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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 | | | | | |  | |
| Preferred  Language | 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 | | | | | |  |  |
| Preferred  Language | 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.* | |
|  | |
| **Details of any recent life events or changes which have led to this referral** | |
|  | |
| **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. | |
|  | |
| **Details of any health problems / diagnoses** e.g. learning disability, mental health problems, physical health problems / diagnoses | |
|  | |
| **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** |
|  |  |
|  |  |
|  |  |
| **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](mailto: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