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| LAMBETH INTEGRATED REFERRAL HUB Multi Agency Referral Form for Early Help or Child Protection |
| PLEASE READ AND CONSIDER THE FOLLOWING:Is this child at immediate risk of serious harm or injury? if so call 999 and ask for the police.If you wish to make a referral to Children’s Services please call 0207 926 3100 or complete this form and email it to [helpandprotection@lambeth.gov.uk](mailto:helpandprotection@lambeth.gov.uk) (or [help.protection@lambeth.cjsm.net](mailto:help.protection@lambeth.cjsm.net) for secure email – *please note, if the email account you are sending from is not secure the form will not be accepted by the Lambeth secure mailbox)*Complete this form fully and provide as much detail as possible, incomplete forms result in delays which can place a child at significant riskWhere a threshold decision cannot be determined from the information provided, multi agency research will be conducted to ensure the most appropiate service to support the child/family can be accessedNB. All telephone referrals should be followed up in writing using this form within 24 hours. |
| Notes for use: Please complete this form **electronically**; the text boxes will expand to fit your text. The completed form contains personal data to be protected and processed in line with the Data Protection Act 1998. | |

## REFERING AGENCY DETAILS:

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| **Name of Referrer:** |  | **Date of Referral:** |  |
| **Agency/School:** |  | **Role of person**  completing referral: |  |
| **Telephone Number** |  | **Email address** |  |
| **Have you discussed this with your designated safeguarding lead?** | | | Yes / No *(delete as appropriate)* |
| **Name and contact of designated Safeguarding lead** | | | Name:  Email:  Phone: |
| **Using the Lambeth LSCB Threshold Document – what tier (3 or 4) do you consider the current risk to and needs of this child (and/ or their family) to be?**[*Lambeth LSCB Threshold Document*](https://www.lambethscb.org.uk/sites/default/files/2016-10/Threshold%20chart%20final%202-sided%20A3%20-%20July%202016.pdf) | | |  |
| **Has your agency completed any other assessment regarding this child or family? (Including CAF/Early Help Assessment)** | | | Yes/ No *(delete as appropriate)*  Image result for paper clip  *If yes, please attach to this form* |

## CHILD – Details of Child/ren being referred

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name | | Surname | | Date of birth (dd/mm/yy) | | Gender (m/f) | | Is there a known disability? Y/N (provide details) | |
| **Home address:** | | | **Contact/Telephone of parents:** | | | Ethnicity: | | | |
| **Languages Spoken:** | | | |
| **Is an interpreter required?** | | | |
| **GP Name and Address:** | | | **NHS Number (if known):** | | | **School name/ address/ phone:** | | | |
| **FAMILY INFORMATION COMPOSITION –** please complete with as much information known to you as possible. | | | | | | | | | |
| **Name of family member:** | **DOB** | | **Relationship**  **to child:** | **Are you also referring this person? Y/N** | **Does this person live in the same household? Y/N** | | **School UPN** | | **NHS Number** |
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## CONCERNS

**What are your worries regarding this child and/or family?**

*What is the reason for your referral? Please describe why you are making this referral now? Using the Lambeth LSCB Threshold Document to support your description of risk and need*

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**Have any other agencies been involved in the support and protection of this child?**

*Please list names and contact details where possible (Child centre, police, nursery, health visitor etc)*

**Has there been any harm (previous/current) to this child or young person?**

*Action/behaviour-who what where when; severity; incident and impact*

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**What are the potential risks to this child or young person?**

*What are you worried is going to happen to the child if the current situation does not change?*

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**Complicating Factors for the child and young person**

*Are there any factors which make the situation more, please outline risk factors such as drug/alcohol misuse, mental health issues, domestic violence etc.?*

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**What is working well for the child and family?**

*Existing Strengths/ Protective factors that mitigate against the presenting risks – family members, friends etc who are a positive influence or who exhibit protective factors to the chid.*

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**What do you think needs to happen for this family and who do you think could help them?**

*Future safety/protection/safety goals**(When will things be safe enough, what do you want to see parents/carers doing to make the child safe)*

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## CONSENT TO SHARE INFORMATION

**Agencies who are making enquiries and/ or making referrals about child/ren should inform the parents/ carers or those with parental responsibility that they are making a referral to Children Services, unless to do so would mean that the child or young person was at greater risk.**

**Have you sought consent for this referral from the parent or carer with parental responsibility?**

*Consent is required for Early Help services as well and multi-agency research*

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| *Yes* |  | *No* |  |
| ***If you have answered no, please explain why?*** | | | | |

**Parents’ and child’s views**

What do family members think about this referral and about their situation?

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Please code ethnicity using the following tables (click into the appropriate box):

White

|  |  |  |
| --- | --- | --- |
| White British | WBRI |  |
| White Irish | WIRI |  |
| Traveller of Irish Heritage | WIRT |  |
| Any other White background | WOTH |  |
| Gypsy/Roma | WROM |  |

Mixed

|  |  |  |
| --- | --- | --- |
| White and Black Caribbean | MWBC |  |
| White and Black African | MWBA |  |
| White and Asian | MWAS |  |
| Any other Mixed background | MOTH |  |

Asian or Asian British

|  |  |  |
| --- | --- | --- |
| Indian | AIND |  |
| Pakistani | APKN |  |
| Bangladeshi | ABAN |  |
| Any other Asian background | AOTH |  |

Black or Black British

|  |  |  |
| --- | --- | --- |
| Caribbean | BCRB |  |
| African | BAFR |  |
| Any other Black background | BOTH |  |

Other Ethnic Groups

|  |  |  |
| --- | --- | --- |
| Chinese | CHNE |  |
| Any other ethnic group | OOTH |  |
| Refused | REFU |  |
| Information not yet obtained | NOBT |  |

The referral must be sent to [helpandprotection@lambeth.gov.uk](mailto:helpandprotection@lambeth.gov.uk) (or [help.protection@lambeth.cjsm.net](mailto:help.protection@lambeth.cjsm.net) for secure referrals - *please note if the email account you are sending from is not secure, the form will not be accepted by the Lambeth secure mailbox*). Please remember to attach an assessment/additional information if you have any and complete the form as fully as possible. Incomplete forms result in delay.