



Brighter Futures

**MULTI-AGENCY REFERRAL FORM TO BRIGHTER FUTURES 2018
GDPR COMPLIANT**

Referral to: **Brighter Futures**
'The Journey into Well-being' delivered by Brighter Futures
 at The Bridge, Le Geyt Road, St Saviour, JE2 7NT
NOTE: THIS FORM IS TO BE COMPLETED AND POSTED TO THE ABOVE ADDRESS.
A SCANNED COPY WILL NOT BE ACCEPTED.

**Brighter Futures is a Targeted Service and this referral form
MUST be completed with the parent / carer**

Parenting Support Services are the Universal Service based within the Bridge and is accessible to anyone
 If Universal Services are appropriate please call 449481

Client Surname (Adult);		Client Forenames;	
DOB;	Title;	Email Address;	
Telephone contact; Mobile: Home: Work:		Parent's First Language	Holds parental responsibility; YES / NO
Is the client in employment (<u>Please circle</u>) as this may affect the client's availability for certain programmes Not in employment Full-time employment Part-time employment Currently on maternity leave			

Address;

FAMILY: CHILD(REN) / SIGNIFICANT OTHERS: *details of all children in the family need to be included*

Household Members	Relationship to <u>Client</u>	D.O.B.	School / Pre-school	Holds Parental Responsibility
				YES / NO
				YES / NO
				YES / NO

Other Significant Adults	Relationship to <u>Client</u>	D.O.B.	Address / Tel No.	Holds Parental Responsibility
				YES / NO
				YES / NO



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<p>Is this a 'MECSH' Family?</p> <p>YES / NO</p> <p><input type="checkbox"/> Previous engagement</p> <p><input type="checkbox"/> Current engagement</p> <p><input type="checkbox"/> MECSH due</p>	<p>If Yes, please give brief details, outcome if applicable and include MECSH Health Visitor if known:</p>
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<p>Is this family involved with the Early Help Programme?</p> <p>YES / NO</p> <p><input type="checkbox"/> Previous engagement</p> <p><input type="checkbox"/> Current engagement</p> <p><input type="checkbox"/> Early Help due</p>	<p>If Yes, please give brief details, outcome if applicable and include Early Help Lead if known:</p>
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<p>Is this referral as a result of a MASH Enquiry?</p> <p>YES / NO</p>	<p>If Yes, please give brief details and outcome if applicable:</p>
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<p>As referrer, in accordance with Children's Service Thresholds, which Threshold is applicable for this client?</p> <p>(Please tick appropriate box)</p>	<p>Universal Level</p>	<p>Brighter Futures referral not appropriate</p>
	<p>Early Help</p> <p><input type="checkbox"/></p>	<p>Low level targeted single or multi-agency support required</p>
	<p>Child in Need of Support</p> <p><input type="checkbox"/></p>	<p>Moderate level targeted multi-agency support required for the family with considerable or complex needs</p>
	<p>Child in Need of Protection</p> <p><input type="checkbox"/></p>	<p>Severe level targeted support requiring a specialist response where the child is suffering or at risk of suffering significant harm / impairment or serious risk to their development</p>

For more information or clarity regarding thresholds please visit www.safeguarding.je



Reason for Referral

The Referral should include information which you believe to be relevant in terms of the needs of the client and his/her family, including:

- a) What is the Reason for this referral?

- b) In relation to a) above what work has been done to address these issues?

- c) If applicable what is the view of the parent about this work?

- d) Incident of harm or likely harm (if relevant)?

- e) What are your expected outcomes as a result of the referral?

KEY AGENCIES: (If you know of other agencies working with this family, please tick and complete)

Agency	Contact Name	Contact Tel:	Agency	Contact Name	Contact Tel:
<input type="checkbox"/> Adult Services			<input type="checkbox"/> Midwife		
<input type="checkbox"/> Alcohol & Drug			<input type="checkbox"/> Nursery		
<input type="checkbox"/> CAMHS			<input type="checkbox"/> Pediatrician		
<input type="checkbox"/> Children's Serv.			<input type="checkbox"/> Parenting Support		
<input type="checkbox"/> Ed. Psychology			<input type="checkbox"/> Social Security		
<input type="checkbox"/> EWO			<input type="checkbox"/> Probation		
<input type="checkbox"/> GP			<input type="checkbox"/> School		
<input type="checkbox"/> Health Visitor			<input type="checkbox"/> School Nurse		
<input type="checkbox"/> Hospital			<input type="checkbox"/> Therapists		
<input type="checkbox"/> Housing			<input type="checkbox"/> Other		



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Have you discussed, and sought consent, for this referral with client? What are their views?

Views of Parent/Carer	Views of Child/Young Person – if appropriate
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REFERRER'S DETAILS:

Name	Tel No(s)	Date
Agency	Address	
E-mail address		

Signed by referrer: Job Title:

Note; Instructions on submitting this document are at the top of page one

<input type="checkbox"/>	By ticking this box and signing this referral form you are confirming that you are the data controller and are passing this information to us to become the data processor. You are also confirming that your company / department is GDPR compliant.
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Please note: Brighter Futures hold no responsibility until the client is accepted by Brighter Futures

THIS REFERRAL MUST BE SIGNED BY THE CLIENT

Potential client name:

Potential client signature:

Date:

<input type="checkbox"/>	I give my consent for Brighter Futures to share my data with any agencies, if appropriate, listed on page 3, under section Key Agencies.
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