**South Tyneside Multi-Agency Referral Form**

Please refer to the STSCAP Threshold Document and the Supporting Families Outcomes Plan prior to completing this form.

If you are unsure about whether to make a referral or which service will best support the family, contact ISIT and ask for advice and support on 0191 424 5010 or email frontdoor@southtyneside.gov.uk

This form should be used to refer a child to one of the following:

1. **Early Help support** where you have identified a need for support to promote a child’s wellbeing and the family have asked for help
2. **Social Work support** where you are worried about the safety of a child

If you need an urgent referral for a child at immediate risk of harm, please telephone ISIT on 0191 424 5010. All telephone referrals must be followed up by completing the below Multi-Agency Referral Form within 24 hrs.

If you are worried about an immediate risk of significant harm to a child, it is essential that you contact the police on 999. You should notify ISIT on 0191 424 5010 (office hours Monday - Thursday 8.30am to 5pm, Friday 8.30am – 4.30pm) or 0191 456 2093 (outside office hours).

**This form should be returned to** frontdoor@southtyneside.gov.uk

**Request for:** *please tick* ***one*** *box only*

|  |  |  |
| --- | --- | --- |
| **Early Help Support** | [ ]  | **Social Work Support** |[ ]

**Consent** *Requests for Early Help Support should always be discussed with the family and consent gained from someone with parental responsibility, Requests for Social Work Support should be discussed with the family and consent gained unless to do so would place the child at further risk of harm*

|  |  |
| --- | --- |
| Has the family agreed to help/support and given consent for the referral? | Choose an item. |
| If parents have not been informed or given consent, please explain why: |

**Referrer Details** *we need this information**so that we can feedback the outcome of the referral and we may have further questions to clarify information in the referral*

|  |  |  |  |
| --- | --- | --- | --- |
| Referrers Name |  | Role |  |
| Agency |  |
| Contact number |  | Email |  |
| Date  |  | Signature |  |

**Children’s details** *please add additional rows if required*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | DOB/EDD | Gender | Agency reference number e.g., NHS [ ] UPN [ ]  | Address | Relationship to the child referred | Ethnicity | Mother’s Name | Father’s Name | Is this child a subject of the referral? |
|  |  | Choose an item. |  |  |  | Choose an item. |  |  | Choose an item. |
|  |  | Choose an item. |  |  |  | Choose an item. |  |  | Choose an item. |
|  |  | Choose an item. |  |  |  | Choose an item. |  |  | Choose an item. |
|  |  | Choose an item. |  |  |  | Choose an item. |  |  | Choose an item. |
|  |  | Choose an item. |  |  |  | Choose an item. |  |  | Choose an item. |
|  |  | Choose an item. |  |  |  | Choose an item. |  |  | Choose an item. |

**Family and Network details** *please add additional rows if needed*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | DOB | Gender | Agency reference number e.g., NHS  | Address | Contact Number | Relationship to the child referred | Ethnicity | Do they have parental responsibility? |
|  |  | Choose an item. |  |  |  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. |  |  |  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. |  |  |  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. |  |  |  |  | Choose an item. | Choose an item. |

**Professionals Currently Involved with the Family** *please add additional rows if needed*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Service | Role | Contact Number | Email |
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**Existing Assessments** *please attach copies of any relevant assessments where applicable*

|  |  |
| --- | --- |
| Have you previously/currently completed an Early Help Assessment? | Choose an item. |
| Is there an Early Help Plan? | Choose an item. |
| Where domestic abuse is identified has a DASH RIC been completed? [Child to Parent Violence and Abuse Risk Indicator Checklist](https://www.proceduresonline.com/nesubregion/p_adolescent_par_vio_abuse.html?zoom_highlight=Child+to+Parent#6.-assessment-and-planning) [Domestic Abuse Risk Indicator Checklist](https://www.proceduresonline.com/nesubregion/files/dash_risk_checklist.pdf)  | Choose an item. |
| Has any exploitation screening checklist been completed? [Missing, Slavery, Exploitation and Trafficked Framework](https://www.proceduresonline.com/nesubregion/p_ch_sexual_exploit.html#local-information)  | Choose an item. |

