

**RESIDENTIAL/SUPPORTED HOUSING**

**REFERRAL FORM**

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| Use this form for Residential Care Home and Supported Accommodation Referrals  To which service is the application being referred? | |
| **Residential Care Home Services** | **Supported Accommodation Based Services** |
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**Referrer Details (if applicable):**

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| --- | --- |
| Referral Agency and Team: |  |
| Referrer Name and Role: |  |
| Address & postcode: |  |
| Telephone number: |  |
| Email: |  |

**Applicant Details:**

|  |  |
| --- | --- |
| Full Name: |  |
| Gender: |  |
| Address & postcode: |  |
| Telephone number(s): |  |
| Date of birth: |  |
| National Insurance Number: |  |
| **CHILDRREN’S SERVICES INVOLVEMENT**  Is the young person  Accommodated by voluntary agreement with parents (s20 Children Act 1989) YES/NO  Subject to a Care Order (s31 Children Act 1989) YES/NO | |
| **Please give details including name, dob and gender of any children who will need to be included in the referral:** | |
| **Please provide a brief summary of the service user’s priority needs (as outlined in their pathway plan and/or care plan:** *Please also ensure that you have included a copy of the young person’s pathway plan (and care plan if there is one) are included with the referral form* | |

**Other professionals Involved?**

|  |  |
| --- | --- |
| **Agency** | **Contact Details**  *(including telephone number, address and email if available)* |
| GP: |  |
| School or College: |  |
| Social Services (Team):  *(Please specify if LAC/Leaving Care etc)* |  |
| Child & Adolescent Mental Health Service (CAMHS): |  |
| Other therapeutic, health or support services, such as the Community Mental Health Team (CMHT): |  |
| Youth Offending Team / Probation / Other criminal justice service: |  |
| Other Support Worker: |  |

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**Background Information**

**Placement history – Please list last five addresses:**

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| --- | --- | --- |
| Where/Type of accommodation | Length of Stay | Reason for Leaving |
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**In which areas is support required?**

|  |  |
| --- | --- |
| Finances/debt/budgeting | Finding or maintaining accommodation |
| Homelessness issues | Finding furniture/accessing grants |
| Access to training/ employment/ education | Personal safety and security |
| Gaining access to other services | Health and well-being |
| Independent living skills – shopping, housework etc | Emotional support |
| Mental health problems | Substance misuse problems |
| Domestic Abuse | Offending behaviour |
| Accessing community organisations | Social skills/behaviour management |

**Any other important information:**(Use this space to provide any other areas of support required, priorities or any further information on the areas highlighted above).

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**RISK ASSESSMENT**

**NB: This Section MUST be completed**

Please use the following definitions to answer the questions:

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| **LOW** | Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring. |
| **MEDIUM** | More frequent/regular incidents and/or of a more significant nature |
| **HIGH** | Likely, severe or significant |

**Does the applicant have a history/is there a risk of any of the following violent offences/incidents *to* others:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **LOW** | **MEDIUM** | **HIGH** |
| Physical Abuse |  |  |  |
| Mental Abuse |  |  |  |
| Sexual Abuse |  |  |  |
| Racial Abuse |  |  |  |
| Verbal Abuse |  |  |  |
| Damage to property/Arson |  |  |  |
| Threatening Behaviour / Violence towards Staff or other Service Users |  |  |  |
| Bullying |  |  |  |
| Involvement in anti-social behaviour or crime |  |  |  |
| Gang affiliation and/or associations with pro-criminal peers that poses a risk of harm to others |  |  |  |
| At risk of radicalisation |  |  |  |
| Health /safety of others could be put at risk through their behaviour (e.g. recklessness, poor problem solving, impulsiveness, consequential thinking, failure to take medication, absconding, lack of self-control, anger management difficulties). |  |  |  |
| Carrying weapons |  |  |  |

**Please provide further information regarding any identified risks and describe below potential triggers and who is at risk:**

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**Is the young person affiliated with or a member of any specific gang? Please give details?**

**Please give details of rival gangs or individuals with whom the young person could be at risk of harm from or whom they could pose a risk towards**

**Steps that have been taken to address any identified risks outlined in the risk assessment:**

**VULNERABILITY FACTORS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **LOW** | **MEDIUM** | **HIGH** |
| At risk of Physical Abuse |  |  |  |
| At risk of being bullied or exploited (not sexual) |  |  |  |
| At risk of Emotional Abuse |  |  |  |
| At risk Sexual Abuse (including CSE) |  |  |  |
| At risk of Honour Based Violence |  |  |  |
| At risk of Racial Abuse |  |  |  |
| At risk of Verbal Abuse |  |  |  |
| At risk of poverty or deprivation |  |  |  |
| At risk of radicalisation |  |  |  |
| At risk of Domestic Violence |  |  |  |
| Eating difficulties or disorders |  |  |  |
| At risk of female genital mutilation |  |  |  |
| Substance misuse |  |  |  |
| At risk of Forced Marriage |  |  |  |
| At risk of absconding |  |  |  |
| Health condition that affects everyday life functioning and places young person at risk of harm |  |  |  |
| Emotional / mental health difficulties of the service user which could affect their daily functioning (e.g. anxiety, grief, depression, self-harming, suicidal tendencies, eating disorders or other events or circumstances such as difficult transitions, separation from parents, anniversary of a bereavement, change of care arrangements) |  |  |  |
| At risk of suicide attempts |  |  |  |
| Health /safety of the service user could be put at risk through their behaviour (e.g. recklessness, poor problem solving, impulsiveness, consequential thinking, carrying weapons, failure to take medication, lack of self-control, anger management difficulties). |  |  |  |

