

Guidance for those referring into Children with Disabilities Team for a service / assessment of need:

Local authorities have a legal responsibility to help families with disabled children. Many children have additional needs and disabilities, and some are more severely affected than others. Some disabled children and their parents will need practical support both inside the home and outside it.

This guidance is to support those completing a Children with Disabilities Team referral form. This referral form replaces the previous SPORT referral.

Please note incomplete forms will be returned to the referrer for further information

1. If there are child safeguarding concerns for the child that you consider to meet Level 4 of Herefordshire's Levels of Need document (i.e. Children with severe and profound disabilities at risk of significant harm or impairment without the provision of service. This may include children at risk of imminent family breakdown) then these need to be referred into the CWD Team via the MASH using a MARF.
2. Consent: Consent needs to be explicit. Please discuss why you feel it is important to make this referral with the parent/carer and obtain their signed consent below where possible. Please explain how consent has been obtained (verbal/signed).
3. Details of the child/young person: Please complete in full.
4. Family composition: please list all adults who have parental responsibility for the child / young person, adults residing with the child/ young person and other significant family members
5. Diagnosis: Please give details of diagnosis, date of diagnosis and who by. Please describe the impact of the diagnosis on the child or their family.
6. Referrer details: Please complete in full.
7. Reason for referral: Please include what is working well for this family and what your worries or concerns for this child and family would be if they were not to receive an assessment or service.
8. Views of the Child / or Young Person of this referral. Please indicate efforts made to obtain this.
9. Views of Parent or Carer of this referral.
10. Relevant History: Do you know if the child or sibling has been referred to children's services previously? Describe what has happened recently to prompt this referral?
11. Desired Outcomes: What do you feel needs to happen or would help this child and family and why?
12. Other professionals involved. Please indicate all known professionals involved and their contact details (where known).
13. Other Services: Please also indicate any current or previous services involved or referrals and any outcomes of these referral.
14. Please indicate if the family will require support from an interpreter (including interpreters for hearing impaired).

15. Signatures. Please ensure the person making the referral has signed this form. Where possible please obtain signed consent from a person with parental responsibility for the child/young person.