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**NEPO603 – Tyne-Tees Independent Foster Care Services (C-** **012130)**

**ITT Schedule 1(3) – Referral Guidance**

**Front Sheet IFA Referral**

**NOTE TO PROVIDERS – DETAILS IN THIS REFERRAL ARE STRICTLY CONFIDENTIAL – PROVIDERS MUST DESTROY REFERRAL INFORMATION IMMEDIATELY IF PLACEMENT DOES NOT PROCEED**

|  |  |
| --- | --- |
| **Date of Referral:** |  |
|  |  |
| **Referral Completed by:** |  |
|  |  |
| **Social Workers Contact number and email:** |  |

|  |  |  |
| --- | --- | --- |
| **Section 1: Home Type** | **Age Bands** | **Requirement (X)** |
| **Standard** **Support**  | 0 – 4 years |  |
| 5 – 10 years |  |
| 11 – 15 years |  |
| 16 /17 years |  |
| **Extra** **Support**  | 0 – 4 years |  |
| 5 – 10 years |  |
| 11 – 15 years |  |
| 16 / 17 years |  |
| **Enhanced Support**  | 0 – 4 years |  |
| 5 – 10 years |  |
| 11 – 15 years |  |
| 16 /17 years |  |
| **Parent and Baby / Child**  |  |  |
| **Parent and Baby / Child Assessment**  |  |  |

|  |
| --- |
| **Additional Services Required** *(Placing Authority to insert details in here of any Additional Services required)* |
|  |
|  |
| **This Home requires a Solo Enhancement** *(delete as appropriate)* | **Yes / No** |
|  |
| **This Home is for a sibling group** *(delete as appropriate)* | **Yes / No** |
|  |  |
| **Preferred location of Home** | **Inside Placing Authority Boundary** | **Yes / No** |
|  | **Outside Placing Authority Boundary** | **Yes / No** |
| **Any restrictions on Home location** | **Yes / No** | *(provide details as required including areas of risk or restrictions)* |

**Note to Provider: Please be advised the placing LA may use their individual local authority referral form**

**Placing Authorities will use their own referral form to provide potential Providers with full information to consider as part of this Referral. As a minimum, information should include:**

1. Home Type
2. Child / Young Person details
3. Potential placement term
4. Current Circumstances
5. Placement History
6. Child / Young Person Pen Portrait
7. Risk Assessments

**For the avoidance of doubt the information appended to this Referral Guidance is part of the guidance and together the documents constitute the Referral.**