

Referral Form/Initial Assessment



FOR COMPLETION BY WELCARE ONLY

| | |
|------------------------|--------------------------|
| Centre: | Service Required: |
| Welcare Ref No: | e-Start No: |

PLEASE PRINT CLEARLY. Please ensure you fully complete this form. Incomplete forms cannot be processed. They cause an unavoidable service delay to the child and family.

| | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| First Name of Primary Parent/Service User: | Last Name of Primary Parent/Service User: |
| AKA: | DOB: |
| Address: | Temp / Alt Address: |
| Tel: | E-mail: |
| Please tick the box if Service User should NOT be contacted directly <input type="checkbox"/> | |

| Child/Children's First Name | Last Name | DOB/ EDD | Identifying Gender | School/Nursery | C/YP Consent Given for Referral | Safeguarding Status of C/YP Please attached all assessments of risk & need to this form |
|-----------------------------|-----------|----------|--------------------|----------------|---------------------------------|-------------------------------------------------------------------------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Risk Level 3 or above must have Initial Assessment attached, along with all CIN/CP plans and review documentation.

| | |
|---------------------------------|-----------------------------------------|
| Other significant adult: | Parental responsibility Y / N |
| | |
| | |

Signature of Parent/Guardian: **Date:**

Signature of Child/Young Person: **Date:**

Please refer to Welcare's Data Protection statement at the end of this form for details on how we protect your information.

Referrer Details

| | |
|-------------------------------|------------------------------|
| Full Name: | Name of Agency: |
| Professional Role: | E-mail address: |
| Work/Office Telephone: | Mobile Telephone: |
| Address: | Referrer's signature: |
| | Date: |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|
| FOR COMPLETION BY WELCARE ONLY | | |
| SELF REFERRAL: Yes/No | NAME OF STAFF MEMBER TAKING SELF REFERRAL: | DATE REF REC'D: |
| Referral Method – please tick <input type="checkbox"/> By E-mail <input type="checkbox"/> By Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Form | | |

Other services & agencies involved (please complete)

| | Full Name | Address | Contact number |
|-----------------------------|-----------|---------|----------------|
| H.V. | | | |
| G.P. | | | |
| Other (e.g. Social Work) | | | |
| Other | | | |

For referrals by Health only

| | | | | |
|-------------------|-----------------|----------------|----------------|-----------------|
| Antenatal contact | New birth visit | 8 week contact | 1 year contact | 27 month review |
| | | | | |

Reason for Referral (tick as many as apply):

| | | | | | | | | | |
|------------------------------------------------------|--|----------------------------------------|--|---------------------------------------------------|--|----------------------------------------|--|-----------------------------------------------|--|
| Child with Behavioural Difficulties | | Child with substance misuse problems | | Child with physical disability/sensory impairment | | Child with learning difficulties | | Child with mental health problems | |
| Domestic Abuse/Violence Issues | | Child Protection | | Child with other health issues | | Debt / Financial Problems | | Refugee/Asylum Seekers or Unaccompanied Minor | |
| Housing problems /homelessness | | Lone Parent Family | | Parental Conflict | | Parent with learning difficulties | | Parent with mental health problems | |
| Parent with physical disability / sensory impairment | | Parents with substance misuse problems | | Parent with other health issues | | Pregnancy or young parent 17 and under | | Family with no recourse to public funds | |
| Child Sexual Exploitation Risk | | Suspected Gang Involvement | | Self-Harm | | Looked-after child (LA or fostered) | | Young Carer | |
| School Exclusion or at risk of | | Historic Sexual Abuse or Trauma | | Other – please state | | Other – please state | | Other – please state | |

Please indicate which services the Service User requires:

| | | | | | |
|----------------|--|-------------------|--|------------------------------------|--|
| Family Support | | Parenting Courses | | Group Work (Child/Young Person) | |
| Outreach | | Volunteer Support | | Other Please state: | |

| | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Reasons for Referral? (Please be specific about concerns, work requested and criteria, i.e., individual or group) |
| 2 | What does the Service User hope to achieve by this referral? |
| 3 | What is your expectation of this referral? |
| 4 | Additional significant info. (Including issues relating to culture, mental health, disability, education, domestic violence, drug/alcohol misuse. Please attach any info, reports, etc.) |
| 5 | Please state briefly the nature of your involvement to date (e.g., focus of work, significant dates and events) |
| 6 | How long has this family been known to your agency? |

| | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | How long have you worked with this family? |
| 8 | Will your agency continue to be involved with the family? If so, in what capacity? |
| 9 | Are you referring the family to any other agencies (statutory or voluntary)? If so, please state to whom and for what purpose. This information is required to avoid duplication of work between the agencies and aid working together. |

Data Protection Act 1998

Welcare respects your privacy rights and is committed to ensuring that we protect your details, the information about your dealings with Welcare and other information available to Welcare ('your information'). In accordance with the Data Protection Act 1998, Welcare will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. Welcare may share your information (but only with the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance with the Multi Agency Information Sharing Protocol (MAISP).

Under the Data Protection Act 1998, Welcare has a legal duty to keep the information held about you and your family up-to-date. **Please inform us if any of your details change.** We will update the information we hold about you to ensure that we are able to offer the most appropriate services and assistance to you and your family.

If you are providing personal information for other people, we would suggest that you inform them of this.

If you would like to apply for access to the information we hold about you please send a written request to the Welcare Centre Manager.