**Referral Factors** *please select three main factors*

|  |  |
| --- | --- |
|[ ]  Parental Mental Heath | *Mental health difficulties that impact on the management of the daily functioning of the parent* |
|[ ]  Child's Mental Health | *Emotional or mental health difficulties that impact on the management of the daily functioning of the child* |
| [ ]  | Parental Illness | *Physical disability or debilitating illness impacting not only on the parent but also on the immediate family resulting in impaired family functioning* |
| [ ]  | Child Illness | *Debilitating illness impacting on the child resulting in impaired family functioning* |
| [ ]  | Child’s Disability (SEND) | *Child or young person experiencing difficulties with learning and/or day-to-day functioning* *as a result of social and emotional problems or learning and/or physical disabilities* |
| [ ]  | Parental Conflict | *Conflict between parents that may be frequent,* *intense, or poorly resolved that is present with parents that are together or separated* |
| [ ]  | Physical Abuse | *Child or young person has disclosed injury, or an injury has been observed that is believed to be ‘non-accidental’* |
| [ ]  | Domestic Abuse | *Incidents or pattern of controlling, coercive or threatening behaviour, violence or abuse experienced by intimate or family members* |
| [ ]  | Child to Parent violence and abuse | *A pattern of physical,* *psychological, and emotional behaviour seen in children and adolescents who cannot regulate their feelings in other ways or have a need to gain control over parents or carers* |
| [ ]  | Family Dysfunction | *Unhealthy family dynamics and functioning that impact on communication, parenting capacity, family bonds and attachment* |
| [ ]  | Boundaries and Behaviours | *Child/young person exhibiting behaviours that challenge within the family home or behaviours not developmentally appropriate for age* |
| [ ]  | Home Conditions | *Environmental factors that are a cause for concern and not of a standard for meeting the family’s needs* |
| [ ]  | Housing Concerns | *Direct effects of physical housing defects, welfare issues, non-payment of rent/mortgage, risk to tenancy* |
| [ ]  | Parental alcohol misuse | *Concerns regarding parental alcohol use that may impact on daily functioning* |
| [ ]  | Parental drug misuse | *Concerns regarding parental drug use that may impact on daily functioning* |
| [ ]  | Child/young person drug/alcohol misuse | *Concerns regarding misuse or regular consumption of drugs or alcohol that may impact on daily functioning* |
| [ ]  | Parental Learning Disability | *Parental functioning is affected by reduced intellectual ability and difficulty with everyday activities* |
| [ ]  | Child/young person’s socially unacceptable behaviour | *Child showing behaviour that may involve actions, words or gestures that cause distress or harm to individuals or the community* |
| ☐[ ]  | Crime prevention/Tackling Crime | *Family functioning, internal/external factors or behaviours that increase the risk and opportunities for crime to occur* |
| ☐[ ]  | Parental socially unacceptable behaviour | *Parent showing behaviour that may involve actions, words or gestures that cause distress or harm to individuals or the community* |
| ☐[ ]  | Education Difficulties | *Concerns at an educational setting that affects the child’s ability to learn and decreases the child’s ability to succeed* |
| ☐[ ]  | Non-school attendance | *Persistent absence of attendance below 90%, truancy or school refusal* |
| ☐[ ]  | Financial Difficulties | *To include budgeting problems, rent arrears, debt management resulting in family worries around basic economic problems* |
| ☐[ ]  | Child/young person exploitation | *Child or young person experiencing or at risk of being taken advantage of through either criminal or sexual activities by individuals or groups for their own gains* |
| ☐[ ]  | Child/young person missing | *The child or young person’s whereabouts are not known to parent/carer or concerns that the parent/carer are reporting the child as missing* |
| ☐[ ]  | Parental Neglect | *Concerns regarding parent/caregivers’ ability to provide for or meet a child’s basic physical, emotional,* *educational, and medical needs*  |
| ☐[ ]  | Concerns regarding faith | *Activities linked to faith or beliefs that raise concerns for a child’s welfare or protection such as a belief in witchcraft, spirit or demonic possession,* *ritual, or satanic abuse features; or when practices lined to faith or belief are harmful to a child such as Female Genital Mutilation, Forced Marriage or Honour based violence* |
| ☐[ ]  | Sexual abuse or concerns of a sexual nature | *Concerns or disclosure of any behaviour thought to be of a sexual nature that may be unwanted, collusive or without consent**. This can include physical sexual acts, psychological and verbal or online activity**. Any behaviour of a sexual nature that causes distress to the child/young person* |
| ☐[ ]  | Delayed/potential delay in Early Years development | *The child has not gained the developmental skills expected of him/her compared to others of a similar age* |

**Referral details** *– please provide context information regarding your referral*

|  |  |
| --- | --- |
| What are you **concerned/worried about**, what is not working well for the family? How do the concerns impact on the children/YP and the family?  |  |
| Please describe any **positives or strengths** within the family and support networks |  |
| What are the **parent’s carers views** about the current situation?What are the **children’s or young person’s views** about the current situation? |  |
| What needs to **happen next** to improve the family situation?  |  |

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