



LIFE STORY 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.....Team Managers Name & Email address:

Agency Address.....

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

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or if essential information has not been shared with the SWEET Project, the service of family support may be withdrawn- **all information is required to enable a full planned intervention is to be undertaken.** If an interpreter required, Please note: The Sweet Project do not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.....

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 the case with the Case Manager in line with policies and procedures.

Signed:

Student social workers are on placement for a specific number of days therefore all supporting information must be provided at the point of the referral being made. Failure to provide the necessary information will prevent the referral being allocated and actioned.

I acknowledge and agree to information being shared with the project.

Birth Family Details

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

Foster Carers / Adoptive Parents Details

	Yes/No	Name of Local Authority	Name of Social Worker
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 the child aware that a request for Life Story work has been made	Yes / No	If no please explain why not:
Is the Birth family aware that a request for Life Story work has been made	Yes / No	If no please explain why not:

Areas of Concern resulting in Local Authority Intervention

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

Does the parent require additional support at this time. This may include providing Life Story Book for parents, emotional support to manage at this time etc. Yes / No

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

Are CAMHS involved with the child Yes / No

If yes please supply details of the CAMHS / TESS worker

Risk assessment of working with parents

Are there any identified risk posed by parent(s) or extended family or social networks that may present a risk to workers engaging with them in order to complete life story work.

If workers were to contact birth family are any of the following factors to be taken into consideration:

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

Please return completed forms to:

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Kings Norton
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