**Universal 16+ Referral Form**

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| **Name:**  | **CareFirst Number:** |
| **Current Address:**  | **DOB:** |
| **Type of current placement:** | **Age:** |
| **Ethnic Origin:** | **Gender:** |
| **Service eligibility of young person being referred:**Eligible [ ]  Relevant [ ]  Qualifying [ ]  Section 17 [ ] Asylum Seeker [ ]  Other [ ]  Please state:  | **First Language:** |

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| **Service Request:** Please tick all boxes that might be a suitable match |
| Alabare Block or Framework contract (inc outreach only)[ ]  | Supportive Lodgings [ ]  | Aster Housing Association Shared House (Kennett) [ ]  | Selwood Housing Association (West) [ ]  |
| Amber Project Trowbridge [ ]  | Greensquare Housing Association (North)[ ]  | Trainer Flat (South)[ ] Trainer Flat (North)[ ]  | Unity House Chippenham [ ]  |

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| Why does the young person need accommodation and or support? (i.e. has been asked to leave home, has been evicted – if so why?) |

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| **Requirements of Placement –** to be completed for all placement types |
| Date Placement required: |  |
| Proposed length of placement: |  |
| Geographical location required? |
| If a placement alongside other young people is required/suitable, please detail any specific matching considerations that should be taken in to account: |

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| **Requirements of Placement –** to be completed for Alabare Block & Framework Contract only |
| Please select the type of accommodation required from the list below:  |
| 1 bedroom | Yes [ ]  No [ ]  |
| 2 bedroom (second room to accommodate sleep in staff) | Yes [ ]  No [ ]  |
| Small group living home without need for sleeping staff | Yes [ ]  No [ ]  |
| Larger group living home with room for sleep in staff*Please note that all 4/5 bedroom houses in the block contract will have a sleep in staff member as standard due to size of property* | Yes [ ]  No [ ]  |
| Does the young person require sleep in or waking night staff? Yes [ ]  No [ ] If yes, please give details: |
| Please detail the number of support hours the young person requires per week and how you would like this split across the week. *For example 10hrs in total with 2hrs each weekday and nothing at weekends.* |

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| **Risk to others** |
| Please provide details of any offending history: |
| Is the young person currently on: Remand [ ]  Bail [ ]  Curfew [ ]  Tag [ ]  Community or Referral Order [ ] If the answer is yes to any of these then please provide details: |
| Does the young person have any outstanding court appearances to attend? Yes [ ]  No [ ] If yes, please provide details: |
| Has the young person ever been convicted of an offence? Yes [ ]  No [ ] If yes, please provide details: |
| Does the young person have any known history of arson or fire setting: Yes [ ]  No [ ] **(Failure to disclose any previous fire settings can invalidate insurance policies)**:If yes, please give details of events and dates: |
| Does the young person have a history of violence, hostility, irritability or agitation:No Significant Risk **[ ]** Current Risk [ ]  Past History **[ ]**  |
| If there is a past or current risk, please provide details: |

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| **Has the Young Person experienced any of the following?**  |
| A mental health problem | Yes [ ]  No [ ]  |
| A physical disability | Yes [ ]  No [ ]  |
| ADHD, ASD or tourettes’ syndrome | Yes [ ]  No [ ]  |
| Sexual abuse | Yes [ ]  No [ ]  |
| Physical abuse | Yes [ ]  No [ ]  |
| Emotional abuse | Yes [ ]  No [ ]  |
| Self harm | Yes [ ]  No [ ]  |
| Suicide attempts | Yes [ ]  No [ ]  |
| Drugs misuse | Yes [ ]  No [ ]  |
| Alcohol misuse | Yes [ ]  No [ ]  |
| A smoker | Yes [ ]  No [ ]  |
| If the answer to any of the above is yes, please provide details and state what support if any is in place to help. |

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| **Health** |
| Is the young person aware of health issues around safe sex and contraception? | Yes [ ]  No [ ]  |
| Is the young person aware of health issues relating to the use of drugs/alcohol/tobacco? | Yes [ ]  No [ ]  |
| Does the young person lead a healthy life style, i.e. exercise and diet? | Yes [ ]  No [ ]  |
| Please detail any significant health issues: |
| Does the young person consider themselves to have a disability? Yes [ ]  No **[ ]** If yes, please provide details: |

