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| **Children’s Advocacy Professional Referral Form.**To ensure that looked after children and young people in Stoke-on-Trent are supported in advocating their wishes and feelings in decisions which affect them such as placement selection.Referrals can be made by Stoke City Council, Children’s Social Work Teams, Education, SENDIASS. |  |
| 1. **Eligibility.**
 |
| **The child or young person must meet some of the following criteria:**1. *Be looked after by Stoke-on-Trent Local Authority.*
2. *Be attending a residential school and be classed as disabled and ‘Looked After’.*
3. *Be receiving respite care and considered as ‘Looked After’.*
4. *Be separated and seeking asylum.*
5. *Be in a secure local authority care setting.*
6. *Have previously been in care and are supported under the ‘Staying Put’ legislation, up to the age of 25.*
7. *Aged between 5-11 and considered as ‘Looked After’ as defined within the Children Act 1989.*
8. *Be leaving care or be in receipt of specialist health care provision.*
9. *Has a history of running away or going missing.*
 |
| 1. **About the child or Young Person requiring support .**
 |
| **Mr/ Miss:**      | **Name:**      | **Date of birth:**       |
| **Tel:**       | **Email:**       | **Mobile:**       |
| **Current Address:**     **Postcode:**      |
| Own Home [ ]  Temporary Home [ ]  Foster Placement [ ]  Local Authority Accommodation [ ]  Homeless [ ]  Other      |
| **Is the child or young person currently attending school or college?** Please provide contact information, name of the school/ college, best times to make contact |      |
| **Parent or Guardian Contact Information:** Name, phone number, address if different from above  |      |
| **CSC or Reference Code:**  |      |
| 1. **How does this child or Young Person communicate?**
 |
| Preferred Language:      | Dialect:      |
| Spoken Language | [ ]  | Gestures/Facial Expressions/Vocalisations | [ ]  |
| British Sign Language | [ ]  | Words/Pictures/Makaton | [ ]  |
| Other, please give details:      |
| **Known risks (to themselves or others):** Please include if the person is currently on a Covid positive ward, any historical risks, physical and mental, etc      |
| 1. **What are the child or young person’s additional support needs?**
 |
| Mental health Problems | [ ]  | Physical Health | [ ]  |
| Cognitive Impairment | [ ]  | Autism Spectrum Condition | [ ]  |
| Learning Disability  | [ ]  | Serious Physical illness | [ ]  |
| Other/ more information:      |
| **Does the child or young person have a substantial difficulty?**  | Yes [ ]  No [ ]  If yes, please specify:      |
| **Does the child or young person have a physical or mental impairment?** | Yes [ ]  No [ ]  If yes, please specify:      |
| **Does the child or young person lack capacity?**  | Yes [ ]  No [ ]  If yes, please specify what decision/ area     |
| **Does the Child or young person currently reside in Stoke on Trent?**  | Yes [ ]  No [ ]   |
| 1. **In the Children’s Act what category does the child or young person fall under? (Please tick all that apply).**
 |
| Disabled children and young people in residential schools who are ‘Looked After’ | [ ]  | Separated and asylum-seeking children and young people | [ ]  |
| Children and young people receiving respite care and considered as ‘Looked After’ | [ ]  | Young people in secure local authority care settings | [ ]  |
| Young people who are leaving care or who are in receipt of specialist health care provision | [ ]  | Specific focus on children and young people considered as ‘Looked After’ as defined within Children Act 1989 aged between 5 — 11 years of age. | [ ]  |
| Young adults who have previously been in care and who are currently supported under the ‘Staying Put’ legislation, up to the age of 25 | [ ]  | Children who run away or go missing | [ ]  |
| Other, please specify:     |
| 1. **What issues do they need support with? (Please tick all that apply).**
 |
| Social Care Assessment  | [ ]  | Care Plan Assessment  | [ ]  |
| Child In Need Plan | [ ]  | Child Protection Plan | [ ]  |
| Child In need Review | [ ]  | Short Breaks Review | [ ]  |
| Short Breaks Care Plan | [ ]  | Looked After Child by Local Authority  | [ ]  |
| Working with siblings of disabled children | [ ]  | Specialist Health Care Provision  | [ ]  |
| SEND Education, Health, and Care planning process | [ ]  | Information about rights  | [ ]  |
| Initial case conference | [ ]  | Review Case Conference | [ ]  |
| Support communicating views/ wishes/ feelings | [ ]  | Best Interest Meeting | [ ]  |
| Transition Review Meeting | [ ]  | Review Meeting | [ ]  |
| Setting up care plan | [ ]  | Support making a complaint | [ ]  |
| Support at Independent Return Interview | [ ]  | Support at tribunal or appeal | [ ]  |
| Support with disputes with family or disability support work teams | [ ]  | Support voicing opinions and giving feedback about services | [ ]  |
| Secure accommodation review | [ ]  |  |  |
| Other:     |
| 1. **Meeting Information.**
 |
| **Please give details of any forthcoming appointment or meeting dates.** Please include any meeting locations, if in person or via zoom, any communication aids required, zoom links, requirements for meetings (does family/ friends/ guardian need to attend?) etc.     |
| 1. **Additional Information.**
 |
| **Please give details of any communication adjustments that may need to be made.**     |
| **Please provide any further information here that you believe is relevant to this referral.** Are there any other professionals involved in the referral? Please provide their contact information here.      |

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| 1. **Diversity Monitoring.**
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| **By completing the information below you can help us ensure our services reach everyone who needs them and inform how we might improve our service provision.** |
| **What is the person’s gender?** | **Is the person’s gender different from that assigned at birth?** |
| Male  | **[ ]**  | Yes  | **[ ]**  |
| Female  | [ ]  | No  | [ ]  |
| Non-binary  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Don’t know/prefer not to say  | [ ]  |  |  |
| Person’s own description:       |  |  |
| **What is the person’s sexual orientation?** |
| Heterosexual/straight  | **[ ]**  | Gay woman/lesbian  | **[ ]**  |
| Bisexual  | [ ]  | Don’t know/prefer not to say | [ ]  |
| Gay man  | [ ]  | Person’s own description:       |
| **What is the person’s ethnic group?** |
| *Asian or Asian British* |
| Bangladeshi  | **[ ]**  | Pakistani | **[ ]**  |
| Chinese  | [ ]  | Another Asian background  | [ ]  |
| Indian  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| *Black, African, Black British or Caribbean* |
| African  | **[ ]**  | Another black background  | **[ ]**  |
| Caribbean  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| *Mixed or multiple ethnic groups* |
| Asian and White | **[ ]**  | Another Mixed background  | **[ ]**  |
| Black African and White  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Black Caribbean and White  | [ ]  |  |  |
| *White* |
| English/Welsh/Scottish/Northern Irish/British  | **[ ]**  | Another White background  | **[ ]**  |
| Irish  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Irish Traveller or Gypsy  | [ ]  |  |  |
| *Another ethnic group* |
| Arab  | **[ ]**  | Don’t know/prefer not to say  | **[ ]**  |
| Another ethnic background  | [ ]  | Person’s own description:       |
| **What is the person’s religion?** |
| No religion  | **[ ]**  | Hindu  | **[ ]**  |
| Christian (all denominations)  | [ ]  | Muslim  | [ ]  |
| Buddhist  | [ ]  | Other (please state)  | [ ]  |
| Jewish  | [ ]  | Don’t know/prefer not to say  | [ ]  |
| Sikh  | [ ]  | Person’s own description:       |
| **Does the person identify as having a disability or long-term health condition?** |
| Yes [ ]   | No [ ]  | Please specify:       |

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| 1. **Professional Referrer Information.**
 |
| Referred by social care [ ]  Referred by Health [ ]  SENIDASS [ ]  Other      |
| Name of referrer:      | Job Title:      |
| Team:      | Organisation:      |
| Email:      | Tel:      |
| Date of referral:       | How did you hear about us:      |
| 1. **Is CSC involved?**
 |
| Name of CSC:      | Job Title:      |
| Team:      | Organisation:       |
| Email:      | Tel:      |
| 1. **Consent.**
 |
| Have you discussed this referral with the child or young person being referred?  | Yes [ ]   | No [ ]  |
| Has the person agreed to this referral being made?  | Yes [ ]   | No [ ]  |
| **Disclaimer** |
| **Please note that we may not be able to attend all meetings listed on the referral form. Where possible, provide us with 2 weeks-notice for any meetings to allow the advocate adequate time to support the advocacy partner.** |
| **The referrer is responsible for providing ASIST with accurate, up to date information and contact details, and updating ASIST with any new information or, amendments to information provided on the referral form after it has been submitted. PLEASE make sure information is correct before submitting this form.**  |
| **To discuss a referral please contact Asist on 01782 845584****Fill in this form and send to Asist by emailing** **referrals@asist.co.uk****Head Office: Asist, Winton House, Stoke Road, Stoke-on-Trent, ST4 2RW.** |

Service available Monday to Friday 9am to 5pm (excluding bank holidays)

