**Bath House Referral Form**

**Type of Assessment required**

|  |  |
| --- | --- |
| Pre Birth Assessment  |  |
| Residential Parenting Assessment  |  |
| PAM’s Assessment  |  |
| Viability Assessment |  |

**Name of Referring Local Authority:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- |
| Social Worker |  |
| Address of Authority |  |
| Contact Details |  |
| Team Manager |  |

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|  |  |
| --- | --- |
| **Name of Payments Officer** |  |
| Invoice Number |  |
| Contact Details  |  |
| **Postcode** |  |

**Family Details**

|  |  |
| --- | --- |
| **Mothers Name** |  |
| **Fathers Name** |  |
| **Child/ren Name** |  |
|  **Address** |  |
| **Contact Details** |  |

|  |  |
| --- | --- |
| **Does Father have Parental Responsibility**  |  |

**Summary Reasons for Assessment:**

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| --- | --- |
| **Is the child on the Child Protection Register** |  |
| **Date of Registration** |  |
| **Date of next Review** |  |

|  |  |
| --- | --- |
| **Previous Court Orders**  |  |
| **Type of Order** |  |
| **Date** |  |
| **Final Care Orders** |  |
| **Date** |  |

**Risk Assessment**

|  |  |
| --- | --- |
| **Fire Setting** |  |
| **History of Criminal Offences**  |  |
| **Custodial sentences**  |  |
| **Pending Police Charges**  |  |
| **Has either parents name been placed on the Sex Offending Register** |  |

**History of Substance Misuse**

|  |  |
| --- | --- |
| **Illegal Substances** |  |
| **Alcohol** |  |
| **Current engagement with SMS Agencies** |  |
| **Agency Contact Details** |  |
| **Is the parent taking any illicit substances/or prescribed any substance substitutes (Methadone, Subutext)** |  |

**History of Mental Health Concerns**

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| --- | --- |
| **Current Engagement with Community Mental Health Teams** |  |
| **Contact Details** |  |
| **Treatment Plan** |  |

**Health Information**

|  |  |
| --- | --- |
| **Name of GP** |  |
| **Contact Details** |  |
| **Treatment** |  |

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| --- | --- |
| **Does the parent have any health issues that should be considered within the assessment and require continuing or additional support at the centre** |  |

**Health professionals involved with the family at this time**

|  |  |
| --- | --- |
| **Name of child’s health visitor** |  |
| **Contact Details****Tel:** |  |
| **Prescribed medications****(If yes please outline)**  |  |
| **Does the parent have any physical or learning disabilities that would require additional support** **(If Yes please outline)**  |  |

|  |  |
| --- | --- |
| **Does the parent have any food allergies**  |  |
| **Does the child/baby have any food allergies:** |  |

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| --- |
| **Does the parent have any cultural or religious considerations?** |

**Risk Factors related to the referral and assessment:**

|  |  |
| --- | --- |
| **Alcohol** |  |
| **Substance Misuse** |  |
| **Domestic Violence** |  |
| **Mental Health** |  |
| **Learning Disabilities** |  |
| **Learning Difficulties** |  |
| **Unhygienic Home conditions** |  |
| **History of Violence** |  |
| **History of Sexual Abuse** |  |
| **Previously looked after child** |  |
| **History of Emotional Abuse** |  |
| **History of Physical Abuse** |  |

**Family History:**

|  |  |
| --- | --- |
| **Have the Local Authority completed any of Assessments**  |  |
| **Initial**  |  |
| **Core Assessment** |  |
| **Pre Birth**  |  |
| **Psychological**  |  |
| **Psychiatric**  |  |
| **Drug testing**  |  |

|  |
| --- |
| **Please provide a brief history of the concerns or any other information you feel is relevant to the placement or assessment:**  |

**Conditions of Acceptance**

Bath House welcomes referrals from Local Authorities, children’s Guardians, Cafcass and Legal Services.

For us to process your referral without delay we would be grateful if you would complete the referral as fully as possible and return to the manager of the centre.

In all cases a meeting with the child’s Social Worker will be required at the placement outset ensuring all information is shared openly safeguarding both the family and professionals involved.

**Conditions**

1. The Social worker will be requested to provide the management team with copies of all completed assessments.
2. The Social Worker shall remain the primary decision maker whilst the family is at the centre and will make themselves as required.
3. The Social Worker will provide the centre with the names of all approved visitors and stipulate the level of contact agreed.
4. The Social Worker will provide Bath House management Team with information as to the level of expected supervision and monitoring to the client and child/children. Ensuring babies/child’s safety is paramount to our operation.
5. Bath House has a cancellation fee of two weeks if the family fails to take up the room within one week of the reservation arrangement.
6. Bath House will process a charge to the referrer two weeks fees if the client or referrer terminates the placement outside of the agreed timescales.

Please complete

|  |  |
| --- | --- |
| **Social Worker Signature** |  |
| **Team Managers Signature** |  |
| **Date** |  |
| **Expected Date of Placement commencement** |  |
| **Date of Viability Assessment** |  |