

# Barnsley Referral Form Children's Social Care

**IF THE CHILD OR YOUNG PERSON IS IN IMMEDIATE DANGER REQUIRING URGENT RESPONSE**

Please call the police on 999

Do not use this form if you believe that a child may be at risk of significant harm instead contact us on (01226) 772423 (weekdays before 5pm Monday to Thursday and 4:30 pm Friday) or our Emergency Duty Team on 01226 787789 if you're calling after 5pm Monday to Thursday or 4:30 pm Friday, or at weekends and bank holidays.

If you wish to access early help and support for children, young people and you can ring the Families Information Service on 0800 0345340 for help and advice on services available.

**You must send this form via secure email. Please complete all questions detailed in this form. Please make every effort to find out the information requested prior to submitting the form and where the information is not available, please state clearly. It is important that you provide as much information as possible.**

Date completing this form:	
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Your name:		Your agency:	
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Role and connection to the child/family who is the subject to this request	
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Tel. no:		Secure/ email address for correspondence:	
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If non-professional - does the referrer wish to remain anonymous? Purpose of enquiry	Yes <input type="checkbox"/> Advice <input type="checkbox"/> Service <input type="checkbox"/>	No <input type="checkbox"/> Information <input type="checkbox"/>
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## Section 1: Parental consent

Consent should be gained but should not delay you contacting us if you believe a child is at risk of significant harm please contact us on (01226) 772423 (weekdays before 5pm Monday to Thursday and 4:30 pm Friday) or our Emergency Duty Team on 01226 787789 if you're calling after 5pm Monday to Thursday or 4:30 pm Friday, or at weekends and bank holidays.

Name of each (all) parent/carer with parental responsibility	Consent to referral to social care Y/N?	By consenting are they aware that information will be shared and stored? Y/N	If no consent is the parent aware of the referral? Y/N

**Where parental consent has not been obtained for the referral I have made this referral without gaining consent for the following reasons:**

**Has parental consent been obtained for the following:**

Name of each (all) parent/carer with parental responsibility	Consent to early help assessment (if required) Y/N?	Consent to social care assessment if required? Y/N

**Section 2: Have you initiated or completed an early help assessment and plan?**

<b>YES Completed:</b>	<b>YES initiated:</b>	<b>NO:</b>
If yes, please attach the relevant documents with this form.		
<b>EH number:</b>	If no, state reasons why not undertaken:	
<b>Name of Lead Practitioner:</b>		
<b>Contact details:</b>		

**Section 3: Child/young person's details**

Surname:		Also known as:	
Forename(s):		DOB or EDD:	
Home address:			
		Postcode:	
Current address (if different):			
		Postcode:	
Telephone number:		Gender:	
Language		GP:	
Ethnicity:		Religion:	
Child's health status	Complex health need?	YES/NO	Disability? YES/NO
If yes, give details:			
Does the child require assistance with communication (including need for an interpreter or signer)?			
If yes, give details			
Immigration status if relevant			
Any alternative identifying references i.e. UPN/NHS number			

**Other family/household members (please include all children and adults who reside in the household full or part time as well as extended family/significant others where known):**

Surname	Forename	Address (if different)	Tel. no:	Relationship to child:	DOB	X P.R	X if main carer	X if child also referred

*Use the tab key when you get to the final box to add additional lines as necessary*

**Section 4: Details of agencies linked to the child and family and useful background information**

Details of Agency	Name	Secure email address for contact	Telephone	Team around Child member
Health Visitor				
Midwife				
GP				
Education/Early Years				
Substance misuse				
Specialist Services(child)				
Specialist Services (adult)				
EH Lead Practitioner				
Other				

*Use the tab key when you get to the final box to add additional lines as necessary*

**Section 5: Provide further and specific detail about any areas of concern and any evidence you have to support this. Being specific about your concerns will save time later.**

*What are you worried about?*

*Are there any known risks if a home visit was to be carried out?*

*Which family members/carers have you spoken with about your concerns?*

*What make it harder to create safety or promote the wellbeing of the child? Is there anything you know of which makes it difficult for this family to keep the child safe and well?*

*In the past what have people (friends, neighbours, family, professionals) done to help or keep the child(ren) safe? Who was it and what did they do?*

*What is working well in the family? What do the children like about their family life? What has been different when things were going well? Do you know a time when the concerns were not present?*

*What needs to change to make a difference?*

*What is the impact or what could be the impact on the child if nothing changes (think about what a day in the life of the child, young person or family might be like)?*