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| **Education, Training & Employment** |
| Is the young person in education, training or employment? Yes [ ]  No [ ] Please provide details including reasons if they are not in education etc: |
| Is their attendance record satisfactory? | Yes [ ]  No [ ]  |
| Do they have any special educational needs? | Yes [ ]  No [ ]  |
| Does the young person need help with job seeking skills and applying for jobs? | Yes [ ]  No [ ]  |
| Does the young person have a National Insurance number? Yes [ ]  No [ ] If yes, please provide NI number:If no, who is undertaking the work to assist the young person in obtaining a NI number? |

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| **Benefits** |
| Is the young person in receipt of any of the following benefits?JSA [ ]  Income Support [ ]  Incapacity Benefit [ ]  New Deal [ ]  Disability Living Allowance [ ]  Not claiming [ ]  Personal Allowance [ ]  Other [ ]  Please state: |

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| **Family & Social Relationships** |
| Does the young person have contact with their birth family? | Yes [ ]  No [ ]  |
| Do they have a network of support from family, friends and carers? | Yes [ ]  No [ ]  |
| Does the young person have low self esteem or low confidence? | Yes [ ]  No [ ]  |
| Is the young person willing to engage with support staff? | Yes [ ]  No [ ]  |
| Please provide any other details you feel the provider will need to know in reference to this area: |

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| **Independent Living Skills & Self Care** |
| Is the person able to budget? | Very able [ ]  Moderately able [ ]  Not able [ ]  Unknown [ ]  |
| Do they have a bank account? | Yes [ ]  No [ ]   |
| Are they capable of shopping for food and clothing? | Very able [ ]  Moderately able [ ]  Not able [ ] Unknown [ ]   |
| Are they able to prepare and cook meals? | Very able [ ]  Moderately able [ ]  Not able [ ] Unknown [ ]   |
| Are they able to do their own laundry? | Very able [ ]  Moderately able [ ]  Not able [ ] Unknown [ ]   |
| Do they have the ability to manage to manage their own personal hygiene? | Very able [ ]  Moderately able [ ]  Not able [ ] Unknown [ ]   |
| Are they able to undertake basic household tasks? | Very able [ ]  Moderately able [ ]  Not able [ ] Unknown [ ]   |
| Do they have the ability to use public transport? | Very able [ ]  Moderately able [ ]  Not able [ ] Unknown [ ]   |
| Has the young person tried to live independently before? Yes [ ]  No [ ] If yes, please provide further details: |

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| **Consultation** |
| What are the young person’s views and understanding with regard to this plan? |
| What are the parent’s/carers views with regard to this plan? |
| Has the young person signed a consent to share form? Yes [ ]  No [ ]  |
| Has the young person agreed to this referral being made? Yes [ ]  No [ ]  |

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| **Outcomes for young person** |
| SMART Outcome | Timeframe to achieve/review |
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| **Additional Information Provided –** please not that there is a more detailed Independent Living Skills section at the end of this referral form |
| Risk Assessment: Yes [ ]  No [ ]  |
| Pathway Plan: Yes [ ]  No [ ]  |
| Other: Yes [ ]  No [ ] Please state what has been provided: |

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| **Confirmation & Authorisation** |
| Name, Team and telephone number of social worker |  |
| Date |  |
| Name of team manager approving this form |  |
| Date |  |
| Name of service manager authorising this request |  |
| Date |  |

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| **For completion by Children’s Services Buyers/ Rosina Voumvoulakis** |
| Date referral received: |  |
| Search No (if applicable): |  |

Completed forms should be returned toPlus16accomodation@wiltshire.gov.uk for all types of provision. Referrals for the Alabare block contract or the framework should also be emailed to childrensservicesbuyers@wiltshire.gov.uk

Please see below for Independent Living Skills Assessment Form – **this must be completed**

