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| **Integration Consultation Panel Form** | | | | | | | | | | | | | | | | |
| **Consent must be gained for the families before referrals are made.**  **Please submit a typed copy of this form and email completed forms to:** [*shropshireintegrationgroup@shropshire.gov.uk*](mailto:shropshireintegrationgroup@shropshire.gov.uk) | | | | | | | | | | | | | | | | |
| Has the Family detailed below signed the Early Help Family Agreement (Please tick) | | | | | | | | | Yes |  | | | | No | |  |
| Have you explained to the family your concerns around why you are completing this referral to the Integration Panel, and have they agreed to this? Please tick. | | | | | | | | | Yes |  | | | | No | |  |
| As a data controller for your partner agency, it is your responsibility to provide what lawful basis you are using to share this family’s personal information if there is no signed agreement. Please tick one.  For further information around lawful basis-  [Working together to safeguard children 2023: statutory guidance](https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf)  <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/lawful-basis/> | | | | | | | | | UK GDPR - Article 6(1)(e) -  Public Task  *Public sector organisations only.*  UK GDPR - Article 6(1)(c) –  Legal Obligation  *Public sector organisations only.*  UK GDPR - Article 6 (1) (f) -  Legitimate Interest -  Private and Voluntary sectors  Other Legislation; | | | | | | | |
| 1. **Child/Young Person’s Details** | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | **D.O.B.** | | |  | | | | | |
| **Address** |  | | | | | | | | | | | | | | | |
| **NHS No.** |  | | | | | | | **LCS / EHM ID** | | | |  | | | | |
| **Gender** |  | | | | **Identify as** | | |  | | | **Home Language** | | | |  | |
| **Current School** | | | | |  | | | | | | | | | | | |
| 1. **Parent/Carer Details and consent for the referral** | | | | | | | | | | | | | | | | |
| **Parent/Carer Name** | | | |  | | | | | | | | | | | | |
| **Home number** | | | |  | | | | | | | | | | | | |
| **Work number** | | | |  | | | | | | | | | | | | |
| **Mobile number** | | | |  | | | | | | | | | | | | |
| 1. **Any siblings attending other Schools?** | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | **School** | | |  | | | | | |
| **Name** |  | | | | | | | **School** | | |  | | | | | |
| **Name** |  | | | | | | | **School** | | |  | | | | | |
| 1. **Name of person requesting advice/the lead professional** | | | | | | | | | | | | | | | | |
| **Name(s)** | | |  | | | | **Organisation** | | | | | |  | | | |
| **Position** | | |  | | | | **Contact number** | | | | | |  | | | |
| **Email** | | |  | | | | | | | | | | | | | |
| **Date** | | |  | | | | | | | | | | | | | |
| 1. **Name of person to be invited to present case** *(If different from above)* | | | | | | | | | | | | | | | | |
| **Name** | | |  | | | | **Organisation** | | | | | |  | | | |
| **Position** | | |  | | | | **Contact number** | | | | | |  | | | |
| **Email** | | |  | | | | | | | | | | | | | |
| 1. **Safeguarding** | | | | | | | | | | | | | | | | |
| **Is the child or young person subject to any of the following:** | | | | | | | | | | | | | | | | |
| **Targeted Early Help (Active/closed)** | | |  | | | | | | | | | | | | | |
| **Early Help Level 2 – Team Around the Family (TAF)** | | |  | | | | | | | | | | | | | |
| 1. **SEN (Please tick as appropriate)** | | | | | | | | | | | | | | | | |
| **SEN Identified** | | **SEN Support** | | | | **Does the child have a disability?** | | | | | | | | | | |
|  | |  | | | |  | | | | | | | | | | |
| 1. **Consultation Reason** | | | | | | | | | | | | | | | | |
| **Reason, Brief History & Background Information** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Any current involvement from external agencies?**  *Please provide names, role, address, contact details and summary of involvement.* | | | | | | | | | | | | | | | | |
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| 1. **Assessments Completed** | | |
| Early Help Assessment |  | |
| Mental Health Assessment / Other Support for SEMH (Please provide details) |  | |
| Other |  | |
| Other |  | |
| **Please describe current interventions**  *Please include duration, frequency, length, and summary of interventions.* | | |
|  | | |
| 1. **What is working well for the family?** | | |
| **What protective factors are present for the family?** | |  |

The integration practitioners meeting **does not** hear cases that are open to a social worker and the children on a child protection plan, unless agreed by the social worker attached to the child/family.

If a child is on a Child in Need plan and has a social worker, then a discussion with the social worker should take place for agreement. This agreement should be in place and the social worker invited to the integrated consultation panel before the family are discussed.

Social workers may wish to bring a child and/or family to the consultation panel as part of a step-down approach.

If a child is open to Targeted Early Help, then a discussion with the TEH lead should take place for agreement by the professional. This agreement should be in place and the lead professional invited to the integrated consultation panel before the family are discussed.

**PRIVACY NOTICE:**

* The information provided will be held on file and may also be stored electronically. We will collect and store information regarding the families referred, to help us provide the right Early Help Services. For more information, please see [supporting-families-privacy-notice.pdf (shropshire.gov.uk)](https://next.shropshire.gov.uk/media/ag2juhqr/supporting-families-privacy-notice.pdf)

***Shropshire Council will not share any identifiable personal information collected with external organisations, unless required to do so by law.***

***This information will be shared*** ***within Shropshire Council and partner agencies, specifically at the Integration Panel meeting.***

*Following the Consultation Panel discussion, it is the responsibility of the referring agency to provide feedback to the family discussed.*

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| Signature: | Date Signed: |