**To make a referral you need to contact** **the countywide SPOA service 01323 464222 or**

 **0-19.SPOA@eastsussex.gov.uk** **/**

**You should have discussed with your agency Safeguarding lead with reference to the East Sussex Continuum of Need prior to sending the SOR in with an assessment of where on the CON the concerns sit at. The referral should be discussed in this way first, unless there is a significant immediate risk of harm in which case SPOA should be contacted by telephone.**

For more information on the Continuum of Need please go to https://czone.eastsussex.gov.uk/Continuum

* If handwritten, please complete in BLOCK CAPITALS
* If you run out of space please attach a separate sheet

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| **To: (if applicable)** |       | **Today’s date:** |  |
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| **Please attach any relevant additional information e.g. Chronology, Early Help Plan, CAF** (information from attached documents **does not** have to be repeated on this form) |
| ***Please tell us what documents you have attached:***  |

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| **1. Child / young person you are concerned about** |
| Full name  |       | Gender |       |
| Date of Birth |       | Educational setting |       |
| Address |       | Family Phone number |       |

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| **2. All other children & young people you are aware of in the household** |
| Full name  | Date of birth | Gender | Relationship to above | Educational setting |
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| **2a. Ethnicity of children & young people in the household** |
| White | Mixed | Asian/Asian British | Black/Black British |
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| Other ethnic group (please state):   |

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| **3. Parents/carers or adults you are aware of in the household** |
| Full name  | Gender | Relationship  | Parental responsibility? **Y/N** |
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| **3a. Any other significant adults, children or young people who live elsewhere** |
| Full name  | Gender | Relationship  | Parental responsibility? **Y/N** |
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| Has the parent/carer been offered any parenting support groups?  |  |
| Has the parent/carer attended any parenting support groups? |  |

**Referral checklist – CAMHS referrals only -** please indicate presenting problems.

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| **Anxiety** |  |
| **Mood** |  |
| **Experiences** |  |
| **Eating** |  |
| **Relationships** |  |
|  |  |
| **Drug/alcohol** |  |
| **Safeguarding** |  |
| **Risk to others** |  |
| **Physical health** |  |
| **School** |  |
| **Trauma** |  |
| **Identity** |  |

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| **4. Why are you worried about this child / family? What is your risk assessment for them?** Please include a chronology if not already attached |
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| **5.** **Do you know what has already been tried to support this family and the outcome of that support?** (include attachments as appropriate) |
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| **6. What help do you think Early Help, Social Care or CAMHs can give in this case?** |
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| **7. What is the young person’s view of the difficulties?** | **What are the parent/carers views of the difficulties?** |
|       |       |

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| **8. Has the young person or parent/carer been informed about this referral? If no, please provide the reason that the young person or parent/carer has not been informed.** |
| Please note: it is possible that this referral and its contents will be discussed within the SPOA team and also within MASH if the referral is passed through to that service. MASH is a multi-agency team and consists of staff from Children's Social Care, Police and other key early help services, information will be shared in order to work out the best way to respond to the concerns. We use the principles of information sharing as set out within Working Together 2018.  |
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| **9. Please list any organisations or services you think are working with any members of the family****i.e. education, health** |
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| **10. Referrer information: Please tell us about you**  |
| Name  |  | Role |  |
| Service  |       | Contact details |       |
| Signature |  |

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| **11. GP information: for CAMHS referrals only** |
| Name: |       | Contact details: |  |
| Practice: |       |