|  |  |
| --- | --- |
| Name of Child / Young Person |  |
| Date of Birth |  |
| Legal Status | S20 / FCO / ICO / Adopted / SGO / CAO |



HIVE Initial Referral Form



 

|  |  |  |  |
| --- | --- | --- | --- |
| Social Worker |  | Team |  |
| Carer / Guardian |  |
| School |  | School Year |  |
| Key Contact at School |  |

|  |  |
| --- | --- |
| Name of Person completing referral |  |
| Role  |  |
| Contact Number |  |
| Date of Referral |  |

Please refer to The Hive Team leaflets or website for more information about the support and specific interventions we offer [www.nthive.org.uk](http://www.nthive.org.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| Support being requested? | Please tick | Where is impact greatest? | Please tick |
| Education support |  | Home |  |
| Educational Psychology  |  | School |  |
| Counselling/therapeutic support |  | Family Time / Birth Family |  |
| Health support |  | Peer relationships |  |
| Occupational Therapy (Sensory) |  | Community |  |

**Current Situation**

|  |
| --- |
| What is working well? |
|  |
| What are you worried about and why are you making the referral? |
|  |
| How would you scale the current situation? (0 – most concerned 10 – least concerned) |
| 0 1 2 3 4 5 6 7 8 9 10 |
| Why have you scaled it as this? |
|  |
| What would need to happen for you to scale higher and what do you hope the support will achieve? |
|  |

**Other Services Involved**

|  |
| --- |
| Are any other services currently involved? If so, please specify. |
|  |
| Any support services involved within last 3 years? If so, please specify. |
|  |

HIVE Use Only

|  |  |
| --- | --- |
| Date of discussion: |  |
| Referral accepted? |  |
| Person identified to take lead: |  |
| Further clarification needed about: |  |
| Proposed support package: |  |
| Next steps: |  |
| Review Date |  |