**Referral Form**

Please complete all sections of this form. Please send to admin.gadeklsp@kls.herts.sch.uk or call 07538 232069

School Family Worker Referral  SEND School Family Worker Referral 

Please tick relevant box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of child(ren) –** **please list all children in the family** | **UPN No.** | **Current address** | **Date of Birth** | **Ethnicity & Religion** | **School Attending** |
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1. Parent(s)/Guardian details (Please include significant adults if you are aware of them)

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| --- | --- | --- | --- | --- |
| **Name** | **Date of birth** | **Relationship to Child** | **Contact Number & Email Address** | **Ethnicity & Religion** |
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1. Has a Families First Assessment been completed?

If yes, pleased add Lead Professional name and details below:

1. Other agencies that are or have been working with the family (If known)

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| **Agencies involved** | **Main contact** | **Telephone/Email** |
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1. Is there any risk to visiting the home? (School Family Workers can visit the family home in line with the Gade Lone Working Policy).

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1. What are your reasons for your referral? (If an FFA assessment is all you require please state that below). Please state here if consent has been given.

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1. Please state interventions tried by school prior to referral.
2. Please describe the 2-3 expectations / outcomes you want from the family support workers intervention:

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| 1.2.3. |

1. Are the child/children on Pupil Premium? Yes/No
2. Issues affecting the family (Please tick boxes).

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|  | **Behaviour - School** |  | **SEND/ADHD/ASD** |  | **Social Isolation** |
|  | **Behaviour - Home** |  | **Transition** |  | **Bullying** |
|  | **Bereavement/death** |  | **School Attendance** |  | **Financial Issues** |
|  | **Parental Relationships** |  | **Emotional Health-Parent** |  | **Drug and substance misuse** |
|  | **Parenting** |  | **Emotional Health-Child** |  | **Domestic Abuse** |
|  | **Housing** |  | **Risk of Exclusion** |  |  |

1. Referrer Information/Parent Information if a self-referral. (Please delete as appropriate).

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| --- | --- |
| **Name of referrer/Parent** |  |
| **Address of referrer/parent** |  |
| **Role:** |  |
| **Contact details** |  |
| **E-mail address** |  |
| **Date of Referral** |  |

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| **Consent – The Parent, Carer, Young Person, Child or Family Agreement** |
| We/I understand that the information I/we give will help me plan the things I can do and the support we/I will need to get things going well again.We/I understand that my information will be stored securely, held identifiably for no longer than necessary and used in accordance with the consent on this form as per the Data Protection Act 1998.We/I give our/my permission for this information to be shared with other professionals in HCC and outside HCC (such as health, education, housing, district councils, Children’s Centres etc. as appropriate to support me and/or my family to plan what is needed. I understand that where there is immediate risk of harm the practitioner will follow Hertfordshire Safeguarding Children’s Board safeguarding reporting procedures. |

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| --- | --- |
| **Parent/Carer Signature** | **Date** |

**Manager’s decision and direction**

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**Notes regarding completion of referral**

* Please complete this form with as much detail as you can.
* If possible please obtain the parental signature.
* If parental signature not obtained the consent signature will be obtained by the School Family Worker on their initial visit to meet the family.
* If you password protect this document could you please use Organisation/School and Year.
* Referrals should be sent to the email provided above.
* This form can be completed with a parent(s).
* It is important that you seek the consent of the family prior to sending this referral.
* If you plan to be part of the Families First Assessment Process you will need to be registered and attend training. Please contact Senior Families First Coordinator Helen Whyman for further details: helen.whyman1@hertfordshire.gov.uk