**Referral Form: Sense of Belonging**

Send to: **senseofbelongingreferrals@kent.gov.uk**

**PLEASE ATTACH** alongside referral an up-to-date genogram and chronology alongside any relevant documents which may support an understanding of current situation.

To be completed by the referring worker:

|  |  |
| --- | --- |
| **Referrer’s name and role** |  |
| **Date of referral** |  |
| **Other involved Social Worker** |  |
| **Child/young person’s name** |  |
| **Child/young person’s DoB** |  |
| **Child/young person’s Liberi number** |  |
| **Foster carers full name** |  |
| **Address** |  |
| **Contact telephone number** |  |
| **Open to CAMHS?** | Yes/No |
| **Criteria** - If more than one applies, please indicate the highest priority 1 being the primary issue, 4 being the least |  [ ]  Child/Young person has had 3 plus moves in last 12 months[ ]  At Risk of CSE or Missing [ ]  Excluded from education or on part time timetable[ ]  Placement at risk of immediate breakdown  |
| **Scale of 0 – 10 of the risk of placement breaking down**0 = No risk, and 10 = Imminent breakdown/notice given  |  |
| **Provide a short summary of the current situation?** |
|  |
| **How do you anticipate the Sense of Belonging Service can support placement stability?** |
| **Please note -*** Both Fostering and Children’s Social Workers will be involved from the start of the process
* Roles and responsibilities will be clarified at the point the work is started by the allocated Sense of Belonging Worker
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