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|  | **MULTI-AGENCY REFERRAL FORM**  FOR ALL CHILDREN, YOUNG PEOPLE AND FAMILY SERVICES  New Referral Tel: 01753 875362  New Email: Send securely to: [sloughchildren.referrals@scstrust.co.uk](mailto:sloughchildren.referrals@scstrust.co.uk) | Slough Borough Council |

**Please send electronically in a Word Document**

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| Making a Referral: |
| Any additional evidence can be attached to the form.  If the reasons for referral include Child Exploitation please ensure the CE risk assessment tool has been completed and is attached.  Also please complete and attach the Young Carers screening tool if the referral relates to Young Carers. |

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| Referrer Details: |
| Completed by: |
| Designation: |
| Organisation: |
| Address: |
| Telephone No: |
| Date: |
| Email: |

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| Consent and Permission: **Seeking consent is the responsibility of the referrer**. |
| Do you have consent to make this referral? Yes  No  If NO, please provide details here: |
| Do you have permission to share information with agencies? Yes  No  If NO, please provide details here: |

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| 1. **Child / young person details:** | | | | | | | | |
| **Full name of child:** | |  | | | | | | |
| **Any alternative name:** | |  | | | | | | |
| **DOB:** | | **Age**:       Tick if estimated: | | | **If unborn, estimated date of delivery?**  N/A until full implementation | | | |
| **Gender:** | | ***Click here to select from list*** | | | | | | |
| **Ethnicity:** | |  | | | | | | |
| **Religion:** | |  | | | | | | |
| **First language:** | |  | | **Will an interpreter be required?**  ***Click here to select from list*** | | | | |
| **Current Home address:** | |  | | | | | **Post code:** | |
| **Previous home address: (if known)** | |  | | | | | | |
| **Home telephone and Mobile no. of parent / legal guardian:** | |  | | **Email of parent / legal guardian:** | | | | |
| **School / Pre-school:** | |  | | **Address**: | | | | |
| **Does the child have a disability?** | | | ***Click here to select from list*** | | | | | |
| **If yes give details of the disability:** | | |  | | | | | |
| **Unique 13 digit Pupil Number (UPN):** | | |  | | | | | |
| **S.E.N or E.H.C.P in place:** | | | ***Click here to select from list*** | | | **Date commenced:** | |  |
| **NHS Number:** |  | | | | | | | |

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| 1. **a) Additional information about the child or young person (including other siblings)** | | | | | | | | | |
| **Parent / legal guardian, children and others living in the household (THIS MUST BE COMPLETED)** | | | | | | | | | |
| Last name | First name | | Relationship to child(ren) | DOB / EDD | Gender (M / F) | Ethnicity | Focus of referral Yes/No | School / preschool | Does this person hold Parental responsibility? |
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| **b) Other significant adults** | | | | | | | | | |
| Last name | | First name | Relationship to child(ren) | DOB | Ethnicity | Address | | | Does this person hold PR |
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| 1. **In order to consider what additional help is needed please answer the following:**   **(THIS MUST BE COMPLETED)** | |
| 1. a) Has the Thresholds Criteria been used to inform your decision? | ***Click here to select from list*** |
| 1. b) Select the primary reason for the request for support | ***Click here to select from list*** |
| 1. c) Select the secondary reason for the request for support | ***Click here to select from list*** |

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| Professionals involved with the child and family: | | | |
| **Agency** | **Name** | **Address / email**  (full email address) | **Telephone Number** |
| GP |  |  |  |
| School |  |  |  |
| Health visitor |  |  |  |
| CAMHS/MH |  |  |  |
| Other |  |  |  |

