**Referral- Impact Assessment**

**Section 1**

|  |  |  |
| --- | --- | --- |
| Child Full Name | Date of Birth | Legal Status |
|  |  |  |
| Mother’s Name | Date of Birth |  |
|  |  |  |
| Father’s Name | Date of Birth |  |
|  |  |  |
| Placing Authority | SW Name | Contact No: |
|  |  |  |
| Current Accommodation | Type of Accommodation | Capacity of Current Accommodation |
|  |  |  |

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| --- |
| **Context / Purpose of Referral**  |
| *(NB: Please ensure you describe any violent or risk-taking behaviours by type and in detail, along with any particular vulnerabilities, and needs)* |
|  |

**Section 2 Please complete one per adult being considered for placement.**

|  |  |  |
| --- | --- | --- |
| **Behaviour / Risk** | **Risk Rating** | **Comment:** |
| **Low** | **Med** | **High** |
| Aggression | Is verbally aggressive towards adults |  |  |  |  |
| Is physically aggressive towards adults |  |  |  |  |
| Is verbally aggressive towards peers |  |  |  |  |
| Is physically aggressive towards peers |  |  |  |  |
| Lacks self-control |  |  |  |  |
| Bullying |  Bullies others |  |  |  |  |
| Is susceptible to being bullied |  |  |  |  |
| MFC | Is likely to abscond alone |  |  |  |  |
| Is likely to abscond with others |  |  |  |  |
| Vulnerability | Is unaware of danger |  |  |  |  |
| Is vulnerable to demands of peers/associates |  |  |  |  |
| Is vulnerable to demands of strangers |  |  |  |  |
| Copycat Behaviours |  |  |  |  |
| Facebook / social networking |  |  |  |  |
|  | Domestic Abuse History/ Current |  |  |  |  |
| Self-Harm | Is likely to self-harm |  |  |  |  |
| Has history of self-harm |  |  |  |  |
| Has attempted suicide |  |  |  |  |
| Has expressed suicidal thoughts |  |  |  |  |
| Substance Mis-use | Is prone to substance abuse (specify) |  |  |  |  |
| Drinks alcohol |  |  |  |  |
| Sexuality & CSE | Sexualised Behaviour |  |  |  |  |
| Promiscuity |  |  |  |  |

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|  | Concerns over sexuality |  |  |  |  |
| **Behaviour / Risk** |  **Risk Rating** | **Comment** |
| **Low** | **Med** | **High** |  |
| Crime | Is likely to offend (specify) |  |  |  |  |
| Previous Criminal Convictions/Associations |  |  |  |  |
| Current Criminal Proceedings/Associations |  |  |  |  |
| Current/Previous engagement with Probation Service |  |  |  |  |
| Is likely to damage property |  |  |  |  |
| Gang membership |  |  |  |  |
| Involvement in Criminality |  |  |  |  |
| Arson |  |  |  |  |
| Fascination with fire but no known arson |  |  |  |  |
| Health & Mental Heath | Learning Difficulty/Disability |  |  |  |  |
| Support Required to Order, Self-Administer & Store Medication |  |  |  |  |
| Compliance With Medication (is observation of **self-administration** required) |  |  |  |  |
| Enduring Health Problem |  |  |  |  |
| Disability |  |  |  |  |
| Eating Disorder |  |  |  |  |
| Enuresis |  |  |  |  |
| In House risks and needs | Will need individual supervision during waking hours |  |  |  |  |
| Will need individual supervision during night |  |  |  |  |
| Will accept rules and boundaries |  |  |  |  |
| Malicious allegations |  |  |  |  |
| Problems settling at night |  |  |  |  |
| Problems getting up in the morning |  |  |  |  |
| Will engage with CAMHS, CMH,  |  |  |  |  |
| Other: |  |  |  |  |

**Section 3 (To be completed by 38.6 Solutions)**

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| Is there any previous association with any of the residents currently residing in the home? Yes NoInsert name(s):Age:Local Authority: |
| *Outline the main behaviours of current residents which may have an impact on the potential admission:* |
| *Outline vulnerabilities this resident may have and may be further enhanced by potential admission:*  |
| *Outline any behaviours the resident has which may impact on the current group:* |
| **Risk Reduction & Management Strategies** |
| *List any factors which mean any identified risk or vulnerability can be reduced and managed effectively such as experience and training of staff, access to outside agencies etc.* |
| *Outline any additional resources / strategies (if any) you believe may be required to safeguard the current group and or the potential admission:* |

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| **Rationale for accepting / refusing referral** |
| *Reasons why /how identified risks/behaviours can or cannot be managed i.e. staff training, experience etc.* |

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| **Name of person completing assessment** | **Role** | **Date completed** |
|  |  |  |