Child Protection Referral To Social Care Services Children & Families Team

Referred to

B&H SW team, West Sussex, East Sussex

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| Child/Young Person’s name & address (or expectant mother) |
| Family Name | Forenames:  M / F |
| Address: | NHS No |
| DOB  | EDD: |
| Telephone Number |
| Postcode | Child/Young Person’s Religion: |
| Current address if different from above: | Ethnicity: |
| First Language: |
| Child/Young Person’s principle carers |
| Name | Relationship to child | Parental Responsibility? |
|  |  | Yes/No |
|  |  | Yes/No |
|  |  | Yes/No |
| **Other Significant Family and Household members (including siblings and any non-family)** |
| Name | DOB | Relationship to Child | Address |
|  |  |  |  |
|  |  |  |  |
| Details of other agencies involved |
|  | Name | Contact details |
| GP |  |  |
| MW |  |  |
| HV |  |  |
| SW |  |  |
| School |  |  |
| Other |  |  |
| **Is there an early help/ CAF?** Yes / No | Who is the lead professional? |
| **Are Parent/s aware of referral? Yes / No Have they given consent for the referral? Yes / No**  **If NO, give reason:**  |
| **Is this confirmation of a referral previously made by telephone? Yes / No**If YES, Name of Social Worker who took referral:  |

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| Reasons for referral and risk assessment of current situation. (include any information on the child’s or unborn baby’s needs, parents ability to meet these needs and any other family/environmental factors which will affect the situation. (see assessment triangle) |
| What is working well? Who is involved that helps the child (include other agencies and family, friends and community resources) |
| What have you done to help? & What needs to happen?  |

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| 1. Details of person completing this referral: please complete in full
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| Name: (PRINT)Designation: | Ward/Department/ Midwifery Team: |
| Address: | Contact Telephone Number: |
| Signature: | Date: |
| 1. **Copy of this referral to:**
 | Tick if sent: |
| Patients Records (Mandatory). |  |
| Debi Fillery Nurse Consultant for Safeguarding children and young people Level 4, RACH, extension 2363 (mobile 07876 357 456) (Mandatory). |  |
| Fiona Rose Safeguarding Midwife  Level 4, RACH, extension 2363 (mobile) 07920 503 354 |  |
| Other (State Title) |  |