**Independent Living Skills Assessment Form**

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| INSTRUCTIONS |
| 1. The form should be completed as part of the moving on process from foster care, supported lodgings, and any other supported housing project to independent living. 2. It needs to be completed at the beginning of any Staying Put Arrangement. |
| In order to accurately complete the IL assessment please involve the young person, the Social Worker or Personal Advisor, foster carer, supported lodgings provider and any other significant person in the young person’s life who would be knowledgeable about the skills of the young person. Please make sure the young person has the assessment explained to them and why it is important for everyone’s input. |
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| Name of Young Person | Date of Birth |
| Person(s) involved in life skills assessment  | Date Completed |
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| CATEGORY | LOW | MEDIUM | HIGH |
| A. Money Management/Consumer Awareness |  |  |  |
| B. Food Management |  |  |  |
| C. Personal Appearance and Hygiene |  |  |  |
| D. Health |  |  |  |
| E. sexual Health |  |  |  |
| F. Housekeeping |  |  |  |
| G. Housing |  |  |  |
| H. Transportation |  |  |  |
| I. Educational Planning |  |  |  |
| J. Employment Skills |  |  |  |
| K. Emergency and Safety Skills |  |  |  |
| L. Knowledge of Community Resources |  |  |  |
| M. Interpersonal Skills |  |  |  |
| N. Legal Skills |  |  |  |

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| Category A: Money Management and Consumer Awareness |
| L | M | H |  |
|  |  |  | Has an understanding of the difference between ‘luxuries’ and ‘necessities’ in food, transport, clothing and housing |
|  |  |  | Has opened and can use a bank account  |
|  |  |  | Can budget allowance to last for a week |
|  |  |  | Understands the difference between gross wage and take home pay |
|  |  |  | Can use a calculator to add, subtract, divide and multiply |
|  |  |  | Can make out a budget covering regular expenses for independent living |
|  |  |  | Shows some ‘sales resistance’ to ‘something for nothing’ advertising and ‘low weekly payment’ credit plans |
|  |  |  | Can read and understand bank statements |
|  |  |  | Can comparison shop using unit pricing information |
|  |  |  | Understands buying on credit, loans, interest and late payment penalties especially for mobile phones |
|  |  |  | Understands payroll deductions |

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| Comments |

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| Category B: Food Management |
| L | M | H |  |
|  |  |  | Understands healthy eating |
|  |  |  | Can cook for themselves |
|  |  |  | Can make out a grocery shopping list |
|  |  |  | Can use kitchen utensils effectively and safely (knives, peelers etc) |
|  |  |  | Can use kitchen appliances effectively and safely |
|  |  |  | Stores perishable items correctly |
|  |  |  | Recognises signs of spoilage in food |
|  |  |  | Can follow the instructions for preparing canned or frozen foods |
|  |  |  | Can plan weekly menu of nutritious meals |
|  |  |  | Can shop for a week’s menu and stay within a food budget |
|  |  |  | Understands how to use dates on food packages to prevent spoilage |
|  |  |  | Acceptable personal hygiene when preparing food |

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| Comments |

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| Category C: Personal Appearance and Hygiene |
| L | M | H |  |
|  |  |  | Acceptable personal hygiene |
|  |  |  | Can wash and iron clothing  |

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| Comments |

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| Category D: Health |
| L | M | H |  |
|  |  |  | Knows not to take someone else’s medication |
|  |  |  | Knows that drugs, alcohol, and tobacco may be harmful to your health |
|  |  |  | Knows how and where to get emergency health care |
|  |  |  | Knows what to do for a minor cut, a minor burn or splinter |
|  |  |  | Can call a doctor or dentist and schedule an appointment |
|  |  |  | Can read a prescription label correctly and follow the instructions |
|  |  |  | Can take medication without supervision |
|  |  |  | Has selected a doctor and a dentist for regular health care |
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| Category E: Sexual Health |
| L | M | H |  |
|  |  |  | Understands the risk of pregnancy and sexually transmitted diseases |
|  |  |  | Understands the importance of contraception |
|  |  |  | Understands body changes and be able to manage periods (young women) |
|  |  |  | Understands appropriate and inappropriate touching and what constitutes abuse |
|  |  |  | Has basic self-protection skills |
|  |  |  | Knows dangers of drugs, alcohol and tobacco during pregnancy |
|  |  |  | Knows where the nearest sexual health clinic is |
|  |  |  | Understands the legal boundaries in respect of pornography |

