***Section 1:*** *To be completed by the Child’s Social Worker and sent to the Brokerage Team following Care Panel approval, where the Brokerage Team will co-ordinate the referral to the relevant provider according to type of service required and contractual processes.*

*Please include as much detail as possible. Please attach approved Care Panel Request form, and Child’s Profile and complete Section 2 if there are risks to highlight.*

|  |  |  |  |
| --- | --- | --- | --- |
| * **Agency to be referred to (if known)** |  | | |
| * **Service Required -** This is your opportunity to request the type of service that your child/young person would like to access. You may want to consider a holiday activity, befriending services etc, or, if you have a specific service that you would like you child/young person to access. | Overnight Short Breaks | |  |
| Short Break Day Services | |  |
| Domiliciary Care | |  |
| Other – please specify | |  |
| * **Date agreed at Care Panel**   *Please attach copy of ADM* |  | | |
| * **Date service agreed to** *(e.g. until given date, 6 months from start of service etc)* |  | | |
| * **Referring team** |  | | |
| * **Child’s initials** |  | | |
| * **ID number** |  | | |
| * **Age** |  | | |
| * **Referrer details** | |  |  | | --- | --- | | Name |  | | Role |  | | Email |  | | Tel no. |  | | | |
| * **Social / Key worker details (if different to referrer)** | |  |  | | --- | --- | | Name |  | | Role |  | | Email |  | | Tel no. |  | | | |
| * **Outcomes to be Achieved for Young Person** | Please detail any specific outcomes below which are to be prioritised for this Child/Young Person, which will be reviewed at care planning meetings, and progress recorded in an individual tracker. | | |
| **Outcome 1** |  | | |
| **Who is responsible** |  | | |
| **Action** |  | | |
| **Timescale** |  | | |
| **Outcome 2** |  | | |
| **Who is responsible** |  | | |
| **Action** |  | | |
| **Timescale** |  | | |
| **Outcome 3** |  | | |
| **Who is Responsible** |  | | |
| **Action** |  | | |
| **Timescale** |  | | |
| **Outcome 4** |  | | |
| **Who is Responsible** |  | | |
| **Action** |  | | |
| **Timescale** |  | | |
| * **Diagnoses and needs**   please also include information about mobility,  motor skills, diet/feeding, aids used |  | | |
| * **Communication needs**   please detail communication needs, how does the child/young person communicate? Do they use signs or symbols? How do they communicate with the person who looks after them at home or at school? |  | | |
| * **Staffing ratios required** | **1:3** |  | |
| **1:2** |  | |
| **1:1** |  | |
| **2:1** |  | |
| * **Specialist training required?**   (e.g. Physical intervention / specific medical  Requirements/Medication support  needed?) |  | | |
| * **Hours/Nights agreed and frequency** *(for Care and Support and Short breaks please complete table in* ***Section 3****)* |  | | |
| * **Emergency or planned?** | Emergency Planned | | |
| * **Short or long term?** | Short term  Long term | | |
| * **What are the Personal Care or Support requirements? (include health requirements )** |  | | |
| * **Transport**   *Overnight short breaks to be provided by the provider* | * **Parents / carers will provide transport:**   Yes  No   * **SBC arranged transport:**   Yes  No   * **Provider to provide transport** (*refer to* *Service Manager for funding agreement*)   Yes  No | | |
| * **Any known risks?** (*if YES please complete Risk Assessment* ***Section 2*** *below)* | Yes  No | | |
| * **When does the service need to start?** |  | | |

