Single Point of Advice referral

To make a referral you need to contact the countywide SPOA service 01323 464222 or 0-19.SPOA@eastsussex.gov.uk /
You should have discussed with your agency Safeguarding lead with reference to the East Sussex Continuum of Need prior to sending the SOR in with an assessment of where on the CON the concerns sit at. The referral should be discussed in this way first, unless there is a significant immediate risk of harm in which case SPOA should be contacted by telephone.

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

To: (if applicable)		**Today's date:**	

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		Family 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/Asian British	Black/Black British
◉ British	○ White & Black	○ Indian	○ Carribean
○ Irish	○ White & Black African	○ Pakistani	○ African
○ Gypsy Roma	○ White & Asian	○ Bangladeshi	
○ Irish traveller	○ Arab	○ Chinese	
○ Other*	○ Other*		

Other ethnic group (please state): ○ Prefer not to state

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Sussex Partnership NHS Foundation Trust

East Sussex County Council
eastsussex.gov.uk

3. Parents/carers or 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**

Has the parent/carer been offered any parenting support groups?	☐ **Yes**	☐ **No**
Has the parent/carer attended any parenting support groups?	☐ **Yes**	☐ **No**

Referral checklist – CAMHS referrals only - please indicate presenting problems.

Anxiety	☐ Obsessive symptoms	☐ Fears & Phobias	☐ Social anxiety	☐ Somatic complaints
	☐ Separation issues	☐ Anxious generally	☐ Panics	
Mood	☐ Depression/low mood	☐ Self-harm	☐ Loss of appetite	☐ Extremes of mood
	☐ Suicidal thinking	☐ Withdrawn	☐ Sleep disruption	
Experiences	☐ Hallucinations	☐ Hearing voices	☐ Bizarre ideas	☐ Delusions
Eating	☐ Preoccupation with food	☐ BMI less than 18	☐ Sudden weight change	
	☐ Excessive use of exercise	☐ Dispupted eating pattern (bingeing/restricting)		
Relationships	☐ Family relationship difficulties		☐ Peer relationship difficulties	
	☐ Easily distracted	☐ Impulsive	☐ Difficulty sitting still or concentrating	
Drug/alcohol	☐ Drug or alcohol misue - child or parental			
Safeguarding	☐ Emotional abuse	☐ Neglect	☐ Domestic abuse	
	☐ Physical/sexual abuse	☐ Prevent concerns		
	☐ Child sexual exploitation concerns			
Risk to others	☐ Sexually harmful behaviour		☐ Other risk	
Physical health	☐ Adjustment to health issues			
School	☐ Not attending school			
Trauma	☐ Distressed by a traumatic event			
Identity	☐ Gender issues			

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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

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

6. What help do you think Early Help, Social Care or CAMHs can give in this case?

7. What is the young person's view of the difficulties?	What are the parent/carers views of the difficulties?

8. Has the young person or parent/carer been informed about this referral? If no, please provide the reason that the young person or parent/carer has not been informed.
Please note: it is possible that this referral and its contents will be discussed within the SPOA team and also within MASH if the referral 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 2018.

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

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i.e. education, health

10. Referrer information: Please tell us about you			
Name		Role	
Service		Contact details	
Signature			

11. GP information: for CAMHS referrals only			
Name:		Contact details:	
Practice:			