|  |  |
| --- | --- |
|  |  |
| **Positive Choices** |
| **Referral Form**  The Suffolk County Council Positive Choices and Ormiston Families Mpower teams work with parents who have had one or more children removed from their care and who are vulnerable to having further children removed.  **The teams work with parents to:**   * Take control of their lives * Prevent further pregnancy * Identify negative patterns of behaviour and create change * Offer a long-term commitment to achieve positive change * Build sustainable positive network within their local community * Promote independence * Gain a better understanding of their own needs and the needs of a child | |

**Details of person(s) being referred**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | **Liquid Logic ID:** | |  | | | | |
| **Date of**  **Birth:** |  | **Ethnicity:** | | |  | | | | **Nationality:** | |  | |
| **Address & Postcode:** |  | | | | | | | | | | | |
| **Home Phone:** |  | | | | | **Mobile:** | |  | | | | |
| **Accommodation Type:** | Home Owner | |  | Council Tenant | | |  | | | Private Renting | |  |
| Homeless Unit | |  | Refuge | | |  | | | Other …………… | |  |
| **Who else is living in the household:** | |  | | | | | | | | | | |

**Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral:** |  | **Name of Referrer:** |  |
| **Referral Agency:** |  | **Mobile:** |  |
| **Email:** |  |

**Referral**

|  |  |
| --- | --- |
| **Reason for Referral:** | E.g. Supported access to contraception services, longer term work to address underlining issues that have resulted in a child being removed. Please include details of any relevant history, children removed from care, pregnancies etc |

**Safeguarding Issues / Risks**

|  |  |  |  |
| --- | --- | --- | --- |
| **Any known criminal convictions:** | Yes | No | Details |
| **Any known safeguarding issues / risks to Worker:** | Yes | No | Details |

**Health & Wellbeing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Any Disabilities:** | Yes | No | Details |
| **Mental Health Issues:** | Yes | No |  |
| **Alcohol or Drugs Misuse:** | Yes | No | Details |
| **History of Domestic Violence:** | Yes | No |  |
| **Any Other Physical, Mental or Emotional Health Issues:** | Yes | No | Details |

**Agencies Involved**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Open to Social Care?** | Yes | No | **Social Worker:** |  |
| **GP** | Yes | No | **Name:** |  |
| **Contact:** |  |
| **Midwife** | Yes | No | **Name:** |  |
| **Contact:** |  |
| **Health**  **Visitor** | Yes | No | **Name:** |  |
| **Contact:** |  |
| **Probation**  **Officer** | Yes | No | **Name:** |  |
| **Contact:** |  |
| **Other** |  | | **Name:** |  |
| **Contact:** |  |

**Consent**

|  |  |
| --- | --- |
| **Please confirm that the person named above consents for this referral to be made to the SCC Positive Choices Project / Ormiston Families.**  **Please confirm that the person being referred gives consent for SCC Positive Choices Project / Ormiston Families to access information about them already held on Suffolk County Council Adults Services and Children’s Services records for the purposes of supporting the follow up to this referral.** | Referrer to enter name: |
| ………………………………………………………………………….. |
| I confirm that consents to this and has consented to the referral being made |

**Please send completed referral form by email to the relevant team below:**

**Ipswich: IP1, IP2, IP3, IP4:** [**mpoweripswich@ormistonfamilies.org.uk**](mailto:mpoweripswich@ormistonfamilies.org.uk) **Contact Anna Clement 07825 502525**

**Lowestoft: NR32 only:** [**mpower@ormistonfamilies.org.uk**](mailto:mpower@ormistonfamilies.org.uk) **Contact Michelle Leach 07790 842063**

**All other referrals in Suffolk:** [**positivechoices@suffolk.gov.uk**](mailto:positivechoices@suffolk.gov.uk)

**Contact Ruth Macdonald 07917 638038 or Danielle Redden 07713 094929**