



REFERRAL ASSESSMENT FORM

CHILD / YOUNG PERSON DETAILS

Name of Child / Young Person		Gender	
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Date of Birth		Age at referral		Legal Status	
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Referring Authority		Name of Lead referrer / Social worker	
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Name and contact details of Parent(s)/Guardians	
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Child / Young Persons Current Address & type of placement.	
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Language spoken		Religion	
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REFERRING PLACING AUTHORITY

Date of Referral	
Name of Placing Authority	
Address	
Named Contact	
Designation	
Contact	Landline: Mobile: Email: Fax:
Other relevant professionals & contact information	

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INFORMATION FOR REFERRAL

Name of Child / Young Person:

DOB:

The following information is enclosed in support of this referral (please circle below)

- Referral letter (optional)
- Copy of Care Plan
- Psychiatric Reports
- Psychological Reports
- Reports from social worker (case summary, risk assessments etc)
- LAC Forms (Essential Information Part 1 & 2 / Placement Plan Part 1 & 2, Assessment & Action Records)
- Placement Record
- Reports from therapists
- Education reports / Education Health and Care Plan
- Case conference minutes
- Medical Reports
- Victim statements / depositions or case notes relating to most recent abuse incident
- Victim statements / depositions or case notes relating to earlier abusive episodes
- Report from current / past carers
- Court reports
- Any other relevant information (please specify)

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Reason for Referral

Blank area for Reason for Referral.

Placement History (from Birth)

Age of Child / Young Person	Placement (please include names and type of placement)	Dates	Reasons for Move

Any other comments:

Blank area for Any other comments.

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Education		
Previous Schools	Dates	Reasons for Leaving

Is the child / young person currently in school / collage: Y N

If **YES**, please give details & contacts:

If **NO**, what is the current education provision?

Does the child / young person have a 'Education Health and Care Plan: Y N

If **YES**, please attach copy of the plan.

Any other relevant information:

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HEALTH

<p>Is the child / young person in general good health?</p>	<p>Y</p>	<p>N</p>
<p>Significant Health problems or special medical conditions, past or present?</p> <p>e.g. Epilepsy, diabetes, allergies, drugs / alcohol abuse, neural health difficulties.</p> <p>If so, please specify.</p>	<p>Y</p>	<p>N</p>
<p>Has the child / young person ever suffered a serious injury or been hospitalised?</p> <p>If so, please specify.</p>	<p>Y</p>	<p>N</p>
<p>Current Medication Requirements?</p>		
<p>Any physical disability.</p> <p>If so, please specify.</p>		
<p>Any learning difficulties.</p> <p>If so, please specify.</p>		
<p>Any other information</p>		

Please note a separate medical consent form will need to be completed by those with parental responsibility prior to admission.

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BEHAVIOURAL PEN PICTURE

Does the young person have a history of the following:

Not at all Sometimes Often

Physical harm to another young person

Sexual harm to another young person

Violence to an adult

Self-harm

Criminal cautions

Misuse of drugs or alcohol

Absconding

Eating disorders

Arson

Smoking

Violence to property

Depression

Bullying

School exclusion/suspension

Any other comments:

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AREA OF DEVELOPMENT

Area of Development	Description	Source of information with dates
<p>COGNITIVE</p> <p>Consider any previous cognitive assessment which may have indicated an impairment in the child/young person's processes to perceive, register, store, retrieve and use information.</p> <p>Consider working memory, processing of information speed, verbal and non verbal ability.</p>		
<p>LEARNING</p> <p>What are the most recent educational achievements; Key Stage, accredited awards, school assessments?</p> <p>What are the child/young person's achievements in basic skills?</p> <p>Current attainment levels?</p> <p>Ability to work with others?</p> <p>Ability to carry out tasks?</p> <p>Consider the child/young person's ability to understand and organise information, reason and solve problems.</p> <p>What are the implications for participation in practical lessons?</p> <p>What is the impact of any sensory sensitivity on the learning process?</p> <p>Does the child/young person initiate interaction/exploration, show interest in particular activity?</p> <p>Examples of ability to problem solve/be resourceful?</p> <p>Does the child/young person attend education regularly?</p> <p>Does the child/young person have difficulty transitioning between classrooms and or activity?</p> <p>Level of support currently receiving?</p> <p>Need for additional environmental/classroom adaptations?</p>		

