



## Referral Policy

**Arrangements for Review:**

**Sharon Thomas and Marian Horton** are responsible for the implementation of this policy and conducting regular reviews. This policy was adopted in July 2010 and **will be reviewed in July 2011.**

## **Policy Context**

Seashells operates a multi-agency approach to supporting families where there is a child aged 0-5 years within the Seashells reach area.

We operate a referral system for families in need of more than the universal services. The referral process is a mechanism to identify a family or family member who would benefit from specific support or service that is otherwise unavailable. This will ensure that a child or family receives the most appropriate services for their needs.

### **These are some of the services we can offer.**

- One to one support for parenting issues e.g.
  - isolation
  - understanding children's behaviour
  - sleep/weaning/feeding issues
  - confidence building/accompanying to groups
- Support for Dads
- Support for young parents
- Debt management/housing issues
- One to one smoking cessation including for pregnant women
- Breastfeeding advice/support
- Support/advice with speech and language
- Support with choosing your child's pre-school/primary school
- Healthy eating/oral health
- Ante/post natal support for parents with specific needs e.g. learning disabilities
- One to one play visits

The caseworker and line manager in consultation with the wider multi-agency team will regularly review services where appropriate. Families and referrers will also be considered an important part of this review process.

As a referrer you will be notified of any decisions, which will be made in partnership with the family

## **Who Can Make Referrals?**

- ◆ Referrals to Seashells can be made by any person who has contact with a family who live in the Seashells reach area and has a child aged between 0-5 years
- ◆ Families may also refer themselves
- ◆ Families must be informed and in agreement that they are being referred to Seashells and must be aware of the reason for referral

### **How?**

- ◆ On the Referral Form, attached
- ◆ Telephone referrals can be made or a referral form can be sent by post or fax.
- ◆ All referrals should be sent to Sharon Thomas (and in her absence Pat Bacon or Jim Duncan)

