

## 1.2.6 East Sussex Statement of referral



To make a referral to children's services you need to contact the countywide SPOA service  
**SPOA ON 01323 464222/0-19.SPOA@eastsussex.gov.uk**  
 The SPOA Worker will ask if you have discussed with your agency Safeguarding lead with reference to the East Sussex Continuum of Need prior to calling and which level of need the case sits on, the concerns should be discussed in this way first, unless a significant immediate risk of harm is identified. Referrals should be followed up in writing using this form within 24 hours

For more information on the Continuum of Need please go to <https://czone.eastsussex.gov.uk/Continuum>

- If handwritten, please complete in BLOCK CAPITALS
- If you run out of space please attach a separate sheet

<b>To: (name of contact at East Sussex County Council)</b>	<b>Today's date:</b>
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**Please attach any relevant additional information e.g. Chronology, Early Help Plan, CAF**  
 (information from attached documents **does not** have to be repeated on this form)

**Please tell us what documents you have attached:**

### 1. Child / young person you are concerned about

Full name	Gender
Date of Birth	Educational setting
Address	Phone number

### 2. All other children & young people you are aware of in the household

Full name	Date of birth	Gender	Relationship to above	Educational setting

### 2a. Ethnicity of children & young people in the household

White	Mixed	Asian or Asian British	Black or Black British
<input type="checkbox"/> British	<input type="checkbox"/> White & Black	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other*
<input type="checkbox"/> Irish Traveller	<input type="checkbox"/> Other*	<input type="checkbox"/> Other*	
<input type="checkbox"/> Other*	<input type="checkbox"/> Arab	<input type="checkbox"/> Chinese	<input type="checkbox"/> Prefer not to say

**\*Other Ethnic Group:**

### 3. Adults you are aware of in the household

Full name	Gender	Relationship	Parental responsibility? Y/N

### 3a. Any other significant adults, children or young people who live elsewhere

Full name	Gender	Relationship	Parental responsibility? Y/N

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### 4. Why are you worried about this child / family? What is your risk assessment for them?

Please include a chronology if not already attached/hi-light risks ie CSE/PREVENT/PHYSICAL ABUSE

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### 5. Do you know what has already been tried to support this family and the outcome of that support? (include attachments as appropriate)

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### 6. What help do you think Children's Services – Early Help or Social Care can give in this case?

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### 7. Who in the family is aware of this referral? What do they think about this referral being made?

Please note: it is possible that this SOR and its contents will be discussed within the SPOA team and also within MASH if the SOR is passed through to that service. MASH is a multi-agency team and consists of staff from Children's Social Care, Police and other key early help services, information will be shared in order to work out the best way to respond to the concerns. We use the principles of information sharing as set out within Working Together 2015.

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### 8. Please list any organisations or services you think are working with any members of the family

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### 9. Referrer information: Please tell us about you

Name		Role	
Service		Contact details	
Signature			