COMPREHENSIVE REFERRAL FORM

PLEASE COMPLETE FORM AND RETURN TO

We provide a home that nurtures and cares for young people, affording them the same rights and opportunities as enjoyed by those not “living in care”, to enable them to reach their full potential and a safe place to grow to become responsible adults.

Has funding for this placement been agreed? YES/NO

If YES, please provide name of Commissioning Manager…………………………………… ....................................................

Enquiries@AndamanResidential.co.uk

DATE OF REFERRAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DETAILS OF REFERRING AGENCY

|  |  |
| --- | --- |
| NAME OF LOCAL AUTHORITY: |  |
| ADDRESS OF LOCAL AUTHORITY: |  |
| TELEPHONE NUMBER OF LOCAL AUTHORITY: |  |
| NAME/CONTACT DETAILS OF SOCIAL WORKER: |  |
| NAME OF SOCIAL WORKER’S TEAM: |  |
| TEAM’S CONTACT DETAILS: |  |
| NAME OF COMMISSIONER /PLACEMENT OFFICER: |  |

DETAILS OF YOUNG PERSON

|  |  |
| --- | --- |
| NAME: |  |
| DATE OF BIRTH: |  |
| GENDER: |  |
| RELIGION: |  |
| ETHNICITY/CULTURE: |  |
| LANGUAGE: |  |
| LEGAL STATUS/REVIEW DATES: |  |
| CHILD'S CURRENT ADDRESS: |  |
| NAME OF PERSON WITH PARENTAL  RESPONSIBILITY FOR YOUNG PERSON? |  |
| CONTACT DETAILS: |  |

FAMILY DETAILS

|  |  |
| --- | --- |
| PARENT OR CARER | ADDRESS |
|  |  |
| TELEPHONE |  |
| CONTACT ARRANGEMENTS |  |
| PARENT OR CARER | ADDRESS |
|  |  |
| TELEPHONE |  |
| CONTACT ARRANGEMENTS |  |
| SIBLINGS | ADDRESS |
|  |  |
| TELEPHONE |  |
| CONTACT ARRANGEMENTS |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ANY OTHER FAMILY MEMBERS | | ADDRESS | |
|  | |  | |
| TELEPHONE | |  | |
| CONTACT ARRANGEMENTS | |  | |

|  |  |
| --- | --- |
| ANY OTHER FAMILY MEMBERS | ADDRESS |
|  |  |
| TELEPHONE |  |
| CONTACT ARRANGEMENTS |  |

PLEASE IDENTIFY THE CHILD/YOUNG PERSON’S NEEDS AND RISKS

(THIS SECTION NEEDS TO BE COMPLETED)

0 = Shows no sign of this risk

1 = Rarely shows signs of this risk

2 = Sometimes shows signs of this risk

3 = Regularly shows signs of this risk

|  |  |  |
| --- | --- | --- |
| **PRESENTING BEHAVIOUR** | **YES/NO** | **LEVEL OF RISK** |
| Suicide threats or attempts |  |  |
| Self-harming |  |  |
| Medical Conditions which may affect behaviour |  |  |
| High risk medical condition (e.g. Asthma) |  |  |
| Eating disorders |  |  |
| History of violence towards children (including triggers) |  |  |
| History of violence towards adults (including triggers) |  |  |
| History of violence towards animals (triggers) |  |  |
| Has the child/YP had any martial arts training? Give details |  |  |
| Sexual relationships with others |  |  |
| Sexualised behaviour |  |  |
| Fire setting |  |  |
| Bullying others |  |  |
| Destruction of property |  |  |
| Drugs, solvent and/or alcohol use/misuse |  |  |
| Criminal behaviour/forensic history |  |  |
| History of absconding |  |  |
| Discriminatory behaviour |  |  |
| Other identified risks and need for supervision |  |  |

EDUCATION

|  |  |
| --- | --- |
| DOES THE YOUNG PERSON ATTEND SCHOOL? | YES NO |
| IF YES - NAME OF SCHOOL OR EDUCATION PROVIDER: | CONTACT NAME: |
| ADDRESS: |
| TELEPHONE NUMBER: |
| IF NO - DETAILS OF LOCAL  AUTHORITY'S EDUCATIONAL PLAN FOR YOUNG PERSON: | PLAN: |
| DOES THE YOUNG PERSON HAVE  AN EHCP? | YES NO |
| IF YES, HAVE YOU ATTACHED A COPY? | YES NO |

Please include recent, relevant assessments conducted by any professionals listed above.

