

# North Yorkshire Universal Referral Form



A referral form for children in North Yorkshire. Please identify which service area you feel most appropriate to address the child's needs (NB: Referrals will be screened and allocated by the Multi-Agency Screening Team):

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Children Social Care       | <input type="checkbox"/> Disabled Children's Service   | <input type="checkbox"/> Early Help Service             |
| <input type="checkbox"/> Prevent and Radicalisation | <input type="checkbox"/> Healthy Child Programme (0-5) | <input type="checkbox"/> Healthy Child Programme (5-19) |

**If a practitioner believes a child is at risk of significant harm they have a duty to make a referral.**  
**If you have concern that a child has suffered or is likely to suffer significant harm, call 01609 780780 to discuss your concerns, or call 999 and ask for the Police if you feel the child is at immediate risk.**  
**Following either instance complete this form to confirm your referral within 24 hours.**

| Section A: The child being referred  |  |   |  |
|--|--|---|--|
| Surname:   |  | Forename(s):  |  |
| Date of Birth / Estimated Date of Delivery:  |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Unknown<br><input type="checkbox"/> Female <input type="checkbox"/> Unborn<br><input type="checkbox"/> Indeterminate   |  |
| Address:   |  | Telephone Numbers:  |  |
|  |  | NHS Number:   |  |
|  |  | Mother's NHS Number (if known)  |  |
| Child/young person's ethnicity:<br><input type="checkbox"/> White British<br><input type="checkbox"/> White Irish<br><input type="checkbox"/> Traveller of Irish heritage<br><input type="checkbox"/> Any other White background<br><input type="checkbox"/> Gypsy/Roma<br><input type="checkbox"/> White and Black Caribbean<br><input type="checkbox"/> White and Black African<br><input type="checkbox"/> White and Asian<br><input type="checkbox"/> Any other mixed background |  | <input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Any other Asian background<br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Any other black background<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Any other ethnic group<br><input type="checkbox"/> Refused<br><input type="checkbox"/> Information not yet obtained |  |
| Child's Religion   |  | Nationality:  |  |
| Does the child have a disability?  |  | <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |
| Is the child privately fostered? <a href="#">Definition found here</a>   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |
| Is the child adopted?  |  | <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |

| Section B – Family Network Details  |  |
|---|--|
| <i>Please give as much concise and evidence-based information as possible to help us in our assessment.</i> |  |
| Who would the child say are the most important people in their life   |  |
| Who would the parents say are the people around them that help and support them?                            | These are the people who will form the network |
| Who are the most important professionals involved with the child  |  |



|             |  |
|-------------|--|
| and family? |  |
|-------------|--|

|  |  |
|--|--|
| <b>Communication Needs (including language and disability)</b> | If anyone does not have English as their primary language, and/ or has a disability, please provide relevant details here. |
|--|--|

### Section C – Worries

*Please give as much concise and evidence-based information as possible to help us in our assessment.*

|  |   |
|--|---|
| <b>What have you seen or heard that you are worried about?</b>                         | <p>If you have concerns about significant harm, please provide detailed information as to why you feel significant harm threshold has been met.</p> <p>“Harm” is the “ill treatment or the impairment of the health or development of the child” (Section 31, <u>Children Act 1989</u>; Article 2, <u>Children (Northern Ireland) Order 1995</u>; Scottish Government, 2014). Seeing or hearing the ill-treatment of another person is also a form of harm (Section 120, <u>Adoption and Children Act 2002</u>; Section 28, <u>Family Homes and Domestic Violence (Northern Ireland) Order 1998</u>; Scottish Government, 2014). Harm can be determined “significant” by “comparing a child’s health and development with what might be reasonably expected of a similar child”. Although there is no absolute criteria for determining whether or not harm is “significant”, local authorities such as social services, police, education and health agencies work with family members to assess the child, and a decision is made based on their professional judgement using the gathered evidence</p> |
| <b>How has the child been hurt or frightened by the things you have seen or heard?</b> | If you do not feel that they have been hurt or frightened what effect have the worries had on the child?  |
| <b>Has this happened before?</b>   |   |
| <b>Have you spoken to anyone in the family about your worries?</b>                     | If you have concern that a child has suffered or is likely to suffer significant harm, call 01609 780780 to discuss your concerns, or call 999 and ask for the Police if you feel the child is at immediate risk.   |

