



REFERRAL FORM CONFIDENTIAL DOCUMENT

SECTION 1: CHILD & FAMILY DETAILS

Child's Name:		
Sex	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER	
Date of Birth		
Adopted	<input type="checkbox"/> Yes ___ Years since adopted ___ Years in foster care prior to adoption	
Client Code: (to be completed by CLEAR)		Referral date:
Therapist Allocated:		Allocated date:

ETHNICITY

<i>White:</i>	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy	<input type="checkbox"/> Traveller	<input type="checkbox"/> Other
<i>Mixed/Multiple Ethnic Groups:</i>	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Any other, please specify	
<i>Asian/Asian British:</i>	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other
<i>Black/African/Caribbean/Black British:</i>	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Any other, please specify		
<i>Other ethnic group:</i>	<input type="checkbox"/> Arab	<input type="checkbox"/> Any other, please specify	<input type="checkbox"/> Cornish		

DISABILITY

A disability being a physical or mental impairment which has a substantial and adverse effect on a person's ability to carry out day to day activities.

<input type="checkbox"/> Yes (please specify)	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
---	-----------------------------	-------------------------------------

PRIMARY LANGUAGE

<input type="checkbox"/> English	<input type="checkbox"/> Other (please specify)
----------------------------------	---

CONTACT DETAILS

Mother's Name		
Father's Name		
Siblings'	Name:	Age:
Child's Current Residence	House name/number	
	Street	
	Village/Town	
	Post Code	
	Telephone Number(s)	T: M:



REFERRAL FORM CONFIDENTIAL DOCUMENT

		Email	
A safe and preferred contact for Parent/Guardian (Telephone/Email)		T:	E:
GP Details:	Address:	Contact Telephone Number	

SECTION 2 - LIVING ARRANGEMENTS AND SAFETY

Current household (list who the child lives with at home)	
Relationship:	Name:

Significant concerns about family/child safety and risk of significant harm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNSURE
Restraining Order	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNSURE
Custody/Contact conflicts and difficulties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNSURE
Significant concerns about home visits.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNSURE
If you have answered yes to any of the above, please can you provide further details:			

SECTION 3 - SCHOOL AND LEARNING

What school/college is the child/young person attending?	
Who would be the best person to contact at school?	Name: Contact number: Email:

SECTION 4 - CURRENT INVOLVEMENT SOCIAL SERVICES

Child has named social worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Please specify	Name: Contact Number: Email:		

SECTION 5 – CURRENT VIEW (please answer these questions to the best of your knowledge)

CHILD COMPLEXITY FACTORS	YES	NO	NOT KNOWN
Looked after child			
Young Carer status			
Learning disability			
Serious physical health issues			
Pervasive Developmental Disorder (e.g. Autism/Asperger's)			
Neurological issues (e.g. Tics or Tourettes)			
Current protection plan			
Deemed 'child in need' of social service input			
Refugee or asylum seeker			
Experience of war, torture or trafficking			
Contact with Youth Justice System			
Living in financial difficulty			
Experience of domestic abuse			
Experience of physical abuse			
Experience of sexual abuse			
Experience of emotional abuse			
Experience of neglect			
Bullying/harassment/prejudice			
Sexual exploitation			
Drug & alcohol difficulties (substance misuse)			
Self harm (self-injury)			
Attempted suicide			
Mental health issues (e.g. anxiety, depression, behavioural difficulties) difficulties sitting and concentrating.			
PARENT COMPLEXITY FACTORS	YES	NO	NOT KNOWN
Mental health issues			
Serious physical health issues			



REFERRAL FORM CONFIDENTIAL DOCUMENT

Drug & alcohol difficulties (substance misuse)			
Learning disability			
Self-harm (self-injury)			
Attempted suicide			
Experience of domestic abuse			

CONTEXTUAL PROBLEMS* (see definitions below)					
	None	Mild	Moderate	Severe	Not Known
HOME					
SCHOOL, WORK OR TRAINING					
COMMUNITY					
SERVICE ENGAGEMENT					
EDUCATION/EMPLOYMENT/TRAINING* (see definitions below)					
ATTENDANCE DIFFICULTIES					
ATTAINMENT DIFFICULTIES					

