**INTERVENTION & PREVENTION TEAM**

Stourbridge Family Centre, Forge Road, Stourbridge, DY8 1XF

Telephone: 01384 816155

**REFERRAL FORM**

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| Date of Referral |  |

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| Name of Referring Social Worker |  |
| Contact Number |  |
| Team/POD |  |
| Name of Team Manager |  |

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| **Name of Young Person /Children** | **DOB/****EDD** | **Ethnicity** | **M/F** | **Disabilities**Yes/No | **PIN No.** |
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| **Name of Parent** | **DOB** | **Ethnicity** | **Disabilities**Yes/No | **Status**(mother/father/step-parent) |
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| **Name and Address of Family****Tel: Mobile**  |
| **Name and address of carer/guardian/parent if different to above:****Tel: Mobile** |

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| **Have parents given consent for this referral? NO YES**(Referral will not be accepted without parental consent) |

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| **Assessment Required**  | **Who is being assessed** (mother/father/step-parent) |
| **Parenting Assessment**9 Week Assessment. Children are not living with parents. Parenting Assessment explores parenting capacity and viability of reunification.  |  |
| **Community Based Assessment (CBA)**9 Week Assessment. Children are living with parents. CBA explores parenting capacity. CBA can also be undertaken as part of a reunification package. |  |
| **Parenting Assessment Manual (PAMS)**10 Week Parenting Assessment. For parents with vulnerabilities e.g. significant learning needs/disability, severe mental ill health, chronic substance misuse, teenage parents. |  |
|  **Pre-Birth Assessment**Parenting capacity assessment to feed into Pre-Birth Assessment undertaken by SW. |  |

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| **Household Composition of Young People/Children’s Residence** |
| **Name** | **D.O.B**  | **M/F** | **Relationship to YP/Children** |
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| **Legal Status of Young People/Children**(please tick all boxes that apply and expand in reason for referral) | **Any Dates that Need Noting?** |
| **Section 20** |  |  |  |
| **CIN**  |  | **Review Meeting?**  |  |
| **Child Protection** (please state category): |  | **Initial or Review Conference or core group?** |  |
| **Care Order** (full/interim/Reg. 24): |  | **Court Hearings?** |  |
| **Is there a Court Order?** (Please attach a copy) |  |  |  |
| **Is PLO in progress?**(Please state start date) |  | **Review Date?** |  |

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| **Details of all Other Agencies Involved** (School, GP, CAMHS, Probation etc.) |
| **Name**  | **Organisational details**(include contact details) |
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| **Areas of Concern** |
|  | (please tick) | (state which parent and whether historical) |
| **Domestic Abuse**  |  |  |
| **Substance Misuse** |  |  |
| **Parental Health**(including mental ill health) |  |  |
| **Reunification** |  |  |
| **Offending Behaviour** |  |  |
| **Other** |  |  |

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| **Reason for Referral** (Please provide a brief overview of the historical context with dates) |

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| **What are You Currently Worried About for this Child** (What are the needs and risks, who is impacted) |
| **Families Strengths** (Include strengths that may mitigate risks noted above) |

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| **What is your instruction for this assessment?**(Which areas of the parenting capacity domain in the ‘Assessment Framework’  would you like the assessment to focus on; i.e., brief parent’s background, are observations of contacts required?) |

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| **Documents Relevant to Referral** (If documents are uploaded to CCM, there is no requirement to send them) |
| **Document** | **What date was this completed/updated?**  | **What date was the document indexed on ESCR?-(this must be completed)** |
| **CYPA -** (must be within the last 6 months) |  |  |
| **CIN Meeting Minutes** - (must be within the last 4 weeks) |  |  |
| **CP Meeting Minutes** –(last Review Conference/Core Group) |  |  |
| **Risk Assessments -** (within last 4 weeks) |  |  |
| **Chronology -** (must be up-to-date at point of referral to I&P Team) |  |  |
| **EWS-** (Employers Warning System) - (this must be updated at point of referral) |  |  |
| **Child Profile** (if child is having contact in the contact centre; where and how often) |  |  |
| **Child Profile -**(Frequency of contact- supervised/unsupervised/ overnight) |  |  |
| Does the parent work? If so, please include parent’s working hours to enable us to identify if/how this might impact upon their availability for assessment visits. |  |  |
| **Other** |  |  |

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| **Team Managers Comments- (Mandatory with signature)**(Please comment on reason for referral and give approval, ) |

**Risk Assessment**

(Important factors in considering the level of risk what are the frequency of occurrence and the severity of previous incidents: this **must be updated** at point of referral)

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| Identified Hazard | **Level of Risk** | Control Measure |
| Violence to staff | H M L |  |
| Violence to Family members | H M L |  |
| Violence to others/community | H M L |  |
| Self-harm | H M L |  |
| Substance misuse | H M L |  |
| Fire raising | H M L |  |
| Threatening behaviour | H M L |  |
| Verbally abusive  | H M L |  |
| Dangerous pets | H M L |  |

Date Risk Assessment undertaken........................................................

Signature of person undertaking assessment……………………………………..

**Please send fully completed referral form to the**

**I&P duty desk inbox :-**

**@** **IandP.CS@dudley.gov.uk**

**Incomplete forms will be returned and can delay allocation**

**Referrals will be discussed at allocations meetings. These occur every Tuesday afternoon.**

**Following allocation of the assessment, the referring Social Worker will be invited to a Pre-Assessment Meeting**