### Section D – Strengths and Safety

*Please give as much concise and evidence-based information as possible to help us in our assessment.*

|  |  |
|--|--|
| <b>What are the times you know of when the parent/carers are caring for the child(ren) well?</b>   |  |
| <b>What are all of the good things you know happening in the child’s life that makes things better for them? Who are the people that help?</b> |  |
| <b>What are the times that the worries have been there, and somebody has done something to make sure the child</b>                             |  |



|                                 |  |
|---------------------------------|--|
| hasn't been hurt or frightened? |  |
|---------------------------------|--|

| Section E – Analysis and Judgement   |  |
|--|--|
| <i>Please give as much concise and evidence-based information as possible to help us in our assessment.</i>              |  |
| <b>Where do you rate the situation at the moment on a scale of 0-10?</b>   | 10 I have some concerns for the child but no more than any child in the community and there are people around making sure the child is ok.<br>0 I am so worried about the child, they have already been hurt and if something doesn't change they could be seriously hurt again. |
| <b>What are the things that most worry you that mean you didn't scale it higher?</b>                                     |  |
| <b>What are the things that need to happen to increase the safety or wellbeing and make things better for the child?</b> | (what could improve things by 1?)  |
| <b>Do you know anyone who is already help the child or could be helping the child?</b>                                   |  |

| Section F – Details of any children and adults within the child's life.   |          |         |               |                              |                              |         |                |
|---|----------|---------|---------------|------------------------------|------------------------------|---------|----------------|
| If you are referring a sibling of the child in Section A, please list them below and indicate that you are also referring them. |          |         |               |                              |                              |         |                |
| Relationship to child in Sec A  | Forename | Surname | Date of Birth | Referring this person?       | Parental Responsibility?     | Address | Contact Number |
|   |          |         |               | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |         |                |
|   |          |         |               | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |         |                |
|   |          |         |               | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |         |                |
|   |          |         |               | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |         |                |

| Section G – Consent  |   |
|--|---|
| <i>If a practitioner believes a child is at risk of significant harm they have a duty to make a referral. These referrals do not require consent but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence. For all other referrals consent should always be sought from an adult with parental responsibility for the child (or from the child themselves if they are competent) before passing information about them to relevant services.</i> |   |
| <b>Have you informed the parent/carer about the reason for this referral?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason: |
| <b>Has consent been obtained?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason: |
| <b>Who has consent been obtained from</b>  |   |

| Section H – Services working with the family |           |           |               |                      |
|--|-----------|-----------|---------------|----------------------|
| Role   | Full Name | Telephone | Email Address | Address and Postcode |



|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| Dentist                 |  |  |  |  |
| Health Visitor          |  |  |  |  |
| Midwife                 |  |  |  |  |
| 5-19 Health Child Nurse |  |  |  |  |
| Education Provider      |  |  |  |  |
| Youth Justice Service   |  |  |  |  |
| Early Help Service      |  |  |  |  |
| Paediatrician           |  |  |  |  |
| General Practitioner    |  |  |  |  |
| Other, please specify:  |  |  |  |  |
|                         |  |  |  |  |

| Section I – Referrer's details          |  |                   |       |  |
|---|--|-------------------|-------|--|
| Date of referral:                       |  | Time of referral: |       | <input type="checkbox"/> Follow up to Call <input type="checkbox"/> New Referral |
| Name of Referrer:                       |  |                   | Role: |  |
| Agency Address:                         |  |                   |       |  |
| Contact Number:                         |  |                   |       |  |
| E-mail:                                 |  |                   |       |  |
| Any other relevant information to note: |  |                   |       |  |

In addition to completing the Universal Referral Form, have you also considered submitting intelligence to North Yorkshire Police using the Partnership Information Sharing Form? The form can be accessed [here](#). For further information on sharing intelligence with North Yorkshire Police via the Partnership Information Sharing Form see the One Minute Guide on Intelligence Sharing [here](#).

The 5-19 Healthy Child Team are working to a Recovery Plan and can only accept referrals related to Emotional Health and Resilience as per the Revised Service Menu which has been distributed to partner agencies.

**Please send the completed referral form to [Social.care@northyorks.gov.uk](mailto:Social.care@northyorks.gov.uk)**  
**If you have access to an egress account, please send to [Social.care@northyorks.gov.uk](mailto:Social.care@northyorks.gov.uk) via egress**

