

If there is already a Team Around the Family, please detail who is the lead professional, previous interventions and the outcome that followed

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Child Protection Referral / Referral to statutory agency

Is this a child protection referral? Yes No

Have you discussed this referral with all those who hold Parental Responsibility for the child(ren) you are referring?
Yes No

Depending on your agency, have you discussed this referral with your line manager and/or designated professional?
Yes No

If you answered No, please say why you think it is in the child's best interest to proceed without doing so.

If you answered No, please say why

Why are you referring the child(ren) to children's social services?

What has your agency done? What actions have you taken?

**If you are not using this form as a child protection or statutory referral which agency are you referring to?
Please give reasons why you are making this referral and the interventions you are requesting from the agency**

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Do you have any worries regarding the child(ren)'s development?

eg Physical and mental health, education, emotional and behavioural development, Identity development, family and social relationships, presentation, self care skills, communication

Do you have any worries regarding the families current circumstances?

eg Family history and functioning, wider family, housing, employment, income, social integration, community resources

Is there anything currently that may impact on the parent/carers ability to care for the child(ren)?

eg Basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability

What are your concerns based on?

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Wishes and feelings of the child(ren) and family

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Parent / child's consent for information storage and information sharing

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to

- Me
- Child or young person for whom I am a parent
- Child or young person for whom I am a carer

I have had the reasons for information sharing explained to me and I understand those reasons

I agree to the sharing of information between the services listed below. I agree that information can be shared between these agencies for the purpose of carrying out at assessment.

1	3
2	4

Signed (child or parent) Name Date

Details of professional completing assessment

Name		Role	
<input type="text"/>		<input type="text"/>	
Address of organisation		<input type="text"/>	
Contact Number	<input type="text"/>	Email address	<input type="text"/>
Signed	<input type="text"/>	Name	<input type="text"/>
		Date	<input type="text"/>

Injter-Agency Referral form Guidance

**THIS FORM IS TO BE USED TO REFER TO ONE SINGLE SERVICE
For Early Intervention or Team Around the Family complete an Early Help Assessment**

Educational Psychology (EP) Service-This form can be used to access an EP if no Early Help Assessment has been completed. If an Early Help Assessment has already been completed you can use that assessment instead.

Names of children, Household and family members.

Have you included?

- Full names of children
- Address where child resides including post code
- Full names of parents/carers and other household members, including non family members, eg grandparents, family friends, partners of parents or lodgers
- Date of births for all family members or estimated date of birth for Unborn children
- Telephone numbers for all family members-telephone numbers are crucial to allow the family to be contacted.

If you are referring a Domestic Violence (DV) case please provide a safe number for the adult.

Also Check if the child(ren) or parents and known by any other name on your systems
If you are referring an unborn child use the mothers surname on the form

Services already working with the family

Have you included the name, address and telephone number of?

- Schools
- GP
- Children's Centre's
- Adult services,
- Child mental health services, voluntary groups etc.

Also-Provide details of any previous Early Help Assessments, and details of former Team Around the Family (TAF) members.

Child Protection Referral / Referral to statutory agency or other agency

Have you made it clear why you are making the referral?

- You need to ensure that you have provided as much information as possible. The information on the referral is used to make decisions on the level of services the family receives so has to be as clear and detailed as possible.
- Why are you making this referral to children's social services?
- What are the potential risks to the children?
- The assessment must be evidence-based and indicate previous or current concerns and interventions
- If a specialist assessment or shared assessment has been completed please attach to the Inter-Agency Referral form.

Following LSCB guidance any decision to refer as a child protection case should be discussed and approved by your line manager. If a child is not at risk of harm you should also inform the parent that you are making a child protection referral.

Guidance regarding thresholds can be found in the Pan London Threshold document, The London Continuum of Need.

What has your agency done? What actions have you taken?

- What strategies have you put in place to address your concerns?
- What actions, treatment have you taken or what other agencies or services have you referred the child(ren) or parent/carer to?

- What happened next?

Do you have any worries regarding the child(ren)'s development?

Are you concerned that the child(ren) will not thrive and develop physically, socially and mentally following your contact with them? If so what are these concerns? Please give detailed information about these concerns and why you have them.

For schools-include attendance, punctuality, attainment and peer relationships, SEN or additional needs, EP or EWO involvement

For health-Includes physically and emotional development, weight and height, any disabilities, health needs or additional needs

Is there anything currently that may impact on the parent/carers ability to care for the child(ren)?

Are you concerned about the care of the child(ren) when they return home with their parent/carer? If so why do you have these concerns and what are these concerns? Please be specific and provide evidence and give examples. Please consider the areas below when providing the information.

Do you have any worries regarding the families' current circumstances?

What are your concerns regarding the families' current circumstances and what is their ability to manage with the current situation? This includes housing, domestic violence, financial situation and wider family support. Please provide as much information as you can or that the family are willing to share.

What are your concerns based on?

Have you included

- Strengths of the family
- The ability for the parent/carer to meet the needs of the child(ren)
- The positive or negative aspects of extended family or the environment the child(ren) lives

Where possible rely on your professional expertise

Eg if a health visitor knows that there is domestic violence in the family what in their opinion would be the impact of this on the health and development of the child? Or if a teacher is aware that a child is taking a parenting role for their younger siblings what impact does this have on the child's learning and emotional development?

Wishes and feelings of the child and family

Have you spoken to the family about the referral?

- Have you included the parent's views and wishes?
- Have you recorded any differences of opinion?

Parent / child's consent for information storage and information sharing

Have you got the parent/carers consent to make the referral?

- Have you discussed the referral with the parent/carer
- Has the parent signed the referral form
- Have you explained to the parent that the form and the information on the form may be shared with other agencies and got their consent for this?

Unless a child is at risk of significant harm you should get the parent/carers consent to refer to a service

Details of professional completing assessment

Have you included?

- Your name
- Address
- Phone number
- Work email address