**SGO Support Team Referral Form**

(Consent must be obtained; carers must be made aware)

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| **Details of Child: *(additional children to be added below)*** | | | | | | | |
| **Child name:** |  | | | **DOB/EDD:** | |  | |
| **Age:** | |  | |
| **Gender:** |  | | | **Ethnicity:** | |  | |
| **Language:** |  | | | **School:** | |  | |
| **Disability/Additional needs: *(provide information)*** |  | | | | | | |
| **Address:** |  | | | | | **Postcode:** |  |
| **Carer Details: *(additional carer to be added below)*** | | | | | | | |
| **Carer Name:** |  | | | **Relationship to child:** | |  | |
| **Address:** |  | | | | | **Postcode:** |  |
| **Contact Number:** |  | | | | | | |
| **Details of order granted including the date order was obtained:** | | | | | | | |
|  | | | | | | | |
| **Do the carer/s consent to this referral:** | | | | | | | |
|  | | | | | | | |
| **Additional Family Members: *(who else lives with the child, including siblings?)*** | | | | | | | |
| **Name:** | | **DOB:** | **Relationship:** | | **Additional information:** | | |
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| **What is working well?** | | | | | | | |
| * What existing support is in place/offered for this child and family? * What is your agency doing? What services will your agency continue to provide? * What are the strengths / protective factors? | | | | | | | |
|  | | | | | | | |
| **What are you worried about?** | | | | | | | |
| * Reasons for the referral? * What would be the future impact if these concerns were not addressed? * Are there any complicating factors (e.g. health issues or complex family issues) that make the concern more difficult to deal with? | | | | | | | |
|  | | | | | | | |
| **What needs to happen next?** | | | | | | | |
| * What are the views of the child/ young person and carer? What do they think will help them? * What needs to change? * What intervention do you think will make a difference for this child and family? * What outcome do you hope this referral will achieve? * Are there any issues for worker safety that need to be considered when planning a response? | | | | | | | |
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| **Referral from:** | | | | | | | |
| **Name:** |  | | | | | | |
| **Job title:** |  | | | | | | |
| **Agency:** |  | | | | | | |
| **Address:** |  | | | | | | |
| **Telephone number:** |  | | | | | | |
| **Email address:** |  | | | | | | |
| **Date:** |  | | | | | | |
| **Please send the completed referral to:** | | | | | | | |
| [**SGOTeam@redcar-cleveland.gov.uk**](mailto:SGOTeam@redcar-cleveland.gov.uk) | | | | | | | |