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| Category F: Housekeeping |
| L | M | H |  |
|  |  |  | Can keep accommodation clean |
|  |  |  | Can change a light bulb |
|  |  |  | Can make a bed and change bed linen regularly |
|  |  |  | Knows how to prevent sinks and toilets from clogging |
|  |  |  | Knows how to conserve energy and water (understands usage costs) Meter reading |
|  |  |  | Is able to contact the landlord and request repairs |
|  |  |  | Knows how to get rid of and avoid ants mice etc |

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| Category G: Housing |
| L | M | H |  |
|  |  |  | Understands the responsibilities of renting |
|  |  |  | Knows how to access emergency housing |
|  |  |  | Can identify type of housing that is within budget and meets current housing needs |
|  |  |  | Can calculate ‘start up ‘ cost (utilities, deposits, connection fees, first month’s rent, purchase of furniture and all other household items). |
|  |  |  | Can complete a housing form |
|  |  |  | Understands the implication of a deposit |
|  |  |  | Knows the role of landlord |
|  |  |  | Knows how to get help if there is conflict with the landlord |
|  |  |  | Can access emergency assistance for utilities |

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| Category H: Transportation |
| L | M | H |  |
|  |  |  | Familiar with any form of public transport available |
|  |  |  | Aware of consequences of driving without a license and insurance |
|  |  |  | Knows what is required to get a driving license and how to apply for one |

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| Comments |

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| Category I: Educational Planning |
| L | M | H |  |
|  |  |  | Able to recognise the benefits of education and study |
|  |  |  | Is aware of the cost of higher education/vocational training |
|  |  |  | Knows the difference between a loan and a grant |
|  |  |  | Knows where to find and how to access adult education or vocational training in the community |
|  |  |  | Knows how to obtain financial aid for additional education |

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| Category J: Employment Skills |
| L | M | H |  |
|  |  |  | Has a reasonable idea of the types of jobs available to him/her |
|  |  |  | Knows what the minimum wage is |
|  |  |  | Can fill out a standard job application form |
|  |  |  | Can research vacancies |
|  |  |  | Knows how to arrange and be part of an interview |
|  |  |  | Can write a CV and covering letter/personal statement |
|  |  |  | Knows the function of and understands that private employment agencies |
|  |  |  | Understands discrimination and where to seed help if discriminated against illegally |
|  |  |  | Knows employment responsibilities and how to complete job tasks |
|  |  |  | Knows how to read a pay slip |

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| Comments |

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| Category K:Emergency and Safety Skills |
| L | M | H |  |
|  |  |  | Knows functions of police, ambulance and fire department. Can reach each by calling the appropriate number |
|  |  |  | Knows fire safety |
|  |  |  | Can recognise the smell of a gas leak and knows what to do |
|  |  |  | Can turn the water off or know who to call to do this |

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| Comments |

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| Category L: Knowledge of Community Resources |
| L | M | H |  |
|  |  |  | Knows the location of nearest post office and how to use it |
|  |  |  | Knows where the nearest housing department is located |
|  |  |  | Can obtain a copy of birth certificate and duplicate national insurance number |
|  |  |  | Has awareness of ‘specialist resource, drug and alcohol advice, counselling  |

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| Comments |

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| Category M: Interpersonal Skills |
| L | M | H |  |
|  |  |  | Can make introduction, including approaching others to introduce self |
|  |  |  | Is aware of boundary issues |
|  |  |  | Is not harmful to others |
|  |  |  | Can ask for help |
|  |  |  | Can explain feelings |
|  |  |  | Can identify relationships that may be hurtful or dangerous and where to seek support |
|  |  |  | Has some ability to resolve conflicts with others |
|  |  |  | Refrains from physical violence as a means of solving interpersonal conflict |
|  |  |  | Can develop a realistic plan with appropriate steps identified to achieve goals |
|  |  |  | Can describe the relationship between actions and consequences |
|  |  |  | Can close the relationship or say ‘goodbye’ in a healthy manner |

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| Comments |

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| Category N: Legal Issues |
| L | M | H |  |
|  |  |  | Understands generally what actions are against the law and what the consequences are |
|  |  |  | Knows the legal age for buying alcohol and tobacco products |
|  |  |  | Understands the meaning of ‘legal age’ in legal terms |
|  |  |  | Knows how and where to register to vote |
|  |  |  | Understands the consequences of signing a contract or a lease/understands pay day loans |
|  |  |  | Understands the consequences of misusing social media e.g. text, facebook, emails etc |

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| Comments |