**Section 6: What does the child say are the best things about their lives? What do they say they are most worried about? What do they say needs to happen?  
Has the child spoken to anyone else about the concerns or has anyone else already spoken to the child?**

**Section 7: What does the family or people in the support network understand about the child's daily life and the worries other people have about the child?**

**Section 8: Analysis - Please provide your assessment as to current level of need with reference to the threshold guidance and a short statement explaining the reason for your assessment of level of need:**

#### **What happens next?**

- You should email this Referral to [MASH@barnsley.gov.uk](mailto:MASH@barnsley.gov.uk) by secure email.
- If required you will be contacted to discuss your request within 48 hours and any further action agreed.
- If you do not receive an outcome within 5 working days contact the Screening Team Manager for clarification.
- If you have consulted with Social Care you should action the advice that has been offered. If you have been asked to complete this form, please do so within the agreed timescale.

#### **Contact Numbers:**

Telephone Screening (01226) 772423

#### **Email Address:**

[MASH@barnsley.gov.uk](mailto:MASH@barnsley.gov.uk)

#### **Out of office hours.**

In the event of needing to refer a safeguarding matter to Children's Social Care Services outside of office hours contact the Emergency Duty Team (EDT) on: 01226 787789. They operate from 5pm to 8.30am Monday to Thursday and 4:30 pm to 8:30 am Friday and cover Saturdays, Sundays and public holidays.

**Please read the 'Threshold Document' before you complete this form as it contains vital information that will assist you.**

### **Section 1: Consent**

It is important that consent is gained where possible for this referral to be made. The parents/carers should be informed that the form is being submitted and give consent. Unless there is a safeguarding reason for not doing so and/or where making the family aware of the request for service/referral may place the child/ren/young person in danger.

### **Section 2: Early Help**

Wherever possible children and families should only be referred to children's social care having already received support and having had an early help assessment.

### **Section 3: Child/Children's and Family Household Details**

Please state the names of ALL the child/ren/young people who are involved including all child/ren/ young people who may live elsewhere. Then clearly indicate with an X which of the child/ren/ young people is of concern to you within the other family/household members section.

Please state the primary address of the child/ren/ young people who are of concern to you and any other addresses that are relevant to any child/ren/young people who are involved.

Please state the names of the Parent/carers of the child/ren/young people who are of a concern and clearly indicate the relationship to the child/ren/young person.

### **Section 4: Details of agencies linked to the child and family and useful background information**

This section is to record the details of professionals who are supporting the family and also anyone else who else is important in the family and/or situation in addition to those already named. This will include any known family member/close friend who may be offering support to the family. Please indicate as to whether or not they are currently offering support and any other information you feel is relevant to making this request for service/referral.

### **Section 5: Reason for making this referral**

In a short statement please state what your concern/s are and what the impact of the potential harm being caused is on those you are concerned about. Please also provide a summary of the current situation with regards to the family and any known risks if a professional was to visit the family/household. You will also need to note any factors that could prevent making a safe intervention, but also note anything that is currently being done to mitigate the concern and/or support the family with their issues. It is also important to note the existing strengths the family have, what is working well, what makes the child happy and so forth. Was there a time when the issues in the family were not there, in other words is there anything that has changed that are causing these issues.

Please note any existing or previous interventions that you are aware of and of any previous or on-going assessments that have or are being completed on the family. Please give as much detail on these as possible and name any lead or other professionals involved. If you have a copy of any assessments completed please do attach it to the form.

### **Section 6: Childs Views**

If you have spoken with the Child/ren/young person what are their views on the issues and concerns you have. What do they say they are worried about and/or what is going well for them. When were they last happy? What do they feel needs to happen for things to improve? Who else have they spoken to or who else has spoken to them. Again the more information you can give the more appropriate an intervention can be determined.

### **Section 7: Families Views**

What are the families views of the issues and concerns that you have. Please state also any other family members concerns or worries they may have related to this situation. What do they think needs to happen to make those

you are concerned about safe and secure? Please also state any support or strengths they provide and how willing are they to support the family.

### **Section 8: Analysis**

Please use the Threshold document to give an assessment of the level of need you will need to consider the whole situation and the concerns you hold. Please then state clearly and in summary what your main concern is, what you feel needs to happen to feel confident that the situation can be made safe and what the outcome is that you wish to see. This will again help identify the right intervention by the right service. Finally please state what support you can offer to the situation that is causing you concern that will help the child/ren/young person/family.

***Thank you for your time and consideration in completing this form and if you require any advice or assistance please do ring one of the numbers available and/or contact your local safeguarding lead if appropriate.***