About the Family

The main contact in the family: usually the adult/parent (s) with parental responsibility. If both parents have PR, please provide both details.

**Adult / parent / carer 1**

|  |  |
| --- | --- |
| Firstname(s) |       |
| Surname |       |
| Date of birth |       | Gender |  |
| Ethnicity |  | Religion |  |
| Address |       | Post code |       |
| Relationship to the child |       |
| Telephone |       | Email address |       |
| Please use this space to provide details of any additional communication or access needs e.g. is an interpreter required, when is the best time of day to make contact, does the person have any mobility issues? |
|       |

**Adult / parent / carer 2**

|  |  |
| --- | --- |
| Firstname(s) |       |
| Surname |       |
| Date of birth |       | Gender |  |
| Ethnicity |  | Religion |  |
| Address |       | Post code |       |
| Relationship to the child |       |
| Telephone |       | Email address |       |
| Please use this space to provide details of any additional communication or access needs e.g. is an interpreter required, when is the best time of day to make contact, does the person have any mobility issues? |
|       |

**Other significant members of the household 1**

|  |  |
| --- | --- |
| Firstname(s) |       |
| Surname |       |
| Date of birth |       | Gender |  |
| Ethnicity |  | Religion |  |
| Address |       | Post code |       |
| Relationship to the child |       |
| Telephone |       | Email address |       |
| Please use this space to provide details of any additional communication or access needs e.g. is an interpreter required, when is the best time of day to make contact, does the person have any mobility issues? |
|       |

**Other significant members of the household 2**

|  |  |
| --- | --- |
| Firstname(s) |       |
| Surname |       |
| Date of birth |       | Gender |  |
| Ethnicity |  | Religion |  |
| Address |       | Post code |       |
| Relationship to the child |       |
| Telephone |       | Email address |       |
| Please use this space to provide details of any additional communication or access needs e.g. is an interpreter required, when is the best time of day to make contact, does the person have any mobility issues? |
|       |

**Other significant members of the household 3**

|  |  |
| --- | --- |
| Firstname(s) |       |
| Surname |       |
| Date of birth |       | Gender |  |
| Ethnicity |  | Religion |  |
| Address |       | Post code |       |
| Relationship to the child |       |
| Telephone |       | Email address |       |
| Please use this space to provide details of any additional communication or access needs e.g. is an interpreter required, when is the best time of day to make contact, does the person have any mobility issues? |
|       |

**What are you worried about?**

Please summarise the main issues for the family including how the family is functioning and any issues for adults in the household if they are impacting on the children. For example:

|  |  |  |
| --- | --- | --- |
| * Drug/alcohol use
* Debt or benefit issues
* Domestic violence
* Asylum seeking family
 | * Education concerns
* Housing concerns
* Parenting capacity
* Neglect
 | * Offending or anti-social behaviour
* Families not in employment, education or training
* Mental or Physical Health
* Child Sexual Exploitation
 |
| Please describe the current situation for the family situation:      Please summarise your involvement with the family:     What additional support do you feel is required to reduce these concerns?       |

|  |
| --- |
| If the family do not receive support what are **they** worried might happen? |
|       |

|  |
| --- |
| If the family do not receive support what are **you** worried might happen? |
|       |

|  |
| --- |
| If things were better, what would they look like? |
|       |

Family Strengths

|  |
| --- |
| What is the family doing to try and manage with the issues they have? What is working well for them? |
|       |

|  |
| --- |
| Who is or has been most helpful in helping the family to manage their issues? (this could be services working with the family, friends and/or relatives) |
|       |

**Other services involved with the family**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Key Contact Name** | **Telephone Number/Email Address** | **End of involvement date?** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| Can you describe any work that is currently being undertaken with the family? |
|       |