

## **PETERBOROUGH SINGLE SERVICE REFERRAL FORM (SSRF) GUIDANCE NOTES**

### **1. WHEN THE FORM SHOULD BE USED**

1.1 The SSRF should be used to make a referral to a specific service.

1.2 The SSRF should not be used if:

- It is a Child Protection concern when the safeguarding policies of the Safeguarding Board should be followed
- Needs have already been identified and are being met
- A child/young person's needs are not clear or which agency has the lead responsibility (use Common Assessment Framework - CAF)
- The help of two or more services is needed (also use CAF)

1.3 If there are child protection concerns, the Peterborough Safeguarding Children Board (PSCB) ([www.pscb.org.uk](http://www.pscb.org.uk)) procedures should be followed immediately.

### **2. COMPLETING THE FORM**

2.1 A SSRF form should focus on one child.

2.2 It is important to clarify that the SSRF cannot offer a guarantee that services will be delivered and is a referral for an assessment.

2.3 Information sources should be clear and comments attributed and clearly explained, for example, the comment "Mum said..."

2.4 Confidential information, e.g. health information, should only be recorded on the SSRF with the explicit consent of the child/young person and /or parent

– see section 3.

### **3. CONSENT**

3.1 When completing a SSRF, the completing worker is responsible for ensuring that they have the permission of individuals on whom personal information is provided for that information to be shared (except in circumstances where a child or young person may be placed at risk of further harm if consent is sought).

3.2 Consent must be 'informed' – this means that the person giving consent needs to understand why information needs to be shared, who will see their information, and the implications.

3.3 Consent can be 'explicit' or 'implicit'. Obtaining explicit consent is good practice and it can be expressed either orally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute. Probably the easiest way to do this is via a signature on the SSRF.

For more information on Information Sharing go to Peterborough Safeguarding Children Board Core Inter-Agency Safeguarding Procedures, Chapter 2, Practice Guidance, [www.proceduresonline.com/peterboroughscb](http://www.proceduresonline.com/peterboroughscb)

### **4. THE FORM EXPLAINED**

On page 3 a copy of the SSRF can be found. Explanations for some of the fields are detailed below.

#### **ID explanations**

- NHS No – The 10 character number assigned to individuals registered with the NHS in England and Wales. Can be found on NHS Medical Card (see <http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=896>)
- School/Education UPN – Unique Pupil Number

**Parent / Carer info** - full names and DOB's are needed here and details about siblings

**SEN Status** – refers to whether the child/young person has special educational needs

**School attendance** – this field should contain details (if known) of the child/young person attendance at school either as a percentage or a description.

**Level of attainment** – this field should be used to describe approximately what academic levels the child/young person is reaching in terms of thresholds and grades.

**Child Protection Plan** – this is only relevant if the child/young person has social care involvement

**Disability** – for guidance on what constitutes a disability see:

[http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG\\_4001069](http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001069)

‘**Looked after**’ refers to whether the child is being looked after by the Local Authority

**Ethnicity** – it is advised to use the DCSF CAF form ethnic groupings– listed below:

Where you would use a starred grouping (\*) please specify

White British	Caribbean	Indian	White & Black Caribbean	Chinese
White Irish	African	Pakistani	White & Black African	Any other ethnic group*
Any other White background*	Any other Black background*	Bangladeshi	White & Asian	Not given
Gypsy/Roma	Traveller of Irish Heritage	Any other Asian background *	Any other mixed background*	

**Home Office Registration Number** – number given to all children who arrive in the UK without any parent’s/carers

**Reason for referral** – for Social Care referrals, please put as much information in here as possible, as a guide include the what, why, where, when and how

- Note in here whether a common assessment has been undertaken
- Note whether there are any issues affecting the parents/carers ability to protect or care for the child i.e. learning difficulties, drugs etc

## PETERBOROUGH SINGLE SERVICE REFERRAL FORM

Referral to: ..... Date: .....