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(Check Welcare Services database)

Known to Welcare: Yes/No (If yes, please ensure previous records are attached)

Previous Case No:

Relevant details:

ALLOCATION TO BE COMPLETED BY WELCARE MANAGER

Allocated to: Date:

Date Closed:
Worker's Signature

Date Closed:
Supervisor's Signature

Equality and Diversity Monitoring Form

Please tick appropriate boxes below.

Parents

| Ethnicity | | Parent 1 | Parent 2 |
|------------------------------------|------------------------------------------------|----------|----------|
| White | English/Scottish/Welsh/Northern Irish/UK | | |
| | Irish | | |
| | Gypsy or Irish Traveller | | |
| | Any other White background | | |
| Mixed ethnic background | Mixed ethnic background – | | |
| | Please state:..... | | |
| Asian/Asian UK | Indian | | |
| | Pakistani | | |
| | Bangladeshi | | |
| | Chinese | | |
| | Any other Asian background – | | |
| | Please state:..... | | |
| Black/African/Caribbean/Black UK | African | | |
| | Caribbean | | |
| | Any other Black/African/Caribbean background – | | |
| | Please state:..... | | |
| Other ethnic group | Arabic | | |
| | Any other ethnic group – | | |
| | Please state:..... | | |
| Unknown | | | |
| Refuse to answer/Prefer not to say | | | |

Disability – Parent 1

Do you consider yourself to have a disability?

Yes

No

Disability – Parent 2

Do you consider yourself to have a disability?

Yes

No

| Sexuality | Parent 1 | Parent 2 |
|------------------------------------|----------|----------|
| Heterosexual | | |
| Gay | | |
| Lesbian | | |
| Bisexual | | |
| Unknown/unsure | | |
| Refuse to answer/Prefer not to say | | |
| Worker decision not to ask | | |

| Religion | Parent 1 | Parent 2 |
|------------------------------------|----------|----------|
| Christian | | |
| Buddhist | | |
| Hindu | | |
| Jewish | | |
| Muslim | | |
| Sikh | | |
| Atheist/Agnostic | | |
| Other | | |
| Please state:..... | | |
| Refuse to answer/Prefer not to say | | |

Children

| Ethnicity | | Child 1 | Child 2 | Child 3 | Child 4 |
|------------------------------------|------------------------------------------------|---------|---------|---------|---------|
| White | English/Scottish/Welsh/Northern Irish/UK | | | | |
| | Irish | | | | |
| | Gypsy or Irish Traveller | | | | |
| | Any other White background | | | | |
| Mixed ethnic background | Mixed ethnic background – | | | | |
| | Please state:..... | | | | |
| Asian/Asian UK | Indian | | | | |
| | Pakistani | | | | |
| | Bangladeshi | | | | |
| | Chinese | | | | |
| | Any other Asian background – | | | | |
| | Please state:..... | | | | |
| Black/African/Caribbean/Black UK | African | | | | |
| | Caribbean | | | | |
| | Any other Black/African/Caribbean background – | | | | |
| | Please state:..... | | | | |
| Other ethnic group | Arabic | | | | |
| | Any other ethnic group – | | | | |
| | Please state:..... | | | | |
| Unknown | | | | | |
| Refuse to answer/Prefer not to say | | | | | |

Disability – Child 1

Do you consider yourself to have a disability?

Yes

No

Disability – Child 2

Do you consider yourself to have a disability?

Yes

No

Disability – Child 3

Do you consider yourself to have a disability?

Yes

No

Disability – Child 4

Do you consider yourself to have a disability?

Yes

No

| Sexuality | Child 1 | Child 2 | Child 3 | Child 4 |
|------------------------------------|---------|---------|---------|---------|
| Heterosexual | | | | |
| Gay Male | | | | |
| Gay Female/Lesbian | | | | |
| Bisexual | | | | |
| Unknown/unsure | | | | |
| Refuse to answer/Prefer not to say | | | | |
| Worker decision not to ask | | | | |

| Religion | Child 1 | Child 2 | Child 3 | Child 4 |
|------------------------------------|---------|---------|---------|---------|
| Christian | | | | |
| Buddhist | | | | |
| Hindu | | | | |
| Jewish | | | | |
| Muslim | | | | |
| Sikh | | | | |
| Atheist/Agnostic | | | | |
| Other | | | | |
| Please state:..... | | | | |
| Refuse to answer/Prefer not to say | | | | |

Once complete please return to the relevant Welcare centre using the contact details below:

| Family Support Team | Manager | Telephone | Email | Address |
|-------------------------------------------------------------|-----------------|---------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Bromley | Barbara Wilson | 0208 466 0399 | bromley@welcare.org | Welcare Bromley, St Barnabas Church, Rushet Road, Orpington, Kent, BR5 2PU |
| East Surrey | Lynn James | 01737 780 884 | redhill@welcare.org | Welcare House, 24 Warwick Road, Redhill, Surrey, RH1 1BU |
| Greenwich | Barbara Wilson | 0208 854 3865 | greenwich@welcare.org | Welcare Greenwich, 248-266 Nightingale Vale, Woolwich, London, SE18 4HN |
| Inner London (Lambeth & Southwark) | Hannah Franklin | 0207 820 7913 | innerlondon@welcare.org | Welcare Inner London, 19 Frederick Crescent, London, SW9 6XN |
| South West London (Richmond & Wandsworth) | Fay Morris | 0208 893 9123 | swlondon@welcare.org | Welcare South West, Parkway House, Sheen Lane, East Sheen, London, SW14 8LS |
| Central Office (if unsure about your closest team) | N/A | 0207 820 7910 | info@welcare.org | Welcare, 19 Frederick Crescent, London, SW9 6XN |