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| Referral to Swindon Borough Council Adult Services Learning Disability Social Work Team Key Information Section (please complete as much of this section as you can) |
| **Service User**Prefers to be known as  |  | Title | Select Title |
| Surname |  | Gender | Select Gender |
| Forename |  | Ethnic Group | Select Ethnicity. |
|  |  | Religion | Select Religion |
| Preferred Language | Select Language | SWIFT ID |  |
| Address for Contact |  | NHS No. |  |
| Postcode |  | Tel No. |  | Mobile No. |  |
| Date of 18th Birthday (Transitions referrals only) | Click here to enter a date. | Date of Birth (dd/mm/yyyy) | Click here to enter a date. |
| GP Practice |  |
| Tel No |  | GP Name |  |
| Does the individual live alone? | Select a value |
| **Parent / Carer**Surname |  | Gender | Select Gender |
| Forenames |  | Ethnic Group | Select Ethnicity. |
| Relationship to person | Select relationship |  |
| PreferredLanguage | Select Language | Carers ID No. |  |
| Address for Contact(if different)  |  | Tel. No. |  |
| Postcode |  | Mobile No. |  |
| Key holder | Yes |[ ]  No |[ ]   |
| Key holder information: does anyone else hold a key? |  |
| **Parent/ Carer 2**Surname |  | Gender | Select Gender |
| Forenames |  | Ethnic Group | Select Ethnicity. |
| Relationship to person | Select relationship |  |  |
| PreferredLanguage | Select Language | Carers ID No. |  |
| Address for Contact(if different)  |  | Tel No. |  |
| Postcode |  | Mobile No. |  |
| Key holder | Yes |[ ]  No |[ ]   |
| Key holder information: does anyone else hold a key? |  |

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| **Financial Representative** | Self |[ ]  Other |[ ]  If other please complete details below: |
| Relationship to person | Select relationship | Date of Birth (dd/mm/yyyy) | Click here to enter a date. |
| Preferred Language | Select Language |  |
| Address  |  | Tel. No. |  |
| Postcode |  | Mobile No. |  |

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| **Additional Contact Information**Include details of any children and any other significant relationships |
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| **Referral Information** |

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| **Is this a referral for the Transitions service or Learning Disability Adults Social Care Team?** Please check the appropriate box |
| Transitions Team [ ]  LD Adult Social Care Team [ ]   |
| **Does the service user / carer / parent consent to the Transitions Team / LD Team contacting them to complete an assessment?**Please check the appropriate box |
| Yes [ ]  No[ ]  Parental consent given [ ]  Unable to consent to an assessment [ ]  |
| **Does the service user / carer need support to understand information, express their needs / wishes and make choices?** Please check the appropriate box |
| Yes [ ]  No [ ] **If yes does the service user / carer have a / family member / carer / friend who can assist them?**Yes [ ]  No [ ] **If no would the service user / carer like an advocate to assist them?**Yes [ ]  No [ ]   |
| **Reason for referral** i.e. what outcomes or goals does the service user / carer want to achieve in order to promote their wellbeing? This may include the following (please tick relevant boxes): [ ]  Finding work[ ]  Accessing education[ ]  Managing personal care tasks[ ]  Managing and maintaining nutrition[ ]  Managing household tasks such as shopping and budgeting[ ]  Maintaining or developing relationships[ ]  Staying safe[ ]  Living more independently[ ]  Support with parenting[ ]  Support with carer role[ ]  Other – please give information in section below.What relevant information do you have about their strengths and needs? *Please use additional sheets to complete this section if required.* |
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| **Details of any recent life events or changes which have led to this referral** |
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| **How is the service user / carer managing at the current time?** e.g. with difficulty / great difficulty / unable to continue without immediate support. Please give details.  |
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| **Details of any health problems / diagnoses** e.g. learning disability, mental health problems, physical health problems / diagnoses  |
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| **Details of any services received and professionals involved in the service user’s / carer’s support** e.g. school / college, day services, LD Health services, mental health services, Children’s Services, Psychologist, Psychiatrist, Swindon Carers’ Centre, etc.  |
| **Agency** | **Named Person** |
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| **Are there any relevant supporting documents / assessments accompanying this referral?**e.g. Psychologist Assessment, EHCP, most recent Teacher Report, most recent Annual Review Report, Mental Health Assessment / CPA. Please tick or double click to check the appropriate box  |
| Yes [ ]  No [ ] If Yes please give details: |
| **Are there any identified or known risks to professionals working with this service user?** |
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| **Name of Practitioner completing referral** |  | **Role:** |  |
| **Contact details for practitioner completing referral (email/phone)** |  |  |  |
| **Name of organisation:** |  | **Date:** | Click here to enter a date. |

Once this referral has been completed, it should be returned **securely** to the LD Duty Team at LDDuty@swindon.gov.uk

If you want to clarify any elements of the referral before submitting this form then please call the LD Duty Team on 01793 464820.

**Eligibility Criteria for Adult Social Care**

The Care Act provides clear and transparent criteria that apply everywhere in the country and in all cases, leading to consistent decision making, but are still underpinned by professional judgement.

A mandatory, three stage process is used to determine whether needs are eligible.

For needs to be eligible the following 3 criteria must **ALL** be met:

1. The needs result from a physical or mental impairment or illness

**AND**

1. As a result of the adult’s needs they are unable to achieve two or more of the outcomes listed in the regulations:
	* + Managing and maintaining nutrition
		+ Maintaining personal hygiene
		+ Managing toilet needs
		+ Being appropriately clothed
		+ Being able to make use of the adult’s home safely
		+ Maintaining a habitable home environment
		+ Developing and maintaining family or other personal relationships
		+ Accessing and engaging in work, training, education or volunteering
		+ Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
		+ Carrying out any caring responsibilities the adult has for a child

**AND**

1. As a result of not being able to achieve these outcomes, there is, or is likely to be a significant (substantial and critical) impact on the adult’s wellbeing