

## REFERRAL FORM TO CHILDREN'S SOCIAL CARE OR DISABLED CHILDREN'S SERVICE

**This form should be used for child protection referrals, child in need referrals and referrals to the Disabled Children's Service**

Please send the completed form to [social.care@northyorks.gov.uk](mailto:social.care@northyorks.gov.uk) or if you are using secure email then [social.care@northyorks.gcsx.gov.uk](mailto:social.care@northyorks.gcsx.gov.uk)

If you have concern that a child or young person has suffered or is likely to suffer significant harm, telephone Children's Social Care immediately to discuss your concerns with a Social Worker or manager at the Customer Service Centre on 01609 780 780 or contact the Police if you feel the child is at imminent risk and this is an emergency. You should then complete this form to confirm your referral within 24 hours of your telephone call. A 'child in need' is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services; or a child who is disabled.

### Section A: The Child or Young Person being Referred (if you are referring more than one child, please complete this for one of the children in detail)

<b>Family Name:</b>		<b>First Name(s):</b>	
<b>D.O.B (or expected date of delivery):</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn	
<b>Home Address:</b>		<b>Postcode:</b>	
		<b>Telephone:</b>	
<b>Current Address (if different from above):</b>		<b>Postcode:</b>	
		<b>Telephone:</b>	
<b>NHS Number:</b>			
<b>Child/young person's ethnicity:</b>			
<b>White</b> <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White any other background	<b>Black or Black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	<b>Mixed</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> Any other mixed background	<b>Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
<b>Other Ethnic Groups</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Ethnic Group <input type="checkbox"/> <b>NOT KNOWN</b>			
<b>Child/young person's first language or preferred means of communication:</b>		<b>Is an interpreter or signer required?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
		<i>Details:</i>	
<b>Child/young person's religion</b>		<b>Child/young person's nationality:</b>	
		<b>Immigration status:</b>	
<b>Is the child/ young person disabled?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<i>Details:</i>	

<p><b>Is the child/ young person privately fostered? A private fostering arrangement is essentially one that is made privately for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative (grandparent, brother, sister, uncle/ aunt or step-parent), with the intention that it should last for 28 days or more. Private foster carers may be from extended family, a friend of the family, the child's friend's parents or someone willing to privately foster.</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><b>Is the child adopted?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Section B – Household Details**

If you are also referring a sibling of the child in Section A who is under the age of 18 years, please list them in this section and indicate that you are also referring them. Please also list the names and details of all children (under 18) and adults who are currently residing in the home.

Family Name	First Name	DOB	Age	Relationship to the Child in Section A	Also referring to CSC (must be under 18)
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

**Section C – Details of Parents & Other Persons with Parental Responsibility**

Please provide details of the parent(s) of the child and/or any other person(s) who have parental responsibility. Where applicable please also provide details of how they may be contacted.

Family Name	First Name	Address	Telephone/Contact Number	Relationship to the Child in Section A

## Section D – Consent to make Referral to Children's Social Care/Disabled Children Services

*If a practitioner believes a child is at risk of significant harm they have a duty to make a referral to social care. These referrals do not require consent but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence, for example destroying evidence of a crime or influencing a child about a disclosure made. For all other referrals consent should always be sought from an adult with parental responsibility for the child/young person (or from the young person themselves if they are competent) before passing information about them to Children's Social Care or Disabled Children Services.*

<b>How has consent been obtained?</b>	<input type="checkbox"/> Verbal	<input type="checkbox"/> Written	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Obtained	Date consent obtained:	
---------------------------------------	---------------------------------	----------------------------------	---	---------------------------------------	------------------------	--

<b>Who has consent been obtained from</b>	<input type="checkbox"/> Parent	<input type="checkbox"/> Person with parental responsibility	<input type="checkbox"/> Child/Young Person
---	---------------------------------	--	---

***If yes, what is the Parent/Carer/Child's view of the referral:***

***If no, explain the risk of significant harm or the circumstances that have prevented you from obtaining consent:***

## Section E – Referrer Details

<b>Date of referral:</b>		<b>Time of referral:</b>		<input type="checkbox"/> Referral is a follow up to a Telephone Call	<input type="checkbox"/> This is a new Referral
<b>Name of Referrer:</b>			<b>Role/Relationship to child:</b>		
<b>Agency Name (if any):</b>			<b>Address of Referrer:</b>		
<b>Telephone:</b>			<b>Postcode:</b>		
<b>Mobile:</b>			<b>E-mail:</b>		

## Section F – Reason for Referral

*In this section you need to tell us why you are referring this child to us now.*

*The following information will help us to assess what action may be necessary. Please give as much detail as you can to help us in our assessment.*

**What are you worried about?**

**What is going well for the child?**

**What needs to change or would help this child?**

**What support is already in place for the child?**

**Has a Common Assessment been completed?**

Yes, if so please attach to this referral       No

## Section G – Services Working with the Family

Role	Full Name	Telephone	Email Address	Address and Postcode
Lead Professional				
GP				
Dentist				
Health Visitor/Midwife				
Nursery/School				
Youth Justice Service				
Children's Centre				

Other, please specify				

Please send the completed form to [social.care@northyorks.gov.uk](mailto:social.care@northyorks.gov.uk) or if you are using secure email then [social.care@northyorks.gcsx.gov.uk](mailto:social.care@northyorks.gcsx.gov.uk)