DEFINITIONS OF CONTEXTUAL PROBLEMS
These definitions are for general purposes only and should be considered within an age-appropriate context and with reference to cultural norms where appropriate. The examples given are not exhaustive.
1. HOME
Problems in the home environment that are external to the CYP (e.g. crowded housing, homelessness, lack of social support network.)
2. SCHOOL, WORK OR TRAINING
Problems in the school, work or training environment that are external to the CYP (e.g. difficulties in communications between home and school, multiple changes of teacher, breakdown in relations between teacher(s) and CYP/family).
3. COMMUNITY
Problems in the community that are external to the CYP (e.g. street violence, gang intimidation, racial discrimination and difficulties with neighbour's).
4. SERVICE ENGAGEMENT
This refers to difficulties regulating the appropriate level of service engagement. This may include history of fractured contact with services, difficulties locating care records, difficulties with accessing the service and problems engaging the CYP and their family appropriately
NONE: No distress or noticeable difficulties in relation to this problem.
MILD: Distress may be situational and/or occurs irregularly less than once a week. Most people who do not know the CYP well would not consider him/her to have problems but those who do know him/her well might express concern.
MODERATE: Distress occurs on most days in a week . The problem would be apparent to those who encounter the child in a relevant setting or time but not to those who see the child in other settings.
SEVERE: Distress is extreme and constant on a daily basis . It would be clear to anyone that there is a problem.
DEFINITIONS OF ATTENDANCE AND ATTAINMENT DIFFICULTIES
These definitions are for general purposes only and should be considered within an age-appropriate context and with reference to cultural norms where appropriate. They should also be considered with specific reference to the CYP you're working with (e.g. if the CYP has a learning disability, attendance and attainment should be considered in relation to peers of the same developmental rather than chronological age). The examples given are not exhaustive.
ATTENDANCE DIFFICULTIES
NONE: No problems noted. As rough guidance, around 1-2 days absence from school per month should be considered as within normal limits.
MILD: Some definite problems. The CYP may be attending part-time or missing several lessons (including truanting, school refusal or suspension for any cause). As a rough guidance, 1 day of absence per week may be considered here.
MODERATE: Marked problems. The CYP may be attending infrequently, or is at high risk of exclusion or dismissal. As a rough guidance, the child may be absent 2 days per week.
SEVERE: CYP is out of school the majority of the time (for reasons of truancy, exclusion or refusal) or may be in a Pupil Referral Unit, expelled or not in Education, Employment or Training.



REFERRAL FORM CONFIDENTIAL DOCUMENT

ATTAINMENT DIFFICULTIES
NONE: No problems noted. The CYP will be attaining at the optimum age-appropriate level moderated by that expected for their known abilities
MILD: Some problems. For example, if the CYP is in school they may be well below the year level in at least one subject, or have problem with work rate or timekeeping if in employment or training.
MODERATE: Significant problems. If at school they may fail key exams, or be below the year group in all subjects. If in employment, they may have received formal warnings about their performance and/or behavior.
SEVERE: CYP has dropped out of education, employment or training.

SECTION 6: SUPPORT IN PLACE FOR CHILD OR YOUNG PERSON

Please detail any support the child or young person is receiving or has asked for:

SECTION 7: SUPPORT IN PLACE FOR PARENT/CARER

Adult Community Mental Health Service (CMHT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Prison/Probation Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Refuge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Susie Project	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Waves	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Crasac	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Wrasac	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
IDVA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Is the adult engaging in any therapeutic work with these services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

If you have answered yes to any of the above, please can you provide further details:

SECTION 8: ENGAGEMENT WITH SERVICES

Are there any barriers that will impact on the child, young person or family engaging with our services (e.g. attendance, transport)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
--	------------------------------	-----------------------------	---------------------------------

If you have answered yes to the above, please can you provide further details:

Please document information (past or current) that you feel is important for CLEAR to be aware of, which is not already included in the referral form.

SECTION 9: REFERRER'S DETAILS

Name	
Professional Role	
Agency	



REFERRAL FORM CONFIDENTIAL DOCUMENT

Agency Address	Building name/number				
	Street				
	Village/Town				
	Postcode				
Telephone Number(s)	T:		M:		
Email					
Support your agency provides to family (past and current):					
Referral discussed with child/young person?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
If no, please give details					
Referral discussed with parent/s			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
If 'no' please give details					

SECTION 10: TYPE OF WORK REQUESTED (Please note this can be discussed further with CLEAR) Please enter the type/s of work you are requesting

<input type="checkbox"/> A	Individual Therapy	[] sessions
<input type="checkbox"/> B	Sibling Work	[] session
<input type="checkbox"/> C	Life Story Work	[] sessions
<input type="checkbox"/> D	Adult Psycho Education	[] sessions
<input type="checkbox"/> E	Child Sexual Exploitation (CSE) Consultation, Individual	[] sessions
<input type="checkbox"/> F	CSE Therapy Youth Work	3 month package

SIGNATURES

Parent's Signature
Date:

Referrer's Signature
Date:



REFERRAL FORM CONFIDENTIAL DOCUMENT

Senior Manager's Signature Senior Manager's Name Date:
--

Purchase Number	
-----------------	--