**LOCALITY HUB REFERRAL FORM**

**Please complete all of the boxes with as much detail as possible. Lack of information might mean that there is a delay in a decision being made about the most appropriate service for a family.**

**PLEASE NOTE: IF YOU HAVE URGENT IMMEDIATE SAFEGUARDING CONCERNS ABOUT A CHILD PLEASE CONTACT CHILDREN’S SERVICES ON 01670 536400. FOR URGENT MENTAL HEALTH REFERRALS, REFER DIRECT TO CYPS ON 01670 798265.**

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| **Date of Referral** |  | | | | | | | |
| **Family Name:** |  | | | | | | | |
| **Address:** |  | | | | | | | |
| **Postcode:** |  | | | | | | | |
| **Tel no and email:** |  | | | | | | | |
| **Please add below the names of the children the referral relates to:(this can be all or any child in the family)** | | | | | | | | |
| **Full name:** |  | | | | | **Date of birth/ EDD** |  | |
| **Gender:** | **Male:** | | **Female:** | | | **Indeterminate:** | | |
| **Disability:** |  | | | **Ethnicity:** | |  | | |
| **Religion:** |  | | | **Language:** | |  | | |
|  |  | | | | | | | |
| **Full name:** |  | | | | | **Date of birth/ EDD** |  | |
| **Gender:** | **Male** | | **Female:** | | | **Indeterminate:** | | |
| **Disability:** |  | | | **Ethnicity:** | |  | | |
| **Religion:** |  | | | **Language:** | |  | | |
|  |  | | | | | | | |
| **Full name:** |  | | | | | **Date of birth/ EDD** |  | |
| **Gender:** | **Male** : | | **Female:** | | | **Indeterminate:** | | |
| **Disability:** |  | | | **Ethnicity:** | |  | | |
| **Religion:** |  | | | **Language:** | |  | | |
|  |  | | | | | | | |
| **Full name:** |  | | | | | **Date of birth /**  **EDD** | |  |
| **Gender:** | **Male**: | | **Female:** | | | **Indeterminate:** | | |
| **Disability:** |  | | | **Ethnicity:** | |  | | |
| **Religion:** |  | | | **Language:** | |  | | |
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| **Parents’ Names** | | | | | **Contact Details (if different to above)** | | | |
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| **Name of GP & Surgery** | Contact Details |
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| **Name of Nursery/School Attending** | Contact Details |
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| **Referrer’s Name/Position and Organisation** | Contact Details |
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| **Name of Health Visitor (if appropriate)** | Contact Details |
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| **Northumberland Supporting Families Partnership** has developed an **Outcome Plan** to help identify and address the needs of families who face multiple complex needs. Further information can be found on the Supporting Families page on [www.northumberland.gov.uk](http://www.northumberland.gov.uk). Families, who meet at least two of the six criteria, could be included in the programme. | | | |
| **Supporting Families criteria** | **Please can you indicate whether the following has occurred within the family/household since 1/1/2015**  **(unless another date is given):** | **If yes please check** | **Name/Dates/Details** |
| **1. Are there crime or Anti-Social Behaviour (ASB) concerns?** | Has a family member committed Anti-Social Behaviour or has there been over two police call outs to the home address due to a family members behaviour over the last 12 months (earliest date 1/1/14)? | ☐ |  |
| Has a 10-18 year old committed a proven crime or been referred to Northumberland Adolescent Service/Youth Offending Service due to a risk of offending over the last 12 months (earliest date 1/1/14)? | ☐ |  |
| Is a parent 12 months from release from prison, subject to licence or supervision or on a community sentence or suspended sentence? | ☐ |  |
| **2. Are there school attendance concerns?** | Does any child have school absence over 10% over 3 terms (earliest date 6/1/14)? | ☐ |  |
| Has a child had 3 separated exclusions or over 5 days (primary age) or 10 days (secondary age) exclusion over 3 terms (earliest date 6/1/14)? | ☐ |  |
| Is there another school concern such as lateness or not on roll? | ☐ |  |
| **3. Is there a child who needs help?** | Has any child been referred to an Early Intervention Hub, or do they have an Early Help Assessment, Special Educational Needs or Education Health Care Plan, or are they Child In Need, Child Protection, Section 47, young carer, reported missing, at risk of sexual exploitation or not attending early years entitlement? | ☐ | Early Intervention Hub referral - please list any other relevant indicators. |
| **4. Is a family member out of work or are the family in debt?** | Are the family at risk of financial exclusion or in debt? | ☐ |  |
| Has any adult claimed out of work benefits (Lone Parent Income Support, Employment Support Allowance, Jobseekers Allowance, Universal Credit)? | ☐ |  |
| Is any Child 15-18 at risk of or not in Education, Training or Employment? | ☐ |  |
| **5. Has there been domestic abuse concerns?** | Has family member been at risk or experienced Domestic Violence/Domestic Abuse over the last 12 months (after 1/1/14)? | ☐ |  |
| Has a family member been a perpetrator of Domestic Violence/Domestic Abuse over the last 12 months (after 1/1/14)? | ☐ |  |
| **6. Is there a health concern?** | Is there a parent within the family or a child with mental health concerns? | ☐ |  |
| Is there a parent within the family or a child with a drug or alcohol problem? | ☐ |  |
| Is there a new mother who is receiving a service through the Family Nurse Partnership (FNP)? | ☐ |  |
| Is there a parent or a child, who are being nominated by a professional as having a health problem of equivalent concern to the indicators above? This may include unhealthy behaviours resulting in problems such as obesity, malnutrition or diabetes. | ☐ |  |
| Has a child had a baby tooth removed because of tooth decay? | ☐ |  |
| Has there been a teenage pregnancy? | ☐ |  |

