**Children’s Home Based Short Breaks Team**

**referral form**

 **0300 790 6105****kentchft.childrenshomebased@nhs.net**

**Please ensure form is completed in full, to prevent any delay in processing referral.**

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| **Child’s name: DOB:****NHS number: Male/female:** |
| **Address:****Postcode:****Phone numbers:** |
| **Parents/guardians names and DOB:** **Parents employment status:****Siblings and DOB:** |
| **Family structure: (Include those not residing in the family home, for example, older siblings, half and step children, as well as extended family, for example, grandparents)** |
| **Social history: (Please include any known domestic violence, care orders, safeguarding concerns and any concerns or risks that may impact on staff during home visits)** |
| **Ethnic origin:** |
| **Language spoken at home:** |
| **Aware of referral? Yes 🞏 No** **🞏** |
| **Consultant:**  | **Phone:** |
| **Dietician:** | **Phone:** |
| **G.P.:**  | **Phone:** |
| **Health Visitor:**  | **Phone:** |
| **Nursery or School:**  | **Phone:** |
| **Portage:**  | **Phone:** |
| **School Nurse:**  | **Phone:** |
| **Key Worker:**  | **Phone:** |
| **Specialist Nurse Advisor:**  | **Phone:** |
| **Social Worker:**  | **Phone:** |
| **Physiotherapist:**  | **Phone:** |
| **Occupational Therapist:**  | **Phone:** |
| **Speech and Language Therapist:**  | **Phone:** |

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| **Date of referral:****Referred by:** | **Please include contact details:**  |
| **Urgent referral Yes/No** | **If yes, reason?** |

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| **Child’s diagnosis / medical condition / disability:** |

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| **Brief description of child’s care needs:** |

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| **Reason for referral:** |
| **Details of other services accessed (if any): (for example, total number of hours for nursery, direct payments, hospice, respite fostering).** |
| **What day and time (am/pm) are the family unable to have a home based session:** |

 **Please attach any other relevant / appropriate assessments / reports, for example, developmental assessments**

 **Referral process flow chart**

If referral criteria not met, phone call is made to parents and referrer with detailed explanation and followed up with a letter.

 My Plan developed and outcomes set and reviewed every six months or sooner if outcomes met.

Written referral sent by e-mail to Children’s Home Based Short Breaks Team **kentchft.childrenshomebased@nhs.net**

Date agreed with Nurse and CSW to commence visits. Letter sent to parents.

Any bespoke training and competency assessment specific to the child to be delivered to the CSW by the Nurse, if required.

Provision of package starts.

Caseload review discussed at monthly team meeting. Package reviewed every six months with Holistic Assessment and My Plan.

Band 7 triages referral form. If criteria met, letter sent to parents and referrer acknowledging referral.

Assessment visit attended by Nurse accompanied by the allocated CSW. Holistic Assessment and Risk Assessment completed. Signed Parental Agreement and Consent for E-mail and Text.

Phone call made to family to ascertain their availability and arrange assessment day and time, in line with CSW and Nurse availability.

Discussion in monthly team meeting regarding availability of Children’s Support Worker’s (CSW) rota’s being mindful of travel implications between visits.

Date confirmed with CSW and Nurse. Letter sent to parents confirming assessment date and time.

All information in the Red folder ready to take on the fist visit.