**Further information regarding any above-mentioned vulnerability factors & details of any measures to address the risks:**

**Young Person’s Risk of Going Missing**

**Does this young person have a history of going missing from placements? YES/NO**

**Please provide some information regarding the episodes, frequency, duration and circumstances of missing episodes**

**In your professional view, what is the likelihood of the child or young person going missing?**

**Please provide information regarding the young person’s views on the occasions when they have gone missing**

**Please give your views regarding the level and type of supervision / support that would reduce the likelihood of them going missing**

**Do you have any relevant information regarding the views of parents / carers on their child’s needs and the action that needs to be taken if the child or young person is absent?**

**Please provide details regarding risk of harm to the young person and his/ her vulnerability if he/ she is absent**

**Please give details of any external influences that may result in a child or young person’s removal without consent**

**Please provide information about the likelihood of the child or young person being harboured in the event of them going missing**

**Is there a history of difficulties regarding previous placements / tenancies? YES/NO**

**Please give further details including details of incidents:**

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**Please provide your assessment of the likelihood of the placement being affected by any of following factors:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **LOW** | **MEDIUM** | **HIGH** |
| Behaviour of friends |  |  |  |
| Neighbour disputes |  |  |  |
| Antisocial Behaviour |  |  |  |
| Evictions |  |  |  |
| Harassment |  |  |  |
| Other |  |  |  |

**If you are a referral agency, please state how long you have known the Applicant?**

**Is it safe to visit the Applicant at home? If not, is there another safe place?**

**Has the Applicant ever been refused support? If yes, please state why?**

**Please provide any other relevant information:**

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| Signed: …………………………………………………  (Referral Agency) | Dated: …………………………………………………. |

**Please enclose copies of the young person’s care plan and/or pathway plan and the last LAC Review documentation with this referral form**

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| **Please return this for the attention of the manager to referrals@elevends.co.uk** |

**EQUAL OPPORTUNITIES**

Please ask the young person to complete this section.

|  |  |  |
| --- | --- | --- |
| **Gender** | | |
| Male | Female |  |
| **Disability** | | |
| Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995? ie do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities? | | |
| Yes | No |  |
| **Ethnic Origin** | | |
| **White** |  |  |
| White British | Irish | Other …………………….. |
| **Mixed** |  |  |
| White & Black Caribbean | White & Black African | White & Asian |
| Other Mixed Background | Please state ……………………… |  |
| **Asian or Asian British** |  |  |
| Indian | Pakistani | Bangladeshi |
| Other Asian Background | Please state ……………………… |  |
| **Black or Black British** |  |  |
| Caribbean | African |  |
| Other Black Background | Please state ……………………… |  |
| **Chinese or other ethnic group** |  |  |
| Chinese | Other ethnic group | Please state ……………………… |
| **Gypsies and Travellers** |  |  |
| Gypsy | Irish Traveller | Other please state ……………… |

For use with Substance Misuse Referrals Only

Appendix A

Please ask the young person to complete this section

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SUBSTANCE | Past use at height (per day) | Time since most recent use & level of use | Route | Age first used | Most problematic (as seen by applicant) |
| ALCOHOL |  |  |  |  |  |
| AMPHETAMINES |  |  |  |  |  |
| BENZODIAZAPINES |  |  |  |  |  |
| CANNABIS |  |  |  |  |  |
| COCAINE |  |  |  |  |  |
| CRACK |  |  |  |  |  |
| DF118’S |  |  |  |  |  |
| ECSTASY |  |  |  |  |  |
| HEROIN |  |  |  |  |  |
| KETAMINE |  |  |  |  |  |
| LSD |  |  |  |  |  |
| METHADONE |  |  |  |  |  |
| MUSHROOMS |  |  |  |  |  |
| STEROIDS |  |  |  |  |  |
| SOLVENTS |  |  |  |  |  |
| TEMGESICS |  |  |  |  |  |
| OTHER |  |  |  |  |  |

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| For use with Community Mental Health Support Service Only  Appendix B  Person to contact in emergency ……………………………………………………………  Address ……………………………………………………………………………………….  ……………………………………………………………………………………….  Tel No ………………………………… |

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| **PREVIOUS HOSPITAL ADMISSIONS**  …………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………….. |

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| **REFERRAL DECISION MEETING**  COMMUNITY FLOATING SUPPORT Accepted  Not Accepted  Date Accepted ……………………………….  Reasons for Non-acceptance ………………………………………………………………………………  ……………………………………………………………………………………………….  ………………………………………………………………………………………………. |

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| IMPORTANT – Please provide the following with this completed form:   Care Plan and/or Pathway Plan  Previous convictions and most recent Pre-Sentence Report (For young people  Involved in offending behaviour)  Any Risk Management or Crisis Management Plans  The Risk Assessment section of this form must be completed    **These must be provided before a referral can be accepted.** |

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| --- |
| Date of Referral: ……………………………………  Referring Officer: ……………………………………  Designation: …………………………………… |

Please email completed forms to referrals@elevends.co.uk

Eleven D’s Support Accommodation,

5 Warminster Way, Mitcham, CR4 1AD

Email: [referrals@elevends.co.uk](mailto:referrals@elevends.co.uk), Website: www.elevends.co.uk

Company registration number: 13504778