***Section 2 - Risk Assessment:***

*The purpose of this section of the form is to highlight any known risks that the social worker is currently aware of. Fill this form out to the best of your current knowledge. Please state in the action required box if the Provider will need to complete risk assessments by working in collaboration with other working professionals or organisations.*

|  |  |  |  |
| --- | --- | --- | --- |
| **ISSUE/RISK** | **KNOWN RISK** | **FURTHER INFORMATION – please detail** | **Does the provider need to conduct specific risk assessment and management plan based on this risk?** |
| **HEALTH AND MEDICAL** | | | |
| **Substance misuse:**  **Please detail type and frequency of misuse** | Yes  No |  | Yes  No |
| **Alcohol misuse:**  **Please detail frequency of misuse** | Yes  No |  | Yes  No |
| **Diet/eating issues:** | Yes  No |  | Yes  No |
| **Smoking:**  **Habitual or occasional/number smoked daily** | Yes  No |  | Yes  No |
| **Any known allergies:** | Yes  No |  | Yes  No |
| **Sexual Health/ relationships:** | Yes  No |  | Yes  No |
| **SAFEGUARDING** | | | |
| **Sexual exploitation issues: Please provide details including any areas/activities that need to be avoided.** | Yes  No |  | Yes  No |
| **Bullying:** | Yes  No |  | Yes  No |
| **Absconding/going missing: Please detail frequency and duration of absences. Is there somewhere where they normally go?** | Yes  No |  | Yes  No |
| **Animals/pets:**  **Any known risks to animals/pets or phobias** | Yes  No |  | Yes  No |
| **Sexually inappropriate/ harmful behaviour:** | Yes  No |  | Yes  No |
| **Travel:**  **Behaviour in vehicles or on public transport** | Yes  No |  | Yes  No |
| **Managing/access to money:** | Yes  No |  | Yes  No |
| **Household: knives/ electrical etc** | Yes  No |  | Yes  No |
| **EDUCATION** | | | |
| **Attendance at education: Please give current attendance at school if known** | Yes  No |  | Yes  No |
| **Educational attainment: Please given an overview of how the child is doing at school or place of education.** | Yes  No |  | Yes  No |
| **Participation in school trips or afterschool clubs:** | Yes  No |  | Yes  No |
| **BEHAVIOUR** | | | |
| **Anti-social behaviour: Please provide details and frequency** | Yes  No |  | Yes  No |
| **Aggressive behaviour towards adults:**  **Please provide details and frequency** | Yes  No |  | Yes  No |
| **Aggressive behaviour towards children:**  **Please provide details and frequency** | Yes  No |  | Yes  No |
| **Verbal aggression:** | Yes  No |  | Yes  No |
| **Offending:**  **Please give details of type of offending** | Yes  No |  | Yes  No |
| **Fire setting:**  **Please specify details and where fires were set** | Yes  No |  | Yes  No |
| **Any outstanding court issues/offences:**  **Please provide detail about court/YOT appointments etc** | Yes  No |  | Yes  No |
| **Damage to property or belongings:** | Yes  No |  | Yes  No |
| **RELATIONSHIPS** | | | |
| **Internet and social media:** | Yes  No |  | Yes  No |
| **Mobile phones/cameras:** | Yes  No |  | Yes  No |
| **Contact issues or restrictions:** | Yes  No |  | Yes  No |
| **Overnight stays or ‘sleep-overs’:** | Yes  No |  | Yes  No |
| **ANY ADDITIONAL ISSUES** | | | |
|  | Yes  No |  | Yes  No |

**NAME OF PERSON COMPLETING THE FORM**:

**DATE**: / /

**DESIGNATION**:

***Section 3 - Support hours timetable to be completed for Care and Support and Short Break Referrals***

*All hours on this time table are a rough guide to present to the provider, who acknowledge this is only a template of what the hours may looks like and will be flexible on what is stated below. What we are aiming to capture is how the hours might look when they are broken down E.G. 8 hours support broken down into 2 hours slots across 4 days. In the ‘any other information’ box please state your initial idea of how family wish to use the total weekly hours that have been agreed at care panel. You may also include any other information you wish to raise about the hours at this time.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Term Time** (39 weeks per year) | | | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM support** |  |  |  |  |  |  |  |
| **PM support** |  |  |  |  |  |  |  |
| ***Any other information:*** | | | | | | | |
| **School Holidays** (13 weeks per year) | | | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM support** |  |  |  |  |  |  |  |
| **PM support** |  |  |  |  |  |  |  |
| ***Any other information:*** | | | | | | | |