



CHILDREN AND FAMILIES REFERRAL FORM

Data Protection Act

In accordance with our responsibility under Data Protection legislation, you should be aware that the personal information that you are giving, will be held in line with our policy and procedures and may be passed to other agencies and services where necessary to ensure that the best possible support is provided and/or when there is a legal duty to provide other organizations with such information.

It is of paramount importance that all children are afforded unconditional protection; therefore should any safeguarding or child protection concerns arise these will be shared with the relevant Local Authority Duty and Assessment Teams or in immediate need the police. The concerns will be discussed with the family where appropriate.

Date of Referral.....

Referrer’s Name.....

Agency Address.....

Phone.....Email.....

If your referral relates to Child Protection, Child in Need, FCAF etc please tick boxes below as appropriate:

CP CIN FCAF CIC

The information I have provided in this form is true to the best of my knowledge. I understand that if any information is subsequently found to be inaccurate, or if essential information has not been shared with the SWEET Project, the service of family support may be withdrawn- all information is required to enable a full planned intervention is to be undertaken. If an interpreter required, Please note: The Sweet Project do not fund Interpreters this is the responsibility of the referring agency)

Signature of referrer

.....Date.....

Parental consent must be obtained by the referrer before any interventions will be actioned.

Parental agreement for a referral to be made to the SWEET Project

I agree to the referral to the SWEET Project, and understand that my allocated worker will be a student social worker currently undertaking professional training and being supervised by the Case Manager who is a qualified member of staff, who is registered with the Health and Care Professions Council. I agree to the student discussing my case with the Case Manager in line with policies and procedures. Student social workers are on placement for number of days should the intervention is longer than this; new workers will be allocated in discussion with the family and the referring agency. Information gathered may be used for training purposes; however anonymity will be maintained at all times. I acknowledge and agree to information being shared with the project.

Signature of parent/carers

.....Date.....

If verbal consent has been obtained please date and tick the box

Details of all Adults in the Family

Name	Address and Tel No	DOB	M/F	Ethnicity	Relationship to the child	PR Yes/No	Disability Yes/No

Details of all children in the Family:

Name	Address	DOB	M/F	Ethnicity	School / Nursery Attended	Disability Yes/No

	Yes/No	Name of Local Authority	Name of Social Worker
Is the family currently known to the Local Authority			
Have the family been historically known to the Local Authority			
Are there any Court Orders in place			
Are the family known to the police – please provide information and if are any orders in place			
Is there a FCAF in place and who is the lead practitioner			

Areas of Concern and Presenting Issues – please tick as appropriate

Neglect	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>
Failure to Thrive	<input type="checkbox"/>
Acts of Violence	<input type="checkbox"/>
Truancy	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>
Housing	<input type="checkbox"/>
Finances/Debt	<input type="checkbox"/>
Substance/Alcohol Abuse	<input type="checkbox"/>
Learning Difficulties	<input type="checkbox"/>
Physical Disabilities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Social Isolation	<input type="checkbox"/>
Physical/Emotional Health	<input type="checkbox"/>
Other	<input type="checkbox"/>

Services required- please circle appropriate areas of interventions

ADHD/Autism Support Group	Basic parenting skills	Observations of contact- <i>this is a paid service.</i>
Crisis intervention	Guidance and boundary setting	Routines
Family Support in home/school	Direct work with child/ren	Transition Work
Parenting Group	Other- please identify below	

The SWEET Project requires the following information and includes any psychological assessments if undertaken. Should this information not be provided, then the SWEET Project reserves the right to refuse a service. If this information is not included – why not?

Section 47 enquiry	Initial Assessment	Child Protection Minutes	Core Assessment
Psychological Assessment	Genogram	Chronology	Other Relevant Information

Agencies involved with the family

Agency	Contact Information	Agency	Contact Information
Health		CAHMS	
Adult Mental Health		Housing	
Police		Probation	
Fire Service		IFST	
Youth Offending		SENAS	
Substance Misuse		Children Centre	
Big Community		Midwife	
Pregnancy Outreach Workers		Local Church	
Domestic Abuse Organisation		Other	

Other relevant information to support referral:

Risk assessment of lone working

Project staff will be conducting the initial assessment via a home visit and thereafter are often working alone. Please supply any relevant information or documents relating to the family, their behaviour, the locality, neighbourhood disputes, specific triggers etc of which students should be aware and take account of when arranging home visits. Are there any dogs present in the household, or any other animals that may present a risk?

Date of risk assessment and undertaken by which professional		
Home environment – please circle	High rise flat Maisonette Detached house Semi-detached house	Estate or other location- please specify
Start date of professional intervention		

Information regarding the home environment

Hazard description	Is there a hazard Yes/No	Risk identified
Community environment such as high rise flats etc.		
Entrance		
Exit		
Fire alarms installed?		
Do the family smoke?		
Open fires present?		
Doors in place?		
Stairs cluttered/uncluttered?		
Hazards regarding tripping/falling/slipping?		
Heating?		
Pets- please identify		
Lighting outside of the property		

Emotional resilience in each adult

Hazard description	Is there a hazard Yes/No	Risk Identified
Stress		
Aggression		
Mental health issues		
Low emotional worth		
Domestic abuse		
Socially isolated		

Community resources

Hazard description	Is there a hazard Yes/No	Risk Identified
Family history of disengagement		
Elevated discrimination from community		
Fear of statutory interventions		
Violence from the community		
Violence from within the family home		
History of repeat home moves		
Gang involvement		

Please return completed forms to:

The SWEET Project
 Unit 3 Ardath Road
 Kings Norton
 Birmingham B38 9PL
 TELEPHONE: 0121 458 2270

E.MAIL: officemanager@sweetproject.co.uk