Has a pre-assessment check list been completed? Yes/No

Has a CAF been completed? Yes/No

If yes, please attach with the referral form.

If no, please give reasons why there has not been an assessment using these processes.

***\*Please note that you only need fill out those sections that are applicable\****

<b>Child/Young Person's Details</b>				
Surname:		First Name:		AKA/previous names:
Male		Female		Date of Birth or Expected Date of Delivery:
Child's current address:			Contact Tel. No: E-mail Address:	
			(Include one of these ID's if available) NHS No: School/Education CAF No;	
Name(s) of household members including non family members			Age of household members if known:	
Relationships outside the household				
Name	Relationship	DOB	Address	
Who has Parental Responsibility				
Preschool/Nursery/School Attended/Year group for school/Employment Details:			GP: Tel No:	
SEN status:		School attendance?	Does the child have a Child Protection Plan?	
Levels of attainment:				
Does the child have a disability? If so, please describe:			Is the child looked after?	
<b>Child/Young Person's Ethnicity</b>				
Child's ethnicity (including Traveller status)				
Child's first language		Second language		Parent/Carer's First Language
Are there any additional communication needs?				
Religion:			Child's Nationality:	

Home Office Registration No:	Date of arrival in UK (if relevant):
<b>Reason for referral:</b>	
<b>Desired timescale/outcome:</b>	

**What support or strategies prior to referral have been implemented?**

**Other Agencies child/young person engaged with the Child and Family. Please indicate whether the service is still being provided**

Agency	Name	Contact details	Service provided

**Additional Information (including risk or details of other significant Children or Adults)**

<b>Referrer:</b>	<b>Agency &amp; Address:</b>	<b>Tel No:</b>
		<b>Email:</b>
<b>Signature of Referrer:</b>		Date:
<b>Line Manager:</b> (if appropriate)		
<b>Signature of Line Manager:</b>		Date:

**Consent**

<b>Are the parents/carers aware of this referral?</b> Yes / No	<b>Have they given permission for the information to be shared with other agencies?</b> Yes/No
<b>Views of the parents/carers and or the child/young person</b> (if applicable):	
<p><i>If this form is being filled out electronically please ensure that the consent to share information as part of the referral is recorded within your own systems.</i></p> <p><b>Consent for information sharing to support this referral</b></p> <ul style="list-style-type: none"><li>• We/I understand the information that is recorded on this form and that it will be shared and used for the purpose of undertaking an assessment to the child/young person</li><li>• We/I are/am aware of this referral</li></ul>	
<p><b>Parent /Carer:</b> (If appropriate)</p> <p><b>Signature of Parent/Carer:</b> _____ <b>Date:</b> _____</p> <p><b>Child/Young Person:</b> (If appropriate)</p> <p><b>Signature of Child/Young Person:</b> _____ <b>Date:</b> _____</p>	

**TO BE COMPLETED BY THE RECEIVING AGENCY STAFF ONLY**

Action by receiving agency

Date referral received:

Received/logged by:

Date assessed for service requested:

Outcome/decision of referral:            NFA             Accepted for agency intervention

Date referrer informed of the proposed action:

**TO BE COMPLETED BY THE RECEIVING AGENCY, DETACHED AND RETURNED TO THE REFERRER**

Date:

Referrers name:

Referrers address:

**Concerning:** (Child/young persons name)

**Address:** (Child/young persons address)

**Referred on:** (Date referred)

Thank you for your referral. I am writing to confirm the outcome.

**Decision of referral:**

NFA

Reason given for this decision:

**OR**

Accepted for agency intervention

Date of decision:

**Contacts for further enquiries about this referral:**

The worker/Social worker who should be contacted about this child/young person is:

OR

A worker/Social worker has not been allocated in this case. Any further enquiries should be directed to:

(Please give name/contact details of the professional to be contacted for any queries)

Signed:

Team Manager name:

Team Manager contact details: