**CAF Referral **

**Consent for information storage and sharing**

This form relates to

 (child name)

**Consent must be obtained for CAF to proceed, except in the following circumstances:**

a) Where there are clear child protection concerns, i.e. child has an actual injury and or has made allegations against their parent/carer.

b) When the referrer suspects that by attempting to get consent from the parents that this could potentially place the child, children and or the adult victim at potential risk of harm.

c) When the referrer has sought consent but the parent/carer has refused permission. In this instance, the referrer believes that if they did not send the referral then their identified concern(s) would be likely to escalate and may therefore place the child / children at further risk of potential harm.

**I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:**

Me This infant, child or young person for whom I am a parent / carer

I have had the reasons for information sharing explained to me and I understand those reasons.

Note: that the social worker may undertake a network check.

**I agree to the sharing of information other than those services listed below.**

 Yes No

Practitioner to detail if any information should not be shared with particular agencies:

**Signed:**

**Parent has not consented for the following reason/s:**

|  |
| --- |
|  |

**Child, family and service information**

**Child / young person details**

First names

Last name

Date of birth

NHS ID UPN ID

Gender

Address

Ethnicity Unknown Religion Language spoken

Interpreter / signer required

**Presenting issues**

At least one presenting issue MUST be selected. If multiple issues have been identified, select all that are applicable.

ASB - describe briefly.

For children missing education please select reason for this.

Other reason for missing education.

Alcohol

Antisocial behaviour (ASB)

Disability

Domestic violence

Drugs

Families in acute stress Financial problems Gangs

Housing

Ill health

Child mental health Parental mental health Missing child

Missing education

Neglect and abuse Parenting support AEN

Additional educational needs (AEN) - describe briefly.

Other presenting

Issues.

Sexual exploitation

Trafficked children Unaccompanied minor Young carer

Other - please specify

Please include parents or others who have a caring role for the child / young person, siblings and any relevant extended family and step family members and all relevant contact numbers.

**Household members and other significant adults**

|  |
| --- |
| Name Date of Birth Gender PR Ethnicity Address Religion Relationship tochild |
|  |  |  |  |  |  |  |  |

Family contact numbers:

:

**Lead professional (if known):**

Lead professional's

name

Job title

Contact number

Contact email

**School / pre-school attended:**

Name

Address

.

Postcode

Please add details about universal services, including school and GP in the table below – telephone numbers, email addresses, postal addresses.

 **Services involved**

|  |
| --- |
| Name Agency Contact details |
|  |  |  |

**Referral Information**

Referral date

 **Details of person making referral:**

Name

Organisation

Job title

Contact telephone number

Contact email

**Why the case came to our attention, why we are concerned and why our involvement is required.**

This section:

Must be written in plain English with no jargon e.g. Merlin, Sec 47 etc

Should succinctly explain what the detail of the referral was (the presenting issues) and the sources of information

Must clearly tell the family what the issues are and why intervention is required.

What work has been carried out with the family to date.

**Referral Information**

**This information is mandatory.**

What has led to this unborn baby, infant, child or young person being referred?

What has been done to date?

What are the strengths / protective factors in the family?

**Referral outcomes**

Accepted as a referral

Pending because more information required

Refused as it does not meet service access criteria

Referral does not meet threshold and has been referred to:

**Signed:**

**Email your completed form to us via the MASH secure email address (you need an account with a secure email provider, such as CJSM, to do this) or please password protect this completed form and email it to** **LBCMASHadmin@camden.gov.uk** **(non-secure email address).**