



SpotLight Child & Young Persons Referral Form

This referral assessment should **always** be completed with the **child** and or **young person** to ensure consent has been obtained when complete.

Date of Assessment	
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Person completing this assessment with the child/young persons

Name:	School:	Role:	Contact Details:

Child/young person's details:


Childs Name:	DOB:	Gender M/F	Ethnic Origin
Parents/Carers Name:	Relationship to Child:	Parental Responsibility:	Ethnic Origin

Family Address (including postcode)	
Phone Numbers:	


Further Information:

Child/Young Person's first Language	
Child/Young Person's Religion	
Parents first language	
Details of any disability in the family	
Does the child/Young Person have a caring responsibility	
Is this child privately fostered	

www.edshift.co.uk

 ellie@edshift.co.uk

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Referral Information:

Please describe and summarise what has led to this referral of the child/young person.

Details of other services supporting the child/young person or the family.

Child/Young Person

Service	Worker Name	Contact Details	Contributed to this referral

Family

Service	Worker Name	Supporting Who	Contact Details	Contributed to this referral

How has the child been involved in this referral?



Development of the child/young person

Strengths- Existing Successes	Needs- harm/impact, complicating factors	What needs to happen? Next steps and outcomes

What could happen if things did not change?

As a professional having done the referral for the child/young person, where on this scale do you think this child/young person's life is now. Please write the child/young person's name and score.

0 1 2 3 4 5 6 7 8 9 10



Extremely Concerned

All is Well

Any other information or comments including likes and dislikes.



Information Sharing and Consent:

I agree to a **SpotLight** referral taking place and to attend five one to one support sessions with my **SpotLight** worker.

I **understand** that information about my needs will be recorded and stored safely by **EdShift**, the organisation that runs **SpotLight**.

I agree that this referral can be shared with other **people**. This is to provide and co-ordinate the **best** support for me and my family. If new agencies are needed in the future, I will be asked for **consent** again.

List agencies below if applicable to share information:

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Declaration:

Signature of Referrer:	
Signature of Child/Young Person:	
Date Completed:	


Please send completed referral form to spotlight@edshift.co.uk

If there is evidence or reasonable cause to believe a child/young person is suffering, or at risk of suffering significant harm, everyone has a legal responsibility to inform Children's Social Care.

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