**COMPLEX ISSUES PANEL REFERRAL FORM**

**Children’s Social Care**

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| **CHILD / YOUNG PERSON DETAILS** |
| **Liquid Logic Number** |  |
| **First name**  |  | **Surname** |  |
| **Date of Birth** |  | **Age** |  |
| **Gender** |  | **Ethnicity** |  |
| **Disability/Diagnosis** |  |
| **Primary SEN Category\*** | **C&L** |  | **SEMH** |  | **C&I** |  | **S&/or P** |  |
| **Current School** |  |
| **NHS number** |  |
| **Originating GP\*\* name/address** |  |
| **Current GP Name/address** |  |
| **Looked After Child** | **No** |  | **Yes** |  | **Date CLA** |  |
| **DOL’s** | **No** |  | **Yes** |  | **In Process** |  |
| *\*C&L - Cognition and Learning Difficulties: SPLD, MLD, SLD, PMLD* *SEMH - Social Emotional and/or Mental Health: Depression, ADHD, Eating Disorders, Anxiety Disorder, MH issues* *C&I - Communication and Interaction Needs: Speech and language, Autism* *S&/or P - Sensory and/or physical needs: Physical Disability, Visual Impairment, Multi-Sensory Impairment**\*\*GP at the point of becoming looked after* |

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| **FURTHER INFORMATION** |
| **Social Care** |
| **Social Care Team** |  |
| **Social Worker** |  |
| **Health** |
| **CAMHS Professional** |  |
| **Continuing Care Nurse** |  |
| **Other health professional** |  |
| **Education** |
| **SEN Co-ordinator** |  |
| **EHCP** | **No** |  | **Yes** |  | **EHCP Date** |  |
| **Areas identified in EHCP** |  |
| **EHCP maintained by which LA**  |  |
| **School Attendance (percentage)** |  |
| **Exclusions** |  |

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| **REFERRAL** |
| **Referral Date** |  |
| **Referrer Name** |  |
| **Reason for Referral** |
| **New Placement Request** | **Placement** **Update** | **Additional Support Request** | **Advice** **Request** |
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| **PLACEMENT DETAILS** |

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| **Current Placement** |
| **Start date** |  |
| **Placement type** |  |
| **Placement Name/Address** | **Weekly Placement Costs** |
|  | **Social Care** |  |
| **Health**  |  |
| **Education** |  |
| **Total**  |  |
| **OFSTED Rating (care setting)** |  |
| **OFSTED Rating (education setting)** |  |
| **Current Additional Support** |
| **Start date** |  |
| **Review date** |  |
| **1:1** | **2:1** | **3:1** | **4:1** |
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| **Other** |  |

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| **Proposed Placement\*** |
| **Start date** |  |
| **Placement type** |  |
| **Placement Name/Address** | **Weekly Placement Costs** |
|  | **Social Care** |  |
| **Health**  |  |
| **Education** |  |
| **Total**  |  |
| **OFSTED Rating (care setting)** |  |
| **OFSTED Rating (education setting)** |  |
| *\*Placement specification and costs must be included for new placement proposal agreement* |
| **Proposed Additional Support** |
| **Start date** |  |
| **Review date** |  |
| **1:1** | **2:1** | **3:1** | **4:1** |
|  |  |  |  |
| **Other** |  |
| **Reason for Additional Support** |
| *Why are you requesting additional support? What is the rationale for the additional support? What outcomes are you wanting to achieve? What are the expected timeframes and plan for the additional support?*  |
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| **REASON FOR CURRENT REFERRAL** |

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| **Current Concerns Leading to the Current CIP Referral** |
| *What interventions have already taken place? What are you worried about? What is working well? What are the child/young person/family strengths? What are the social, health and educational needs? What are the health needs/diagnoses and how do they impact the child/young person/family? Please attach additional reports where necessary.*  |
| **Social** |
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| **Health**  |
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| **Education**  |
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| **Child/Young Person/Parent/Carer Views and Wishes** |
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| **OUTCOMES** |

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| **What are the Child / Young Persons Outcomes?** |
| *Linked to social, health and education outcomes. What outcomes are we hoping to achieve at the placement?*  |
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| **Is the young person achieving their outcomes?** |
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| **PREVIOUS HISTORY** |
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