



BCP Council Contact Form

Consent: Consent to make a Referral to BCP Children’s Services

*Permission must always be sought from an adult with parental responsibility for the child / young person before passing information about them to Children’s Social Care and Early Help, UNLESS seeking permission would place the child at risk of significant harm or may lead to the loss of evidence for example destroying evidence of a crime or influencing a child about a disclosure made. If a child is at immediate risk of significant harm, a referral to Children’s Social Care SHOULD NOT BE DELAYED whilst consent is sought. * Please complete the mandatory fields below regarding consent.*

Does the family know you are making this referral to us? Has consent been obtained? *		Date consent obtained: *	
If yes, what are the parent / carer / child’s view of the referral? *			
If No, explain the immediate risk that has prevented you from obtaining consent: *			

Details of child(ren)

Family Name:		Given Names:	
DOB or Expected Date of Delivery:		Gender:	
Child’s / Young person’s Ethnicity:		Primary Language or preferred means of communication:	
Child / Young Person’s Religion:		Is an Interpreter or Signer Required?	
Primary Address:		Telephone Number:	
		Mobile Number:	
NHS Number:			
Does the child have a disability? If so detail:			
Does the child have a Education, Health and Care Plan?			

Contact Details

Date of Contact:	
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Time of Contact:								
Contact Method:								
Reason for Contact:								
Any Further Details:								
Who has made contact?								
Professional:								
Position:								
Agency:								
Address:								
Telephone:								
Email:								
How do you know the child?								
When did you last see the child?								
Is there an Early Help Assessment or Plan in place for this child/family?								
If not has this been considered as support for the child/family?								
If professional include role and organisation details								
Key Relationships and Networks								
Other Household Members								
Relationship	Name	DOB	Gender	Ethnicity	Language	CSSR	Referral	School
Other Important People								
Relationship	Name	Date of Birth	Gender	Ethnicity	Address			
Any Communication Needs (including language and disability of the other key relationships and networks:								

Services Working with the Family			
Professional Full name	Agency / Role	Address & Postcode	Telephone Number
What is going well? What are you worried about?			
What are the family strengths (good things happening) that help to make things better for the child(ren)?			
What have you seen or heard that you are worried about?			
Has this happened before?			
What have you done about these concerns?			
Tell us about a time when you weren't worried or concerned?			
Who would the children say are the most important people in their life?			
Have you spoken to anyone in the family about your worries or concerns? If not, why not?			
Who would the parents say are the people around them, within the family or community, that help and support them? – these are the people who will form the network			
Which professionals are currently involved with the child(ren) and family?			
If you have concerns regarding Child Exploitation, please complete the Child Exploitation Screening Tool.			
How worried are you?			
Where do you rate the situation at the moment on a scale of 10-0 where 10 means that everything is now			

sorted for the child, they have people around who care for them and help to keep them safe and free from harm and 0 means the child is in danger or has already been hurt?	
What are the reasons you chose that number?	
What do you need to see to improve it by 1?	
What do you think needs to happen next?	
Who else could provide help to the family?	

BCP Internal Use: