



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.

REFERRAL AGENT.	
Name: _____	E-Mail Address: _____
Local Authority: _____	Date of referral: _____
Ref (LA/Court): _____	
Referral Address: _____	
Telephone No: _____	Mobile No: _____

SOCIAL WORKER.	
Name: _____	E-Mail Address: _____
Office Address: _____	
Postcode: _____	Telephone No: _____

Service User.		
Child's Name: _____	DOB: _____	Gender: _____
Ethnicity: _____		
Mother's Name: _____	DOB: _____	
Current Address: _____		
Mobile No: _____		

Please tick if referred is currently pregnant

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

Are there any challenging behaviour issues? Yes No

If yes, give a brief description thereof:

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

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black African | <input type="checkbox"/> Indian | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Black Other | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Other (please specify) | | |

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

Yes No If yes, what language would be needed?

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

Under 18 18 - 23 24 - 29 30-35 Above 35

KEY AGENCIES (please tick if currently working with the family)					
Health Visitor	<input type="checkbox"/>	Tel:	EWO	<input type="checkbox"/>	Tel:
GP	<input type="checkbox"/>	Tel:	Police	<input type="checkbox"/>	Tel:
Nursery	<input type="checkbox"/>	Tel:	Probation	<input type="checkbox"/>	Tel:
School	<input type="checkbox"/>	Tel:	Paediatric Service	<input type="checkbox"/>	Tel:
Youth Offending Team	<input type="checkbox"/>	Tel:	Family Support Services	<input type="checkbox"/>	Tel:
Mental Health Services	<input type="checkbox"/>	Tel:	Family Support Worker	<input type="checkbox"/>	Tel:
School Nurse	<input type="checkbox"/>	Tel:	Other	<input type="checkbox"/>	Tel:
Social Services	<input type="checkbox"/>	Tel:	Other	<input type="checkbox"/>	Tel:

Does the parent have their own friends or support who provide them with levels of support? Yes No

If yes, please give details including frequency:

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.

ASSESSMENT

CHILD'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?

Current medications, if any: names, dosage and parent's compliance.

PARENT'S RESPONSE TO THEIR CHILD'S NEEDS

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.

Main reason for referral:

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

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

Social Worker's Signature: _____ **Referrer's/Manager's Signature:** _____

Date: _____ **Date:** _____

CHARITEENS OFFICE USE
Discussed:
Decision:
Coordinator:
Referral No:

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)

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

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.

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: _____