**Surrey Children’s Single Point of Access (CSPA) Request for Support Form**

Please send the completed form along with any supporting documents to cspa@surreycc.gov.uk

If you are unclear whether to make a referral, please discuss this with your Safeguarding Lead and/or contact the CSPA Child Protection Consultation line: 0300 470 9100

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| **Referrer Details**  |
| **Name of person making request:**       | **Job title:**       | **Agency:**       |
| **Address:**       | **Email:**      Please supply main agency email where possible | **Telephone:**      **Mobile:**       |
| **Date of Referral:**       |

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| 1. **Consent**
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| Requests for support from Children's Services should be made with the knowledge and agreement of the family members being referred. The only exception to not seeking consent is: When there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, and/or when sharing information would undermine the prevention, detection or prosecution of a serious crime. Parents need to know what information has been shared and stored by Children's Services. They must also be aware that Children's Services may need to share information with, and to seek information from other agencies to help them decide if additional services are needed, e.g., schools, health visitors, doctors, police, housing etc*.* |
| **Does the parent/young person give consent for this support request?** [ ]  YES [ ]  NO If no, please state why?       |
| **Who has given consent?**       |
| **Does the parent/young person give consent to information being shared with partner agencies?** [ ]  YES [ ]  NO |
| **Has the parent/carer specified that information should NOT be shared with a particular person/agency?** [ ]  YES [ ]  NO If yes, please specify       |

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| 1. **Child/Young Person and Sibling Details**
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| Please provide details in the table below, indicate where information is not known and include context where possible. |
| **First Name** | **Last Name** | **Age/DOB/EDD** | **Address and telephone number**  | **Ethnicity**(if known) | **Gender** | **Religion**(if known) | **NHS Number**(if known) |
|       |       |       |       |       |       |       |       |
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| 1. **Parents/Carers Details**
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| Please provide details of principal carers and those with Parental Responsibility (if their address is different from the child). |
| **First Name** | **Last Name** | **Age/DOB** | **Address and telephone number** | **Relationship to child** | **Ethnicity**(if known) | **Gender** | **NHS Number**(if known) |
|       |       |       |       |       |       |       |       |
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| 1. **Household Details**
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| Please include details of extended family where known. |
| **First Name** | **Last Name** | **Age/DOB** | **Address and telephone number** | **Relationship to child** | **Ethnicity**(if known) | **Gender** |
|       |       |       |       |       |       |       |
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| 1. **Additional Information**
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| **Are there any communication/interpreting needs for the child and/or family?** [ ]  YES [ ]  NO [ ]  Unknown If yes, please specify the required language if known       |
| **Does the child and/or family have a disability or additional needs?**[ ]  YES [ ]  NO [ ]  Unknown If yes, please specify       |
| **Is the child/young person a young carer?** Do they have caring responsibilities within the home? Do they help to look after a parent or sibling?[ ]  YES [ ]  NO [ ]  Unknown If yes, please specify       |
| **Are there any issues we should be aware of when contacting parents/carers?** [ ]  YES [ ]  NO [ ]  Unknown If yes, please specify       |

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| 1. **Other professionals involved**
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| Please provide details below. This should include GP, School and details of any voluntary agencies involved. |
| **Name** | **Job Title and Organisation** | **Address** | **Telephone/email** |
|       |       |       |       |
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| 1. **Reason for Referral**
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| **What are the Child and Family’s Needs? Why are you worried about this child?** Please outline in as much detail as possible the reason for the request for support and the needs you have identified for the family, young person or child.Including relevant history where known. Please note that if sufficient information is not provided, your form will be returned, and this will delay your request for support.      |
| **What support has the family previously received?** Please state if an early help assessment has been completed. Please submit a copy of any supporting documents along with this form to cspa@surreycc.gov.uk       |
| **What are the family’s current strengths, what support do they have and what support networks are in place?** This could include support from professionals/family/friends.      |
| **Are you aware of any previous social work involvement with this family in Surrey or elsewhere?**[ ]  YES [ ]  NO If yes, please provide details, including approximate dates       |
| **Using the list below please select the support required from children’s services.** What outcome are you seeking? Please refer to the[Continuum of Support document for guidance](https://surreyscp.trixonline.co.uk/chapter/continuum-of-support-for-children-and-families-living-in-surrey)

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|  | **Support required** | **Description/Guidance** |
| [ ]   | Targeted Support | Children and families who may be vulnerable and showing early signs of abuse and/or neglect, their needs are not clear, not known or are not being met. For example, family receive additional support from early help service such as Substance Misuse/Domestic Abuse Services. |
| [ ]   | Intensive Support | Children and families who are struggling to cope, this might include children with a wide range of overlapping needs that may require a coordinated response. |
| [ ]   | Statutory Services | Children who are likely to have already experienced adverse effects and who are suffering or are likely to suffer significant harm, leading to poor outcomes. |
| [ ]   | Information on a child/family | Request for information on a child/family – please indicate within this form if you have consent for the information request. |

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