**Children’s Single Point of Contact Request for Service**

**Guidance and notes**

This form is to be used to make a referral about a child, or family for either Supporting Families or Children’s Social Care Services.

The C-SPOC Request for Service form should be completed when child/ren and their family may benefit from accessing more support than can be accessed via Universal Services at Level 1 or Early Help at level 2 (see threshold document). We will ask you to send supporting information about the services/interventions already offered and why this has not met the child/ families needs.

Where you have safeguarding concerns for a child please consider the following:

* Is the child at immediate risk of serious harm or injury? If so call 999 and ask for the Police.
* If you have an urgent safeguarding concern, please contact us by telephone (01702 215007 option 1) immediately, do not wait to send the form.
* All telephone referrals should be followed up in writing immediately by the completion of this form. If your referral is a request for Children with Disability Assessment, please ensure that the EHCP plan is attached to avoid further delays.

Supporting Families services can be considered in the following areas:

|  |  |
| --- | --- |
| * Getting a Good Education | * Children are safe from abuse and exploitation |
| * Good Early Years Development | * Children are safe from domestic abuse |
| * Physical and Emotional Health concerns | * Secure housing and financial security |
| * Improved Family relationships | * Preventing and tackling crime |

**Which service are you requesting?**

**Family Support requests will require Appendix A to be completed *(see below).***

| **Name of service** | **Please Select** |
| --- | --- |
| Children’s Social Care | **Yes** |
| Intensive Supporting Families | **Yes** |
| Parenting Programmes | **Yes** |
| Adolescent Intervention Prevention Team (Level 3) | **Yes** |

* All C-SPOC Requests for Service for Supporting Families will be reviewed within 48 hours.
* All C-SPOC Requests for Service for Social Care indicating safeguarding issues will be reviewed within 24 hours.
* All C-SPOC contacts which are not correctly completed will be returned to the referrer to be updated and resubmitted.

You will be informed of the outcome of your referral.

Completed form should clearly indicate which service you are requesting (Supporting Families or Safeguarding) and then be emailed to: **[C-SPOC@southend.gov.uk](mailto:C-SPOC@southend.gov.uk)**

**Informing the family about your referral**

**CONSENT**: Agencies who are making enquiries and/or making referrals about a child(ren) should inform the parents/carers or those with parental responsibility that they are making a request for service to Children Services, unless to do so would mean thatthe child or young person is at greater risk of suffering harm.

* You **should** inform the family that you have made a request for service and that we may contact them.
* You **should not** inform the family if it could endanger the child or prejudice a criminal investigation.
* You **should** understand the views of the family regarding the request for service unless this could endanger the child or prejudice a criminal investigation.

Please complete:

| Have you informed the child, parent or carer that you have made a request for service to Children Services? | **Yes**, I have informed the **child**  **Yes**, I have informed the **parent/carer.** |
| --- | --- |
| What are the family’s views on this request for support? Include if family members agree or disagree with this request and the reasons why. |  |
| If any family member has **not agreed** to the request for service being made what is their reason? |  |
| If you **have not** discussed this request for service with the parent/carer (or child, please state why? |  |

|  |  |
| --- | --- |
| **Date of request for service:** | Enter a date. |

**Referring agency details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Referrer/ Lead professional: |  | Job Title: |  |
| Agency: |  | Address: |  |
| Tel/Mobile: |  | Email: |  |

|  |  |
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**Has the request for service been discussed with your agency safeguarding lead?**

*(SAFEGUARDING REFERRAL ONLY AND PLEASE DO NOT DELAY MAKING A REFERRAL)*

|  |  |
| --- | --- |
| Name of Lead: (Mash only) |  |
| Email / Phone: |  |

**Family composition and details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Include all those living in the family home** | | | | | | | |
| Childs name | DOB | | Education Provision | | | Gender | Ethnic origin |
|  |  | |  | | |  | Choose an item. |
|  |  | |  | | |  | Choose an item. |
|  |  | |  | | |  | Choose an item. |
|  |  | |  | | |  | Choose an item. |
|  |  | |  | | |  | Choose an item. |
|  |  | |  | | |  | Choose an item. |
|  |  | |  | | |  | Choose an item. |
|  |  | |  | | |  | Choose an item. |
|  |  | |  | | |  | Choose an item. |
|  |  | |  | | |  | Choose an item. |
| Parents/Carers name | | DOB | | Relationship to child | Parental responsibility? | | Ethnic origin |
|  | |  | |  |  | | Choose an item. |
|  | |  | |  |  | | Choose an item. |
|  | |  | |  |  | | Choose an item. |
| Family address  (including postcode) |  | | | | | | |
| Email address |  | | | | | | |
| Phone number(s) *Please list all numbers and whose number it is.* |  | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of any significant people not living in family home** | | | | | | | | |
| Name | | Relationship | | Address *(including postcode)* | | | | |
|  | |  | |  | | | | |
|  | |  | |  | | | | |
|  | |  | |  | | | | |
|  | |  | |  | | | | |
| **Further information about the family** | | | | | | | | |
| Child's first language |  | | | | Parent’s first language  *Is an interpreter required? If so, what language is preferred?* | |  | |
| Family Immigration Status | | |  | | | | | |
| Religion | | |  | | | | | |
| Details of any disability in the family | | |  | | | | | |
| Do any of the children have a caring responsibility | | | | | |  | |  |
| Please list all children with caring responsibilities | | | | | |  | | |
| Has community-based support been explored | | | | | |  | |  |
| Please list community support explored | | | | | |  | | |
| Where there is a concern about neglect has a Graded Care Profile 2 been completed? | | | | | |  | |  |
| If ‘Yes’, please send a copy with this referral | | | | | | | | |
| Have any Early Help, Team around the Family (TAF) meetings been held and if so, please attach a copy of the plan and outcomes. | | | | | |  | | |

