|  |  |
| --- | --- |
| **Date of Referral** |  |
| **Name of child** |  |
| **DoB** |  |
| **Name and contact details of Referrer:****Address****Email** **Telephone** |  |
| **Service Area (Please tick or cross where appropriate)** |
| **Service Area** | **North** | **South** | **Central** |
| Access and Response Teams |  |  |  |
| 0 – 25 Disability Team |  |  |  |
| Transitions to Independence |  |  |  |
| Looked After Children |  |  |  |
| Locality Teams |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Ethnic Origin (Please circle appropriate)** |
| White – British | White – Irish | White – Other |
| Black – British | Black – African | Black – Other |
| Chinese | Mixed – White and Black African | Mixed – White and Black Caribbean |
| Bangladeshi | Pakistani | Indian |
| Asian/Asian British – Indian | Asian/Asian British – Pakistani | Asian/Asian British – Bangladeshi |
| Arabian | Other please specify: |
| **Child’s Legal Status:** |
| Does the Child/Young Person have a disability | Yes / No |
| If yes then please describe  |  |
| Is the Child/Young Person subject to a Child in Need Plan | Yes / No |
| Is the Child/Young Person subject to a CP Plan? | Yes / No |
| Is the Child/Young Person classed as ‘looked after’ by LA? Either Sec 20 or Care order | Yes / No |
| Is the Child/young Person Adopted  | Yes/No |
| **Parents/Carers Name(s):**  |  |
| **Home Address and contact details. Telephone Numbers and email.** |  |
| **BACKGROUND AND REASON FOR REFERRAL:** Current Professional Context, (Charges, Court Orders, Safeguarding etc.) Previous Assessments or Therapeutic Work. Professional views and concerns. |
|  |
| **FAMILY AND INDIVIDUAL BACKGROUND:** Genogram:including Grandparents and parents, siblings, signs of safety and danger, attachment patterns, trauma and losses, descriptions of child or young person – development. Physical , mental or intellectual disabilities which impact on the child or YP’s wellbeing: |
|  |
| **CONCERNING BEHAVIOURS:** Details of sexual behaviour; Context of sexual behaviour and risk, previous responses and sanctions including child or YP attitude. Victim details and restorative processes. |
|  |
| **RESOURCES:** individual and relational. Support, skills, engagement, |
|  |
| **PROFESSIONAL NETWORK: - who else is working with YP** |
| Social Care |  |
| Health |  |
| Preventive services |  |
| Education |  |
| Youth Offending Team (YOT) |  |
| Voluntary Sector |  |
| Other |  |
| **NEXT STEPS:** |
|  |