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| **Reason for Referral (please give as much detail as possible to enable the hub to make a decision):** | |
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| |  | | --- | | **Desired outcome:** | |  | | | |
| **Details of other services involved or working with this child/family** | |
| **Name** | **Contact Details** |
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| **Historic Involvement (have services previously worked with this child/family before?)** | | |
| **Name of service** | **Details (as much as known) of involvement** | **Dates when/till (if known)** |
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| **Risk Assessment**  Any other significant information (eg any risk in terms of home visiting)  GREEN • Safe home and area for worker to visit alone  AMBER • Safe for two workers to visit  RED • Unsafe to visit at all  Issues significant to this referral  Safeguarding concerns Yes No  Domestic Violence Yes No |

**Parental/Young person consent**

I understand and agree that the information in this referral form will be shared with the multi-agency locality hub which is made up of professionals from a number of agencies.

I understand and agree that the information will be stored and shared in compliance with the Data Protection Act in that it will be kept in a confidential, secure place and only shared with people who can help me/my child get the support they need.

I understand that if my family is considered for support through a Northumberland Supporting Families Partnership service, that my family members’ personal information (name, address, date of birth and identification numbers, if held) could be shared with the Department for Communities and Local Government for research purposes only. I understand that the Office of National Statistics will process and anonymise all information securely. I have been told that further information, a leaflet and an opt out process is available via the Privacy Notice option at the bottom of the [www.northumberland.gov.uk](http://www.northumberland.gov.uk) website.

I understand and agree to the information in this referral to be passed on to a named person who will contact me to discuss what is the best way support can be provided for my child/family.

**Person with parental responsibility ☐ Verbal Consent only**

Name:-------------------------------------

Signature:---------------------------------

Date:----------------------------------------

**Young Person ☐ Verbal Consent only**

Name:-------------------------------------

Signature:---------------------------------

Date:----------------------------------------

**Please email completed referral forms to:**

[**EarlyInterventionHub@northumberland.gov.uk**](mailto:EarlyInterventionHub@northumberland.gov.uk)