**Assessment Information**

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| --- |
| **What are you worried about?**  ***What is the history/sequence of events that has led up to your request? What further document(s) or agency chronology could you submit? Is there actual harm? What action is causing the harm? What is the factual information and evidence base specific to your concern?***  ***What are the future risks for this child(ren)/family should this concern not be addressed? What are the complicating factors for this child(ren) and/or family that make the concerns more difficult to deal with? What are the views of the child(ren), or their family?***  ***For Children With Disabilities (CWD) referrals please outline the concerns including details of impact at home and in school? Please attach any relevant reports or plans.*** |
|  |

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| --- |
| **What is going well for this family and what resources/services are already in place?**  ***What is going well? Who is providing support to the family, (family, friends, professionals) and what does this support looks like? What are the views of the child(ren), and/or their family?*** |
|  |

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| --- |
| **What needs to change to make things better/safer for this child(ren)?**  ***How can professionals working with the family, extended family members and their wider community support change? What does the family think would support them to reduce these concerns and what are they most worried about? What do you think would help to reduce the concerns and risks to this child(ren), family?*** |
|  |

**Privacy Statement – how we will handle the information you share.**

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| --- |
| You are making a request for service to a multi-agency single point of contact, we may share information in this form with our partners including the Police, to ensure we provide the right service to the child or family. We do this in accordance with our statutory duties under the Children’s Act 2004. We will handle the information you have provided in line with the provisions and requirements of the General Data Protection Regulation and the Data Protection Act 2018. We hold all personal information in confidence with only the necessary people able to see or use it. Full details on how Southend City processes information is available at [www.southend.gov.uk/privacynotice](http://www.southend.gov.uk/privacynotice) |

**Appendix A**

**If the referral is for Family Support - areas of need MUST be fully completed with detail:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What would the family like support with:** | | | |
| Getting a good education | | | |
| Need to be addressed | Is support needed in this area | Person who needs this support | Details of support needed - If ‘Yes’ has been selected you must complete this section fully |
| School attendance (ED1/2) | Yes No |  |  |
| Engagement with education (*motivation, behaviour, suitability of home education, NEET etc.)* (ED3) | Yes No |  |  |
| SEN needs not being met (ED4) | Yes No |  |  |
| Good Early Years Development | | | |
| Expectant or new parent who needs support (EY1) | Yes No |  |  |
| Child (0-5) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene) (EY2) | Yes No |  |  |
| Child's (0-5) developmental needs not being met *(e.g., communication skills/speech and language, problem-solving, school readiness, personal, social and emotional development)* (EY3) | Yes No |  |  |
| Mental and Physical Health | | | |
| Young person/child needs support with their mental health (MH1/2) | Yes No |  |  |
| Adult needs support with their mental health (MH3/4) | Yes No |  |  |
| Adult or child that needs support with learning disabilities and/or a physical health condition that affects the family (MH5) | Yes No |  |  |
| Substance Misuse | | | |
| Adult that has a drug or alcohol problem (SM1) | Yes No |  |  |
| Child/young person that has a drug or alcohol problem (SM2) | Yes No |  |  |
| Family Relationships | | | |
| Parenting support required (FR1) | Yes No |  |  |
| Parental conflict (FR2) | Yes No |  |  |
| Child/young person violent or abusive in the home (FR3) | Yes No |  |  |
| Unsupported young carer (FR4) | Yes No |  |  |
| Abuse and exploitation | | | |
| Emotional, physical, sexual abuse or neglect, historic or current, within the household (CS1) | Yes No |  |  |
| Young person/child going missing from home (CS2) | Yes No |  |  |
| Young person/child at risk or experiencing sexual exploitation (CS3) | Yes No |  |  |
| Young person/child at risk or experiencing criminal exploitation (CS4) | Yes No |  |  |
| Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences) (CS5) | Yes No |  |  |
| Young person identified as at risk of, or being affected by radicalisation (CS6) | Yes No |  |  |
| Tackling Crime | | | |
| Adult over 18 involved in crime or ASB *(at least 1 offence/arrest in the last 12 months)* (CR1) | Yes No |  |  |
| Person under the age of 18 at risk of criminal behaviour *(gangs, carrying weapons etc.)* (CR2) | Yes No |  |  |
| Person under the age of 18 involved in crime *(at least 1 offence/ arrest in the last 12 months)* (CR2) | Yes No |  |  |
| Safe from Domestic Abuse | | | |
| Family affected by domestic abuse or inter-personal violence – current or historic (DA1) | Yes No |  |  |
| Adult in the family is a perpetrator of domestic abuse (DA2) | Yes No |  |  |
| Child affected currently or historically by domestic abuse (DA3) | Yes No |  |  |
| Secure Housing | | | |
| Family in LA temporary housing that are at risk of losing their home (SH1) | Yes No |  |  |
| Family not in suitable housing/ threatened with eviction/risk of homelessness (SH2) | Yes No |  |  |
| Young people ages 16/17 at risk of or have been excluded from the family home (SH3) | Yes No |  |  |
| Financial Stability | | | |
| Adult in the family is workless (FS0.5) | Yes No |  |  |
| Family require support with finances or have unmanageable debt (FS1) | Yes No |  |  |
| Young person (16-18yrs) who is NEET (FS2) | Yes No |  |  |