

Education Social Work Service - Referral Form

Please be aware information will be treated as sensitive but may be shared with the parents/carers.

Pupil Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil name: | hdihd | School: |  |
| AKA: |  | Gender: |  |
|  |  |  |  |  |  |
| DOB: |  | Year Group: |  | Ethnic Origin: |  |
|  |
| Address: |  | Postcode: |  |

Parent/Carer Contacts:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Landline/mobile/email address: |  |
| Name: |  | Landline/mobile/email address: |  |

Family Members (parents/carers, siblings and other significant people in the household)

|  |  |  |
| --- | --- | --- |
| Name | Relationship | School/Address if different  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Agencies Involved:

|  |  |  |
| --- | --- | --- |
| Agency | Worker Name | Contact number |
|  |  |  |
|  |  |  |
|  |  |  |

**Attendance Information (please attach a current attendance printout):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overall attendance % (must be under 90%) |  | Attendance last 6 weeks% |  |  |
| Number of sessions unauthorised in last 6 weeks (needs to be at least 10 unauthorised sessions) |  |

**Required information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Looked after child? | Yes current | Yes in past | No | Not known |
| Child Protection Plan? | Yes current | Yes in past | No | Not known |
| *Child in Need* | Yes current | Yes in past | No | Not known |
| *Early Help (Including what was Families First)* | Yes current | Yes in past | No | Not known |
| Are there any Safety Issues for staff visiting the home? | Yes (please give details)\*\* | No | Not known |
|  |  |  |  |
| **\*\*……………………………………………………………………………………………………………………………..** |

**Information Sheet**

1. **Action Taken Prior to Referral.**

Please detail and date actions taken to address the recent attendance/welfare concerns and outcomes. Please attach copies of letters, minutes of meetings and agreements etc reached with parents/carers.

**If Child Missing Education please see attached CME checklist – this must be completed in full. Incomplete referrals will be returned for further information.**

***What are we worried about?***

*Including any past harm that you are aware of, relevant to the recent attendance/welfare concerns you have and any complicating factors (things making the concern harder to deal with).*

***What’s been tried so far?***

*Including any visits, meetings etc.*

1. **Pupil Information**

Does the pupil:

* Have emotional, behaviour difficulties or learning difficulties? **YES / NO**
* Have a specific education plan in place ie IEP, BSP SEN Statement? **YES / NO**
* Have problems relating to others – teachers, peer group? **YES / NO**
* Have any mental health issues (including school anxiety)?  **YES / NO**
* Have physical health issues?  **YES / NO**
* Present any anti-social behaviour (drug taking/offending) or place themselves at risk?  **YES / NO**
* Has the pupil alleged or been subject to bullying? **YES / NO**
* Does the pupil have an entitlement to Pupil Premium? **YES / NO**

**Please comment on what you are worried about. (Please expand on any of the statements circled yes above). Please advise if a Signs of Safety Assessment has been considered. Please also mention what’s working well (any positive information regarding the pupil).**

**3. Family Information**

Do the parent/carers have?

* Literacy problems. **Yes / No**
* Language issues. **Yes / No** (if yes please indicate what is the home language……………………)
* Any problems with poverty or housing. **Yes / No / Not known**
* Parenting difficulties. **Yes / No / Not known**
* Problems with other children in the household. **Yes / No / Not known**
* Mental, physical or learning issues that may affect their ability to parent? **Yes / No / Not known**

**Please comment on what you are worried about. (Please expand on any of the statements circled yes above or other issues which you are aware of. Please advise if parents/carers are co-operative. If there are language issues, how have these been addressed? Please also mention what’s working well (positive information about the family).**

**\*\* It is expected that parents/carers are informed by school of this referral**

**Referrer Details:**

|  |  |
| --- | --- |
| **Agency:** | School / Self / Parent / Carer / Anon Caller / Other.Health Authority Airedale / Health Authority Bradford.Children’s Social Care / Bradford Safeguarding Children Board / Housing / Other LA.Learning Support Service / EPT / SEN / Education Service for New Communities & Travellers Behaviour Support Service / Admissions / Operation Encompass / MASH.  |
| **Referred by:** |  | **From:** |  |
| **Signed:** |  | **Date:** |  | **Tel:** |  |

**School Only:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance Leader Name**: |  | **Position:** |  |
| **Signed:** |  | **Date:** |  | **Tel:** |  |

 **ESWS Only:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:** |  | **Date:** |  |

 **CME Checklist**

**This section must be completed by school:**

**The following checks must be done before referring as CME – incomplete referrals will be returned for further information. If the whereabouts of the child/family is not known a cme referral must be made. Where this results in the removal from roll the BSO off roll proforma must be completed as per the amendment to the Attendance Regulations that came into force 1 September 2016.**

|  |
| --- |
| Date of home visit (a home visit must be carried out in cases where the family is believed to be missing or the family have advised that they are leaving the country and not returning. If a home visit has not been carried out the referral will not be accepted until such time as a home visit has been done).Outcome of home visit:Did you speak to anyone (neighbours etc)? |
| Contact telephone numbers tried, dates, who did you speak to and what was the outcome of the call (known telephone numbers must be listed): | Y / N / NAIf No or NA advise why? |
|  |
| Outcome: |
| Known siblings in other schools checked. Have school checked or contacted other known family members. Please provide details: | Y / N / NAIf No or NA advise why? |
|  |
| Outcome: |
| Are there any safeguarding issues or welfare concerns or any agencies involved with the family? Are there any known safety issues that workers need to be aware of. If Yes please provide details of concerns, name of worker and contact details etc. | Y/ N / NK |
|  |
| Outcome: |
| Other LA/School contacted if forwarding address or school has been provided: | Y/ N / NAIf No or NA advise why? |
|  |
| Outcome: |

Education Social Work Service Only

 **To Be Completed by Linkworker**

**Status Date Linkworker Admin Actioned**

**Active** 🞎 …………….. …………………………………….. ………………………….

**Reason for Referral (circle one)**:

|  |
| --- |
| * Attendance
* Attendance Challenge
* EHE Visit
* Not on Roll (Bradford resident)
* Missing Child R
* Missing Child A
* Missing Child G
* Removal from Roll (extended leave)
* Other Local Authority referral
 |

Please undertake appropriate checks and update front sheet of referral if necessary. Also start a chronology sheet if needed and update this with details as appropriate including historical information.

**Please confirm the following:**

|  |  |
| --- | --- |
| * Previous ESWS involvement?
 | **Y / N** |
|  |  |
| * Child known to other Education Services?
 | **Y / N** |
|  |  |
| * Child known to Other Services?
 | **Y / N** |
|  |  |
| * Siblings checked on Capita One?
 | **Y / N** |
|  |  |
| * ESWS File Front Sheet attached?
 | **Y / N** |
|  |  |
| * Siblings open to another worker?
 | **Y / N** |
|  |  |
| * Siblings having attendance difficulties?
 | **Y / N** |
|  |  |
| * Start or update the chronology sheet?
 | **Y / N** |
|  |  |
| * Updated the Referral Front Sheet?
 | **Y / N** |

**Please use this space to indicate any details supplied by the referrer are not the same as the information we hold on Capita One – eg Address, Surname, DOB.**

……………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………….……………………………………

**Worker Name: ……………………………………**

**Date: ………..………………………….**