**DUDLEY LODGE & BONNER HOUSE REFERRAL FORM January 2016**



***(To be completed by the children’s Social Worker)***

**DUDLEY LODGE FAMILY ASSESSMENT CENTRE**

***143 Warwick Road, Coventry, CV3 6AT***

**BONNER HOUSE FAMILY ASSESSMENT CENTRE**

***172 Sellywood Road, Bournville, Birmingham, B30 1TJ***

**E-mail:**safeguarding@dudleylodge.co.uk

**Website:**[www.dudleylodge.co.uk](http://www.dudleylodge.co.uk)

**Tel:** 024 7650 2800

**Fax:** 024 7650 5085

**FAMILY NAME *(surname/s)***

|  |  |
| --- | --- |
| **Type of assessment required *(please tick)* ☑** | **ASSESSMENT REQUESTS** |
| * **Viability Assessment** * **Day Assessment** * **Community Based Assessment** * **Residential Assessment** | **Length of Assessment:**  **Interpreter required:**  **24 hour surveillance required:**  (NB if a member of staff is required with the family on a 24-hour basis due to risk this will incur an additional charge of £175 per day. |

***\*\* If you require this document in any other format e.g. larger text, please contact Dudley Lodge for assistance\*\****

|  |  |
| --- | --- |
| **Name of Referring Local Authority:** | **Date of Referral:** |
| **Name of Social Worker:**  **Office Address:**  **Post Code:** | **Telephone Number:**  **Social Worker E-mail Address:**  **EDT Telephone No:** |
| **Name of Team Manager:** | **Telephone Number:**  **E-mail Address** |
| **Name of Children’s Guardian:** | **Telephone Number:**  **E-mail Address:** |

|  |  |
| --- | --- |
| **Name of Commissioning/Placements Officer :** | **Telephone Number:**  **E-mail Address:** |
| **Names of any other relevant professionals:** | **Telephone Number:**  **E-mail Address:** |

**FAMILY MEMBERS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Childs Name** | **Ethnicity** | **Gender** | **D.O.B.** | **Religion** | **Sexuality** | **Disability** | **First Language** | **Address** | **Legal Status** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Mother’s Name** |  |  |  |  |  |  |  |  |  | |
| **Parental Responsibility YES / NO** |  | **FEMALE** |  |  |  |  |  |  |  |
| **Father’s Name** |  |  |  |  |  |  |  |  |  | |
| **Parental Responsibility YES / NO** |  | **MALE** |  |  |  |  |  |  |  |
| **Partner’s/Carers Name** |  |  |  |  |  |  |  |  |  | |
| **Parental Responsibility YES / NO** |  |  |  |  |  |  |  |  |  |

*\*For persons of joint ethnicity - please put the ethnicity of both parents, mother first e.g. AC/IN would indicate a person whose mother was of African/Caribbean decent, and whose father was of Indian decent.*

