**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?
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| **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?
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| **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** |