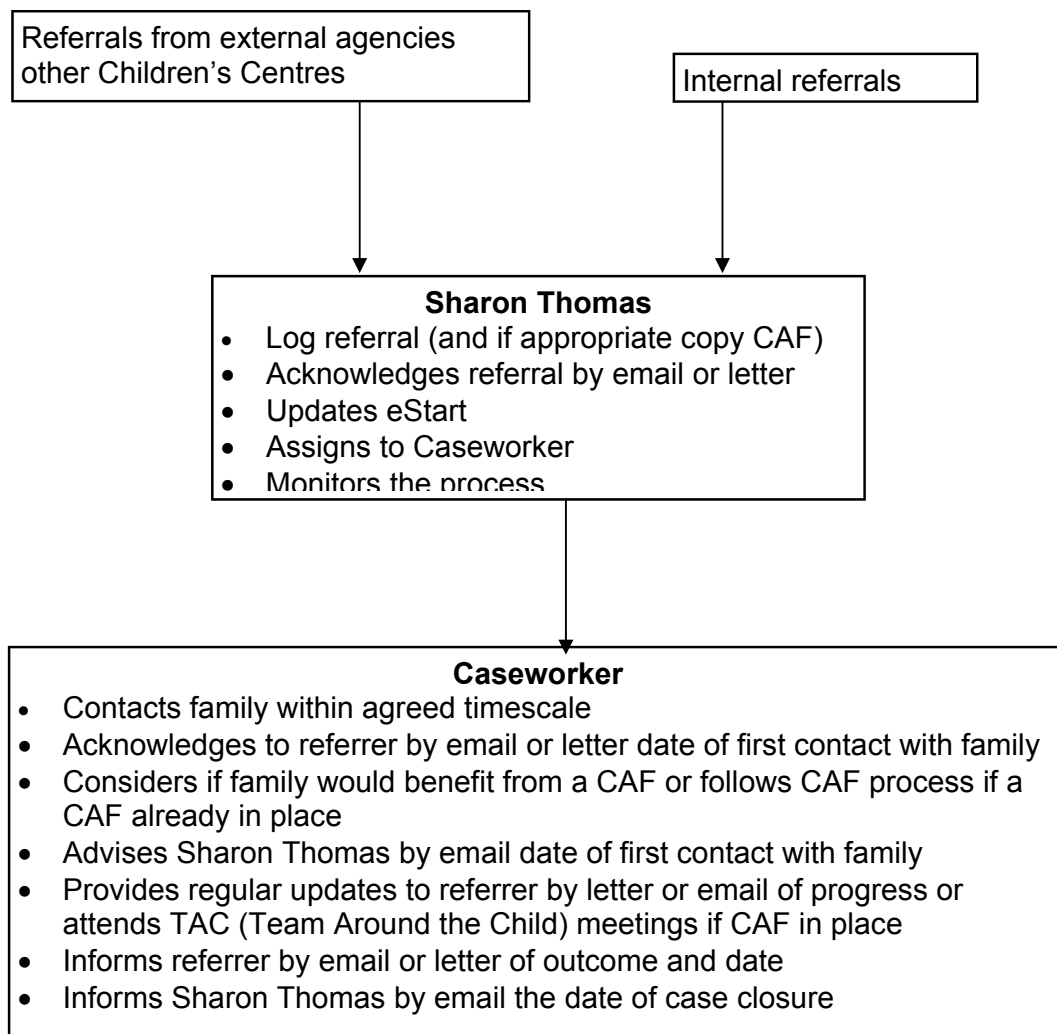
### **Referral Process**

- ◆ Once a referral is received it is logged on the Central Referral Record Summary and acknowledged by email of letter.
- ◆ A caseworker is allocated and will make contact with the family within an agreed timescale
- ◆ The eStart database is updated with all relevant information
- ◆ The caseworker will undertake the initial visit to a family and will confirm with the referrer the date of first contact with the family.
- ◆ The case worker will provide regular updates of progress to the referrer until closure of the case when the outcome and date of closure is confirmed.
- ◆ If there is involvement for the family with any other agencies it is expected that the link/key worker will ensure liaison takes place between the referrer and agencies involved
- ◆ The line manager will be responsible for ensuring that services are targeted efficiently and duplication is avoided
- ◆ Any concerns relating to a child or family member's safety or welfare should be highlighted to the case worker at the point of referral. An action plan should then be agreed and documented in the family's file, ensuring that child Protection Policy and Procedures are followed at all times.
- ◆ The case worker will regularly review their involvement with the family with their line manager

All information held on a family will be available to them on request.



## Referral Process



# Referral Form

Referral to: **Sharon Thomas, Seashells**

C/W : .....

Ref:.....

Date of Referral: .....

## 1. Family Details:

Child 1 Name: .....DOB/EDD.....

Child 2 Name: .....DOB/EDD .....

Parent/Carer: .....

Address: .....

Telephone No: .....Mobile No: .....

Are these children subject to a Child Protection Plan or designated Children in Need by social services? **YES/NO**

## 2. Referred By

Name:.....Designation:.....

Tel No: ..... Email: .....

Address: .....

## 3. Other Relevant Agencies involved: e.g. GP/Health Visitor/Social Worker etc

Name	Designation	Address	Tel No

## 4. Is the family aware of this referral and happy to be contacted by Seashells?

**5. Has a CAF been initiated for this family? YES/NO**

**5a.** *If yes....please provide a copy.*

**5b.** *If no....are there any reasons why Seashells should not consider instigating a CAF? YES/No*

*If yes to 5b, please give reason/s*

.....

.....

**6. Reason for referral and expected outcome.**



**seashells**



**Family Home/Contact Visit**

*Workers name and role*

Family

Address/Home

Phone No./s

home

Mother mobile

Father mobile

Details

EYFS links:

Target  
Indicator No:

Other  
Information

Evaluation

Date of next  
visit

Carer & child  
plan before  
next visit

Plan for  
workers next  
Visit

Target  
Indicator No:

Date:

Parent's signature

Worker's signature

**Initial contact visit:** *(To be completed by worker with parent/carer)*



**Section 1.** Family details Service/ worker name.....

Date and time of initial contact visit.....

Child/ren under five .....Date of birth.....(M/F)

.....Date of birth.....(M/F)

Older siblings? .....

Parent / Carer's name.....Date of birth.....(M/F)

Parent / Carer's name.....Date of birth.....(M/F)

Address.....

.....Postcode.....

Home phone.....Alternative contact.....

Other significant adults.....Date of birth.....(M/F)

Relationship to child.....Resident / non-resident

Referred by.....

Additional needs / allergies, etc.....

Cultural / religious considerations.....

First language.....

Health Visitor.....Social Worker.....On CPR?.....Yes/No/NK

Any other services? Homestart / Speech Therapy / Sure Start / Other .....

Family will access: Home visits ( ) Groups ( ) other .....

Comments.....

Worker signature.....Date .....

**Section 2** Summary of priorities, can you identify specific areas that you would like us to help with?

Improving relationship with child		Support and information to promote child's health	
Developing confidence as a parent		Keeping children safe	
Information about other services for child and family		Sleeping	
Getting to know other parents		Potty training or bedwetting	
Support to access other services		Feeding, weaning, eating problems (please specify) .....	
Encouraging child's overall development and learning		Helping child play with others	
Encouraging particular area of child's development and learning (please specify) .....		Managing child's behaviour	
Ideas for playing with child			
Improving speech and language			

**PERMISSION TO USE PHOTOGRAPHS AND MOVABLE IMAGES OF CHILDREN**

Seashells staff would like to take photographs/moveable images of the children playing. It is hoped this evidence will be used in several ways:-

- To be kept in the child's Learning Journey/ All about Me book as a record of their early development. This, along with any other photographs will then be given to the parent/carer when the child moves on.
- To use as evidence when staff or children are attending SureStart activities and events to promote the experiences of the children.
- It is good for children's self esteem as they know we think they are important. They can learn about writing and name recognition from seeing it with their picture.

**Signed (parent / carer) .....**      **Date .....**

**CONFIDENTIALITY**

All information held by Seashells is confidential and you are entitled to access your file at any time.

Any personal information you share with Seashells staff is also confidential. However, if there are any concerns about your child/ren or any member of your family's welfare then we will share these concerns. You will be told what information will be passed on and to whom, unless this is considered to be detrimental to the person involved.

I/we..... fully understand that should Seashells have a concern regarding my child/ren or any member of my family's welfare they will act on this concern. In all circumstances Seashells will endeavour to keep me completely informed.

**Signed (parent / carer) .....**      **Date .....**