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<p>LANGUAGE</p> <p>Consider the child/young person's ability to communicate effectively with others: What is their first language?</p> <p>How does the child communicate: vocalisation, gesture, spoken language, sign, symbol, object or other?</p> <p>Do they use any augmentative/ attentive communication systems – PECS, signing, electronic aids?</p> <p>What is their preferred means of communication?</p>		
<p>EMOTIONAL</p> <p>Consider the child/young person's early attachment history and history of receiving care.</p> <p>Have there been multiple placements, carers and educational settings?</p> <p>Experiences of separation and loss?</p> <p>History of neglect and or abuse?</p> <p>Consider what the child/young person's Internal Working Model may be.</p> <p>Does the child/young person present with low self esteem, poor self worth</p> <p>Does the child/young person have a sense of their own identity?</p> <p>Externalising of emotions – self harm, etc</p> <p>Consider current and past relationships with peers.</p>		
<p>MENTAL HEALTH</p> <p>Any diagnosis of or evidence to suggest a mental health disorder such as ADHD, Conduct Disorder, Psychosis, Attachment Disorder, OCD.</p> <p>History of psychiatric interventions.</p> <p>Any admission to inpatient facilities?</p>		

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<p>PHYSICAL & SENSORY</p> <p>Consider the child/young person's mobility levels, physical, sexual maturity or delayed development.</p> <p>Visual and hearing.</p> <p>Fine and Gross motor skills</p> <p>Awareness of own body and personal space.</p> <p>Any displays of physical motion to support balance etc – rocking, spinning</p> <p>Any evidence that the child/young person's senses are over sensitive or under sensitive to stimuli – bright lights, loud noises, smells, textures, touch?</p>		
<p>BEHAVIOURAL DIFFICULTIES</p> <p>What concerns are or have been expressed about the child/young person's behaviour? (Specific details will be needed to complete the Individual Risk Assessment Profile.)</p> <p>Consider:</p> <ul style="list-style-type: none"> Self control Sexually inappropriate behaviours Violent and/or aggressive behaviours Harm to animals Offending behaviours Substance misuse/abuse Placing oneself at risk of exploitation False allegations against others Self injurious behaviours <p>Consider history of the need for physical intervention to ensure safety.</p> <p>Consider history of police involvement to ensure safety.</p>		

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FAMILY BACKGROUND AND DETAILS

Brief Summary of Family History

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Contact Arrangements

Father's Name:	
DOB:	
Address:	
Contact Arrangements:	

Mother's Name:	
DOB:	
Address:	
Contact Arrangements:	

Siblings			
Names	DOB	Gender: M / F	Placement Details

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Any other Significant contacts and details

Are there any Court Orders in respect of contact Y N

If Yes, please give details:

Is any person denied contact with the child/young person Y N

If Yes, please give details:

Is there any person likely to visit who may pose a threat to the child / young person, other young people or staff? Y N

What contact arrangements are proposed whilst the young person is at Unique Care Homes?

Telephone:

Face to Face:

Letter:

Do you want Unique Care Homes staff to assist with contact (supervision or transport)?

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MISCELLANEOUS

Please include any relevant information which will assist in the assessment of this referral.

Other agencies or key people involved

Name, address, telephone number and relationship with young person

1)

2)

3)

Any other relevant information:

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FUNDING

Has funding been:

agreed

pending

not yet sought

Details of person whom invoice should be sent to:

Name	
Position	
Address	
Tel No	
Email Address	
Signature	
Date	

Please complete this form as fully as possible with any relevant information as set out above and return to Unique Care Homes LTD either by email: enquiries@uniquecarehomesltd.co.uk or by post (Unique Care Homes LTD, 63 King Street, Wrexham, LL11 1HR). A decision will be given in principle within 24 hours.

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