



Referral Form

Referral No:

Child's Name:

Name of parent/guardian:

Address (If different):

Address:

Telephone:

School attending:

School address & telephone:

GP's name and address:

Gender:

Date of Birth:

Primary Language:

- | | |
|---|--|
| <p>White <input type="checkbox"/></p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> | <p>Black or Black British <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> |
| <p>Asian or Asian British <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> | <p>Chinese or other ethnic group <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Any other <input type="checkbox"/></p> |

History of family circumstances/reason for referral: including any police contact; are parents still together; who has parental responsibility

Is the child, siblings or other children in the family home known to Social Services? If yes please answer the following questions

Yes	No	Don't Know
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- Accommodated by voluntary agreement with parents (s20 Children Act 1989)
- Subject to a care order (s31 CA 1989)
- Name has been placed on the child protection register

Current	Previous	No	Don't Know
Current	Previous	No	Don't Know
Current	Previous	No	Don't Know

Details:

Education Details: Which of the following best describes his/her current educational situation? (Please circle)

Mainstream School
Home tuition

Special School
Other specialist unit

Pupil Referral Unit
Other

How many hours of education is she/he engaged in/receiving each week?

Is there evidence of non-attendance by the child? Yes No Don't Know

Details: (If applicable)

Please rate the impact of Mental Health/Drug/Alcohol issues the following factors:

(3 = Significant negative impact on child, 2 = Negative impact on child, 1 = slight impact, 0 = no noticeable impact.)

Please circle statements that apply in each section

1. Living Arrangements: who is the child living with, is there a history of absconding/staying away (for the child/sibling/parent/all), living in a refuge, housing status

0	1	2	3
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Details:

2. Family and Personal Relationships: family members involved in substance abuse, criminal activity or Mental Health issues, lack of interest shown in the child, inconsistent supervision, significant bereavement, difficulty giving child emotional warmth, limited praise & encouragement, emotional reliance on child, poor awareness of impact on child, limited boundaries, child's relationship with mum/dad/step-parent/siblings

0	1	2	3
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Details:

3. Education Issues: any identified special educational needs, instances of exclusion, truancy or bullying, difficulties with basic literacy/numeracy, poor

2

0	1	2	3
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relationships with teachers, are teachers aware of Mental Health/Substance Abuse/Alcohol issues in this family, lateness, difficulties with homework, high reported level of sickness, recent change in schools

Details:

4. Social life: limited social life, limited leisure time, limited family network, no family car, social isolation, difficulties forming friendships, few opportunities for independence, peers.

0	1	2	3
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Details:

5. Substance misuse: use of alcohol/tobacco/solvents/drugs, substance use that has detrimental effect on education or relationships, offending to obtain money for substances, list drugs used.

0	1	2	3
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Details:

6. Physical Health: health condition which significantly affects everyday functioning, physical immaturity/delayed development, health put at risk through his/her own behaviour, not registered with a GP.

0	1	2	3
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Details:

7. Emotional & Mental health: problems coming to terms with significant past events, depression, eating disorders, withdrawn, insomnia, contact with mental health services, suicide attempts or self-harming, bedwetting.

0	1	2	3
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Details:

8. Personality & Behaviour: low self-esteem, general mistrust of other people, anger/resentment, fear of future, aggression, difficulties with change, emotional maturity/immaturity, lack of openness

0	1	2	3
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Details:

9. Other Services involved with the family: please tick boxes

0	1	2	3
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- Social Worker (Adult services)
- Social Worker (Childcare)
- Health Visitor
- Child Psychiatry
- School nurse
- Educational Welfare Officer
- Youth Offending Team
- Housing
- Probation
- Police
- Alcohol/Drug services
- Community Adolescent Mental Health Service
- Women's support service
- Victim Support
- Connexions
- Other (if so what?) _____

What support are these services providing?

Details:

10. Caring responsibilities: Please describe the caring responsibilities and the effect on the young person

0	1	2	3
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Are the parents/guardians happy for Andover Young Carers Project to contact any of these services and share information? Yes/No

Is the child happy for Andover Young Carers Project to contact any of these services and share information? Yes/No

Views of the child: e.g. what involvement or support would they like?

Views of the parent: e.g. what involvement or support would they like for their child?

11. Emergency Contact Details Please list, in order, the people you would like to be contacted in the event of an emergency, with their various contact numbers. Please list at least three. These should be people with whom we are authorised to leave the child in the event of being unable to make contact with the parent/guardian named on the front of this form.

	Name	Tel No	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

12. Consent for activities and outings

I give consent for my son/daughter* to attend activities with the Andover Young Carers Project, both on site at Churchill Bungalow, and for off site trips.

I also consent to my son/daughter* being transported to and from activities by Andover Young Carers staff and volunteers in their own cars, hired coaches or minibuses. (All vehicles are fully insured for business and have seatbelts fitted).

Signed Parent/Guardian*

13. Consent for photographs

I do/do not* give permission for my child's photograph to be taken and used in Andover Young Carers for displays, photo albums and development assessment records.

I do/do not* give permission for my child's photograph to be taken and used in the Andover Advertiser or similar newspapers on occasions, events, leaflets, publicity matters and annual reports.

I do/do not* give permission for my child's photograph to be taken and used on a website for the Andover Young Carers project.

Signed Parent/Guardian*

***Delete as appropriate**

Date

Name of Referrer (print) (sign).....

Name of referring agency

Address of referring agency

.....

.....

Please return to:

The Manager
Lorena Burlison
Andover Young Carers Project
Churchill Bungalow
Admirals Way
Andover
SP10 1QG

01264 333788

info@andoveryoungcarers.org.uk

www.andoveryoungcarers.org.uk

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14. Summary

Key Factors identified

1.
2.
3.
4.
5.

What action is to be taken?

- No action needed
- Signposted – state who to
- Taken on as a case
- Attend group
- Support in school
- Telephone contact
- Have made a referral – please state who to
- Other please state

Please state reason and provide evidence for the action taken e.g. why has the child been signposted and not taken on as a case

Details:

Assessment completed by:

Date: