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| REFERRAL FORM |

**We would ask that you complete this form as fully as possible.**

**Once we receive this referral we will undertake a co-ordinated discussion as to the requirements requested and the pathway planning.**

**Our services integrate the recognition of the opportunities to improve the lives of all, and the upholding of their rights as individuals. All young people have rights as citizens to social inclusion in local communities, opportunities for choices, and decision making in their daily lives and real skills to be independent.**

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| REFERRAL AGENT. |

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| **Name:** | **E-Mail Address:** |
| **Local Authority: Date of referral:**  **Ref (LA/Court):**  **Referral Address:** | |
| **Telephone No:** | **Mobile No:** |
| SOCIAL WORKER. | |

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| **Name:** | **E-Mail Address:** |
| **Office Address:** | |
| **Postcode:** | **Telephone No:** |

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| Service User. |

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| **Child’s Name:** DOB: Gender:  **Ethnicity:**  **Mother’s Name: DOB:**  **Current Address:**  **Mobile No:** | |
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| Please tick if referred is currently pregnant |  |

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| Is the child(ren) on the Child Protection Register? |  | Yes |  | No |

**If yes please give outline details:**

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| Is the referred a lone parent family? |  | Yes |  | No |

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| Are there any challenging behaviour issues? |  | Yes |  | No |

**If yes, give a brief description thereof:**

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**What is the Parent’s ethnic origin?** (Please tick as appropriate)

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **White** |  | **Black African** |  | **Indian** |  | **Bangladeshi** |
|  | **Irish** |  | **Black Other** |  | **Pakistani** |  | **Chinese** |
|  | **Black Caribbean** |  | **Other (please specify)** | | | | |

Would the parent (s) need an interpreter to communicate effectively?

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|  | Yes |  | No | If yes, what language would be needed? |

**What is the age bracket of parent?** (Please tick as appropriate)

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|  | **Under 18** |  | **18 - 23** |  | **24 - 29** |  | **30-35** |  |  |

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| KEY AGENCIES (please tick if currently working with the family) |

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| **Health Visitor** |  | **Tel:** | **EWO** |  | **Tel:** |
| **GP** |  | **Tel:** | **Police** |  | **Tel:** |
| **Nursery** |  | **Tel:** | **Probation** |  | **Tel:** |
| **School** |  | **Tel:** | **Paediatric Service** |  | **Tel:** |
| **Youth Offending Team** |  | **Tel:** | **Family Support Services** |  | **Tel:** |
| **Mental Health Services** |  | **Tel:** | **Family Support Worker** |  | **Tel:** |
| **School Nurse** |  | **Tel:** | **Other** |  | **Tel:** |
| **Social Services** |  | **Tel:** | **Other** |  | **Tel:** |

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| **Does the parent have their own friends or support who provide them with levels of support?**  **If yes, please give details including frequency:** |

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| FAMILY AND ENVIRONMENTAL FACTORS THAT MAY IMPACT ON THE PARENT AND CHILD. |

Please give details of family history, social resources (wider family, community resources, family’s social standing), housing, employment, income issues.

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| ASSESSMENTCHILD’S DEVELOPMENTAL NEEDS | |

**Please can you comment as far as possible on the following areas highlighting main areas of concern e.g. emotional warmth, stimulation, baby routines, behavioural development, religious & cultural identity & social relationships?**

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| **Current medications, if any: names, dosage and parent’s compliance.** |  |
| PARENT’S RESPONSE TO THEIR CHILD’S NEEDS | |
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| **Parent’s possible Moods and Behaviours:** for example, variations in mood, unusual behaviour. |  |
| **Communication method and any alternative/additional needs.**    Please identify strengths and weaknesses on basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability. |  |

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| **Main reason for referral:** |

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| **What service/input do you feel you require in assisting this parent and their child?** |

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| **Is there anything else you would like us to know e.g. health and safety issues?** |

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| **Social Worker’s Signature:**  **Date:**  **CHARITEENS OFFICE USE**  Discussed:  Decision:  Coordinator:  Referral No: | **Referrer’s/Manager’s Signature:**  **Date:** |

**TO BE COMPLETED BY REFERER**

**Risk Assessment:**

Date risk assessment completed:

Contracting agencies: Clients’ physical condition and presenting problems:

(Include: physical impairments, learning difficulties, medical conditions, mental health issues, substance/alcohol abuse)

Is the client aware of their condition/s? YES/NO

**A. AREAS OF CONCERN**

Family dynamics:

**PRESENTING BEHAVIOUR OF ADULT/YOUNG PERSON**:

The decision to place a family depends on accurate information about their behaviour. Any placement will be at risk of immediate closure should this information subsequently prove inaccurate.

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| QUESTION | | | | |
|  | No | Male Only | Female Only | Both |
| Is there a history of physical assault on peers? |  |  |  |  |
| Trigger points. |  |  |  |  |
| Is there a history of physical assault on professionals? |  |  |  |  |
| Trigger points |  |  |  |  |
| Is the person likely to bully others? |  |  |  |  |
| Trigger points |  |  |  |  |
| Is the person likely to be victimised? |  |  |  |  |
| Trigger points |  |  |  |  |
| Is there any history of verbal aggression? |  |  |  |  |
| Trigger points |  |  |  |  |
| Any reason to believe the person is sexually coercive or may abuse? |  |  |  |  |
| Trigger points |  |  |  |  |
| Is the young person outspokenly racist/sexist in expression |  |  |  |  |
| Trigger points |  |  |  |  |
| Can the person relate well to professionals? |  |  |  |  |
| Trigger points |  |  |  |  |
| Can the person relate well to peers? |  |  |  |  |
| Trigger points |  |  |  |  |
| Any history of sexual/emotional abuse? |  |  |  |  |
| Trigger points |  |  |  |  |
| Is there any history of criminal damage in residential units? |  | Yes | No |  |
| Trigger points |  |  |  |  |
| Was the above either serious or frequent |  |  |  |  |
| Trigger points |  |  |  |  |
| Any history of non-accidental injury? |  |  |  |  |
| Trigger points |  |  |  |  |
| Any history of drug use? |  |  |  |  |
| Trigger points |  |  |  |  |
| Is there any history of self-harm? |  |  |  |  |
| Trigger points |  |  |  |  |
| Is there any history of arson? |  |  |  |  |
| Trigger points |  |  |  |  |
| Is the young person currently on the ‘Child Protection Register’? |  |  |  |  |
| Does the young person demonstrate sexualized behaviour? |  |  |  |  |
| Trigger points |  |  |  |  |
| Does the person understand consequences? |  |  |  |  |
| Does the person have any sense of personal responsibility? |  |  |  |  |

**Chariteens will:**

* Review the progress of the family with the Social Worker weekly.
* Provide verbal feedback of any incidents or concerns which may arise, to the named social worker or duty officer as soon as possible.
* Provide written information and attend meetings and court as required.
* Ensure that serious incidents/concerns pertaining to the safety and well-being of the children will be reported immediately either to the named social worker, duty officer or EDT as is appropriate.

**The named social worker will inform Chariteens of:**

* Any changes in the care/child protection plan.
* Meetings and decisions made which may affect the family.
* Particular concerns or recent changes in family circumstances.
* New issues to be considered or assessed.

Late Payment Charge:

**Invoices will be submitted on a monthly basis and are due for payment on presentation.**

**If payment is not received within 28 days of the invoice date, Chariteens reserves the right to charge interest pursuant to the Late Payment of Commercial Debts (Interest) Act 1998 on the outstanding amount.**

**For Purchaser/Social Services**

**Team Manager's Signature: Date:**

**Name:**

**For Provider/Chariteens:**

**Signature: Date:**

**Name: Status:**