**Post Adoption and Special Guardianship**

**REFERRAL**

**Child (subject of assessment):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Family Name | First Name | DOB and age | Gender | Carefirst ID. | Ethnicity | Religion |
|  |  |  |  |  |  |  |

**Family Address:**

|  |  |
| --- | --- |
| Address |  |
|  |  |
|  |  |
| Telephone |  |
|  |  |
| Email |  |

**Family / Household Details:**

All those who live in the household

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Name | First name | DOB and age | Gender | Ethnicity | Relationship to child |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Relevant History:**

|  |  |
| --- | --- |
| Type of Order |  |
| Date of placement |  |
| Date of Order |  |
| Child’s placing Local Authority |  |
| Parent/Carer’s assessing Agency |  |

**Referral Information:**

|  |  |
| --- | --- |
| Referrer Name |  |
| Address |  |
|  |  |
|  |  |
| Telephone |  |
|  |  |
| Email |  |
| Relationship to child |  |
| Date of Referral |  |
| Are the family aware? |  |
| Referral taken by |  |

**Reason for Referral:**

For example, request for support in managing a child’s behaviour i.e. advice and strategies related to attachment and loss, impact of past trauma, abuse and neglect, advice on sharing a child’s life history, help with issues related to contact, help with adoptive family relationships, and help to access therapeutic services, what other professionals are involved with the family

|  |
| --- |
|  |

**\*Part two to be completed by Post Order Office Only**

**REFERRAL Part 2**

***To be shared on the telephone at first contact and prior to any visit***

**Child/ren (subject of assessment):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Name** | **First Name** | **DOB and age** | **Gender** | **Carefirst ID.** | **Ethnicity** | **Religion** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Consent form e mailed and verbally agreed/electronically signed?**  **NB/ Typed version to be taken out to be signed if electronic version with signature is not returned prior to visit.** |  |  |
| **YP referral form offered?** |  |  |
| **Parenting Questionnaire completed?** |  |  |
| **Carefirst updated with current contact details completed?** |  |  |

For example, request for support in managing a child’s behaviour i.e. advice and strategies related to attachment and loss, impact of past trauma, abuse and neglect, advice on sharing a child’s life history, help with issues related to contact, help with adoptive family relationships, and help to access therapeutic services, what other professionals are involved with the family

|  |  |
| --- | --- |
| **Risk Assessment for Visiting: Must be completed.**  Are there any identified risks posed by people or environments within the home, that the worker needs to be aware of when carrying out a home visit? | |
| Are there any pets in the home?  Could they present a risk to anyone coming into the household?  If so, what steps will be taken to keep a worker safe? |  |
| Is there anything in the home environment that may present a risk to workers who are lone working?  Does the home environment currently have any clear health and safety or access issues that need to be considered for a worker?  If so, what are the risks and what action has been taken to mitigate the risk? |  |
| Does the worker carrying out this RA consider that two people need to carry out the visit?  Outline brief reasons for this decision. |  |
| Does the visit need to take place out of hours?  If so, what specific steps will be taken in line with the lone working procedure, to ensure worker’s safety? |  |
| Does the worker view that this home visit requires a fuller risk assessment to be signed off by a manager?  *(e.g. Uneven flooring, building or scaffolding work in place, lack of lighting, presence of a person currently suffering with any health condition (physical or mental) which may cause a risk to a worker, dog with behavioural issues etc.)* | **See specialist home risk assessment.** |