**Referral form for access to services when a child’s case is open to Social Care**

There are occasions when a child is receiving a service at Level 3 or 4 of Bolton’s Framework for Action where there is Social Care involvement that the child needs specialist service provision. The social worker, acting as the Lead Professional, requests a practitioner from a universal service (such as Health or Education) to make the referral as they have the detailed knowledge about that child to inform the referral. In such cases, the Early Help Framework is not appropriate. This form should be used instead.

**The Practitioner requesting a service should send a copy of this form to the Social Work Lead Professional and should feedback the outcome of the referral and any support/service provided to the Child Action Meeting/Core Group.**

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| Date:       |
| Name of Practitioner requesting service:     Service:       | Tel:       Email:       |
| Name of Social Care Lead Professional:      Social Care Team:       | Tel:       Email:       |
| Child is receiving support: Child Action [ ]  Child Protection Plan [ ]  Looked After Child [ ]  |
| Child’s Name:       | Male [ ]  Female [ ]   | Date of Birth       |
| Parent/Carer name:      Relationship to child or young person:       |
| Address                Post Code      Contact Tel no:       |  |  |
| Ethnicity If other please specify       |  |
| Background information:      **(Include a brief summary of the issues affecting the child/family, any risks in delivering service or information that should be reported to the Lead Professional Social Worker)** |
| Relevant information for Referring Agency to support allocation of support/resource:      (to avoid the requested service from undertaking a lengthy information gathering/re-assessment) |
| Goal and intended outcome       | Action      | Timescale      |
| Date of next Child Action Meeting/Core Group:       |
| **Consent Statement**I understand and agree that the information on this form will be stored and used for the purpose of providing services. I have had the reasons for information sharing explained to me and I understand those reasons. **I agree that the agencies who need to receive this information are:(please list)** |

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| Parent/Carer signature:       | Name:       | Date:       |
| Additional information or comments:       |