| **Types of Issues Identified:** Please tick all criteria relevant to the family. | | |
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| 1. **Crime/anti-social behaviour** | | |
| 1a | Adult or Youth proven offence with disposal in the previous 6 months. |  |
| 1b | Any family members with known gang affiliations or referrals to Youth Offending Team (YOT)in the last 6 months. |  |
| 1c | Adult or Child who is involved in an ASB incident in the last 6 months |  |
| 1d | Family with a police call out at the home address in the last 6 months |  |
| 1. **Children missing out on education** | | |
| 2a | A child with school attendance less than 90% for an average across the last 3 consecutive terms. |  |
| 2b | A child who has received at least three fixed term exclusions in the last 3 consecutive school terms. |  |
| 2c | A child who has been permanently excluded from school in the last 3 consecutive school terms |  |
| 2d | A child based in a Pupil Referral Unit (PRU) for behavioural problems. E.g. Littledown, Haybrook or Arbour Vale. |  |
| 2e | A child who is neither registered with a school, nor being educated in an alternative setting. |  |
| 2f | A Child missing out on education because of poor school attendance |  |
| 1. **Child in need of help** | | |
| 3a | Families in need of help and subject to Early Help Assessment or any other assessment. |  |
| 3b | A child ‘in need’ under sec. 17 of the Children Act 1989 |  |
| 3c | A child who has been subject to a sec. 47 enquiry or subject to a CP plan |  |
| 3d | Families where a child has been listed as missing in the previous 6 months |  |
| 3e | Families where a child has been assessed at risk of CE in the previous 6 months |  |
| 3f | Teenage pregnancy – families where a mother gave birth at the age of 19 or under, in the last 12 months |  |
| 1. **Worklessness or at risk of financial exclusion** | | |
| 4a | An Adult in the family who is in receipt of JSA or Universal Credit |  |
| 4b | An Adult in the family who is in receipt of any other out of work benefit. |  |
| 4c | A family member who has unmanageable levels of debt and/ or rent arrears. |  |
| 4d | Young person Is Not in Education, Employment or Training (NEET) or is about to leave school with no or few qualifications and no planned education, training or employment. |  |
| 1. **Domestic violence/abuse** | | |
| 5a | Domestic Violence / Abuse report with a child present in the last six months. |  |
| 5b | Young person or adult in the family is known to local services has experienced, is currently experiencing or is at risk of experiencing domestic violence/abuse. |  |
| 5c | Child who is identified as the perpetrator for any domestic violence and/or abuse |  |
| 5d | Any adults identified at VMAP or MARAC with parenting responsibilities and is known to the Trust. |  |
| 1. **Health** | | |
| 6a | Any member of the family with a drug or alcohol problem |  |
| 6b | Any member of the family who is pregnant with health issues and/ or is suffering from a lack of support. |  |
| 6c | A Child or adult presenting with emotional and/ or wellbeing and/or mental health concerns such as:   * Confidence and happiness * Involvement with peers * Ability to build and maintain relationships * Learning disabilities/ disability * Defiant behaviour * Speech, language and/ or communication difficulties * Attachment issues * Neurodevelopment disorder (ADHD) * Anxiety * Depression * Low self esteem * Low in mood * Ability to parent children effectively (adult only) * Not received age appropriate vaccinations. |  |
| 6d | A child with poor dental hygiene |  |
| 6e | A child who is officially documented as obese by health professionals. |  |
| 1. **School - Current Attendance:** | | |
|  | Child 1: |  |
|  | Child 2: |  |
|  | Child 3: |  |
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| **Does the family display any of these further issues:** | | |
| **-** | Family dysfunction |  |
| **-** | Female Genital Mutilation |  |
| **-** | Radicalisation |  |
| **-** | Risks to others |  |
| **-** | Suicide Attempts |  |
| **-** | Young carer |  |

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| Needs / Risk Matrix: | | | |
| The matrix is not a substitute for professional judgment. It is not prescriptive or exhaustive. It is a tool that should be used only to aid the making of professional judgments.  The levels of need set out in the Slough Local Safeguarding Children’s Board  Threshold Document, should be used by ALL agencies and practitioners to identify needs and risks.  If you require further guidance the threshold document can be found on the Slough LSCB website [click here.](https://www.sloughsafeguardingboards.org.uk/lscb)  **Please tick the relevant box below once you have assessed the level of need:** | | | |
| LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 |

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| Reasons for Referral: |
| (please include presenting issues and any historical concerns & complete as fully as possible) |

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| Chronology of Significant Events: |
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| Current Agency Involvement / Support Plan: |
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| Views of Child / Young Person: |
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| I confirm this is, to the best of my knowledge, a true reflection of the views of the child / young person |

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| Views of Parent / Carer: |
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| I confirm this is, to the best of my knowledge, a true reflection of the views of the parent / carer |

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| What is your summary? What needs to change and what are your recommendations? |
| **What is going well?** |
| **What are you worried about?** |
| **How have you helped the child/young person/family?** |
| **What needs to happen/what are the anticipated outcomes?** |

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| Signed (typed name accepted): | Designation: | Date: |