**Referral form**

**CONFIDENTIAL DOCUMENT**

**SECTION 1: CHILD & FAMILY DETAILS**

|  |  |  |
| --- | --- | --- |
| Childs Name: |  | |
| Sex | □ MALE □ FEMALE □ TRANSGENDER | |
| Date of Birth |  | |
| Adopted | □ 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *White:* | □British | □Irish | □Gypsy | □Traveller | □Other |
| *Mixed/Multiple*  *Ethnic Groups:* | □White & Black Caribbean | □White & Black African | □White & Asian | □ Any other, please specify | |
| *Asian/Asian British:* | □Indian | □Pakistani | □Bangladeshi | □Chinese □Other | |
| *Black/African/*  *Caribbean/Black British:* | □African | □Caribbean | □Any other, please specify |  | |
| *Other ethnic group:* | □Arab | □Any other, please specify | □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. | | |
| □Yes (please specify) | □No | □Don't Know |

**PRIMARY LANGUAGE**

|  |  |
| --- | --- |
| **□**English | **□**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: |
| 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? | □YES | □NO | □UNSURE |
| Restraining Order | **□**YES | **□**NO | **□**UNSURE |
| Custody/Contact conflicts and difficulties? | **□**YES | **□**NO | **□**UNSURE |
| Significant concerns about home visits. | **□**YES | **□**NO | **□**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? | **□**Yes | **□**No | **□**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 |  |  |  |
| 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)** | | | | | |
| ATTENDENCE 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. |
| **ATTENDENCE 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. |
| **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: |
| Has the child or young person had therapeutic support with CLEAR before: |

**SECTION 7: SUPPORT IN PLACE FOR PARENT/CARER**

|  |  |  |  |
| --- | --- | --- | --- |
| Adult Community Mental Health Service (CMHT) | □Yes | □No | □Unsure |
| Police | □Yes | □No | □Unsure |
| Prison/Probation Service | □Yes | □No | □Unsure |
| Refuge | □Yes | □No | □Unsure |
| Susie Project | □Yes | □No | □Unsure |
| Waves | □Yes | □No | □Unsure |
| Crasac | □Yes | □No | □Unsure |
| Wrasac | □Yes | □No | □Unsure |
| IDVA | □Yes | □No | □Unsure |
| Other? | □Yes | □No | □Unsure |
| Is the adult engaging in any therapeutic work with these services? | □Yes | □No | □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) | **□**Yes | **□**No | **□**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.  Please identify any well-being issues that you are aware of (with the consent of parent/carer) e.g., epilepsy, allergies which may require assistance in the therapy sessions. | | | |

**SECTION 9: REFERRER'S DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |
| Professional Role |  | | | | | |
| Agency |  | | | | | |
| 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? | | | | **□**Yes | **□**No | **□**Unsure |
| If no, please give details | | | | | | |
| Referral discussed with parent/s | | | | **□**Yes | **□**No | **□**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**

|  |  |  |
| --- | --- | --- |
| □A | Individual Therapy | [ ] sessions |
| □B | Sibling Work | [ ] sessions |
| □C | Dyadic work; Child-Parent therapy |  |
| □C | Parent/carer Psycho-Education on impact of trauma and Therapuetic parenting support | [ ] sessions |
| □D | Therapeutic Life Story Work | Therapy intervention costed on case-by-case basis |
| □E | CSE Therapuetic model of support;  psychoeducation and trauma-focused therapy | [ ] sessions |

**PRIVACY NOTICE**

CLEAR respects the personal and sensitive information you have provided is confidential. This means we store it securely and control who has access to it. We will not share any information without your consent or where we are not legally required to do so. We will only share such information as necessary, and where we are satisfied that the other organisation is entitled to receive it and will keep your information secure. Please refer to the Privacy Policy on our website, at [www.clearsupport.net](http://www.clearsupport.net) for further information.

In signing this form you give consent to the above. Even if you sign the consent form, you still have the right to withdraw your consent. Please inform us of this in writing.

**SIGNATURES**

|  |
| --- |
| Parent's Signature  Date: |

|  |
| --- |
| Referrer's Signature  Date: |

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

|  |  |
| --- | --- |
| Purchase Number |  |