HEALTH

|  |  |
| --- | --- |
| DOES THE YOUNG PERSON REQUIRE MEDICATION OR HAVE ANY MEDICAL NEEDS? | YES NO |
| IF YES – IDENTIFY THE NAME AND CONTACT DETAILS OF ANY AGENCIES INVOLVED: |  |
| PLEASE PROVIDE THE DETAILS OF  ANY UPCOMING MEDICAL REVIEWS: |  |
| DOES THE YOUNG PERSON HAVE ANY DIETARY NEEDS? | YES NO |
| IF YES - PLEASE GIVE DETAILS: |  |
| DOES THE YOUNG PERSON HAVE A HISTORY OF SUBSTANCE USE/MISUSE? | YES NO |
| IF YES – IDENTIFY THE NAME AND CONTACT DETAILS OF ANY AGENCIES INVOLVED: |  |
| DOES THE Y/P PRESENT WITH SOCIAL AND/OR EMOTIONAL DIFFICULTIES? | YES NO |
| IF YES - – IDENTIFY THE NAME AND CONTACT DETAILS OF ANY AGENCIES INVOLVED: |  |
| DETAILS OF ANY OTHER PRESENTING ISSUES: |  |

Please include recent, relevant assessments conducted by any professionals listed above.

MEDICAL

|  |  |
| --- | --- |
| NAME OF G.P | ADDRESS |
|  |  |
| TELEPHONE |  |
|  |  |
| HOSPITAL INFORMATION IF APPLICABLE | |
| NAMES OF  DOCTORS/CONSULTANTS ETC | ADDRESS |
|  |  |
| TELEPHONE |  |

Please include recent, relevant assessments conducted by any professionals.

OTHER AGENCIES WORKING WITH CHILD/YOUNG PERSON OR WITH THEIR FAMILY

(e.g. Play Therapist, Independent Visitor)

|  |  |
| --- | --- |
| NAME AND ADDRESS | TEL |
|  |  |
| NAME AND ADDRESS | TEL |
|  |  |

Please include recent, relevant assessments conducted by any professionals listed above.

WHAT ARE THE CHILD/YOUNG PERSON’S WISHES/FEELINGS ABOUT THE PLACEMENT REQUESTED?

(THIS SECTION NEEDS TO BE COMPLETED)

|  |
| --- |
|  |

WHAT ARE THE FAMILY’S WISHES/FEELINGS ABOUT THE PLACEMENT REQUESTED?

(THIS SECTION NEEDS TO BE COMPLETED)

|  |
| --- |
|  |

RELIGIOUS / CULTURAL/LANGUAGE NEEDS

|  |
| --- |
|  |

REASON FOR ACCOMMODATION REQUEST

|  |
| --- |
|  |

BRIEF OUTLINE OF LOCAL AUTHORITY'S PLAN FOR YOUNG PERSON

|  |
| --- |
|  |

ESTIMATED LENGTH OF STAY

|  |
| --- |
|  |

PLEASE INCLUDE RELEVANT ADDITIONAL REPORTS WITH THIS REFERRAL

|  |  |  |  |
| --- | --- | --- | --- |
|  | Sent by  L.A | Received by  Andaman Residential  (date) | On  child's file  (date) |
| Initial Assessment |  |  |  |
| Core Assessment |  |  |  |
| LAC Documents-Essential 1 & 2 |  |  |  |
| -Placement Plan 1 & 2 |  |  |  |
| - Care Plan |  |  |  |
| Recent Review (s) |  |  |  |
| Psychiatric/Psychological |  |  |  |
| Case Conference Reports |  |  |  |
| PEP |  |  |  |
| EHCP |  |  |  |
| School/Educational Reports |  |  |  |
| Assessment and Action Records |  |  |  |
| YOT Report |  |  |  |
| Child Protection Information |  |  |  |

PRE-PLACEMENT PLANNING MEETING

The following will be discussed/completed:

1. Placement Plan (complete at meeting)

2. Confirmation of length of placement

3. Care Plan for day to day arrangement at Andaman Resdential:

• Health

• Education

• Identity

• Social/Leisure

• Self care skills

• Emotional/Behavioural development

• Contact with family

4. Identify any Child Protection issues/plans/next conference

5. Risk Assessment (draw up at meeting)

6. Any special arrangements

7. Any other issues

8. Fix date of first review (no later than 4 weeks after admission)