|  |
| --- |
| **FAMILY COMPOSITION (ADULTS AND CHILDREN) TO BE ASSESSED** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD PROTECTION/SAFEGUARDING ISSUES** | | | | | | | |
| **Give details of who comprised the household at point of child protection investigation**  **Who are the alleged main perpetrators?**  **Is any police action pending? Against who for what?** | | | | | | | |
| **PREVIOUS OFENCES BY PARENTS OR OTHER SIGNIFICANT ADULTS** | | | | | | | |
| **Name** | **Offence** | | | | **Date** | **Outcome** | |
|  |  | | | |  |  | |
| **DETAIL ANY HISTORY OR SUSPICION OF FIRE RAISING/ARSON** – *relating to any child or any adult both present & historical*  ***\*All individuals with a history or suspicion of arson will require a current risk assessment prior to consideration is made to offer an assessment\**** | | | | | | | |
|  | | | | | | | |
| **SUMMARY OF FAMILY HISTORY** | | | | | | | |
|  | | | | | | | |
| **CURRENT CONCERNS**– *Please specify each presenting concern and the nature of this concern e.g. mental health, drug misuse, DV* | | | | | | | |
|  | | | | | | | |
| **PLACEMENT OBJECTIVES/ASSESSMENT REQUIRMENTS** | | | | | | | |
| In order to provide a comprehensive, tailored assessment for all families, Dudley Lodge bases their intervention on very specific, identified areas, as set out by the Local Authority in advance of the assessment starting.  Whilst we ensure that we cover all areas of the *Framework for the Assessment of Children in Need and their Families* as a matter of course, it is imperative that we are given clear direction on the specifics of what we are required to assess.  Recognising that all families’ needs and difficulties are different, by formulating up to 8 questions you wish the Assessment to focus on, we can ensure that the information shared within the final report meets the needs of both the family and referring parties.  Some sample questions that illustrate a ‘tailored’ approach are:  Can ‘x’ recognise the risk that family members pose, and identify and implement effective strategies for reducing risk?  Can ‘y’ respond to the complexities of parenting beyond a basic level, for example anticipate danger, empathise, and promote development?  Does ‘z’ demonstrate motivation and commitment to abstain from alcohol misuse? Can he identify realistic coping strategies and supports?  If instructions have been set out by Court, then these can be used to form the basis of the Assessment Requirements.  A final report is submitted by Dudley Lodge within two weeks of the placement ending. The instructions/requirements set out at this stage will guide the structure and content of that particular report.  'Assessment Requirements' are an essential part of the referral process, therefore Natasha Skinner (Social Worker – Referrals) can provide further consultation in completing this part of the referral if further guidance or support is required.  **Assessment Requirements Identified by the allocated Social Worker:**   * *Please insert* * *Please insert* * *Please insert* * *Please insert* * *Please insert* * *Please insert* * *Please insert* * *Please insert* | | | | | | | |
| **CURRENT GP** *(for the child)* | | | | **CURRENT HEALTH VISITOR** | | | |
| **Name:**  **Address:**  **Telephone No:** | | | | **Name:**  **Address:**  **Telephone No:** | | | |
| **DISABILITY CONSIDERATIONS**  *Do any of the service users to be assessed have any physical or learning disability? If so, please detail:* | | | | | | | |
|  | | | | | | | |
| **HEALTH CONSIDERATIONS**  *Do any of the service users to be assessed have any problems with their physical or mental health? If so, please detail:* | | | | | | | |
|  | | | | | | | |
| **CULTURAL/RELIGIOUS CONSIDERATIONS**  *Please give consideration to the service users’ needs* | | | | | | | |
| **Is an interpreter required? Yes/No**  (If yes, please be aware that it is the responsibility of the Local Authority to meet the financial costs of this service for the duration of the placement. An interpreter will need to be identified prior to the commencement of the placement, as this will be crucial in ensuring that the family are able to understand the process and requirements of the assessment, from the point of admission onwards. In some cases Dudley Lodge may be able to assist in identifying an interpreter. | | | | | | | |
| **DRUG AND ALCOHOL CONSIDERATION**  *Do any of the adults have any drug and/or alcohol related problems? If so, what intervention has been attempted to address these issues* | | | | | | | |
|  | | | | | | | |
| **AGE/MATURITY CONSIDERATIONS**  *Please give consideration to the service users’ needs* | | | | | | | |
|  | | | | | | | |
| **SEXUALITY**  *Please give consideration to the service users’ needs* | | | | | | | |
|  | | | | | | | |
| **GENDER/GENDER RECOGNITION**  *Please give consideration to the service users’ needs* | | | | | | | |
|  | | | | | | | |
| **FINANCIAL CONSIDERATIONS**  *Please give consideration to the service users’ needs* | | | | | | | |
| Is the parent/s in receipt of all relevant benefits? Yes/No  If no, how will the Local Authority ensure that the child’s basic needs (in terms of food, clothing etc) are met to enable a realistic assessment of the parent(s) ability to manage their finances in the best interests of their children? | | | | | | | |
| **PREVIOUS ASSESSMENTS**  *Please detail any previous assessments involving the adults and/or children, including previous psychiatric/psychological assessments* | | | | | | | |
| Name of Professional | | Nature of Assessment | | | | | Date |
| **PLEASE TICK/INDICATE THE RELEVANT CONTRIBUTORY FACTORS RELATED TO YOUR REFERRAL** | | | | | | | |
| * Alcohol issues * Neglect * Child exhibiting concerning behaviour * Domestic violence * Drug issues * Emotionally abused * Learning difficulties * Mental health * Risky network * Sexual abuser * Victim of sexual abuse * Other | | | **Please provide details** | | | | |

* **Unless otherwise cited the factors refer to the parent’s life and not the child’s**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MALTREATMENT – for our own monitoring purposes please tick/indicate ONE box which you feel is most relevant to your referral** | | | | | | | | | | | |
| **Neglect** | **Physical Abuse** | | **Sexual Abuse** | | | | **Emotional Abuse** | | | **Other – please detail** | |
| **PLEASE DETAIL CURRENT CONTACT ARRANGEMENTS** | | | | | | | | | | | |
| **Name** | | | | **Relationship to Child** | | | | | | | **Frequency** |
|  | | | |  | | | | | | |  |
| **VISITOR ARRANGEMENTS DURING PLACEMENTS**  Residential assessments clearly place considerable pressures upon families and we consider it to be imperative that contact with key family members/ other important people in their lives is sustained wherever possible.  Equally, becoming isolated from established support networks can serve to undermine certain assessment outcomes.  Therefore we request that full attention is given by referring Social Workers to the completion of all relevant checks so that they are able to confidently ‘vouch’ for all proposed visitors prior to any placement commencing (– or alternatively withdraw consent for contact with specified individuals). | | | | | | | | | | | |
| * **HAS PARENT BEEN CONTACTED TO IDENTIFY A ‘REQUEST LIST’ FOR VISITORS?** | | | | | | | | * **SOCIAL WORKER AGREES THAT ANY CHECKS WILL BE UNDERTAKEN PRIOR TO COMMENCEMENT OF RESIDENTIAL ASSESSMENT** | | | |
|  | | | | | | | | | | | |
| **Name** | | **Relationship to family** | | | **All required checks completed**  **Yes/No** | | | | **Access to Dudley Lodge/Bonner House agreed by Social Worker (Yes/No)**  **If no, on what basis? If Yes, please detail any specific contact arrangements or requirements.** | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
| **Please give details of any person(s) with whom the child/family is to have NO contact. Please clarify whether this also extends to telephone contact.** | | | | | | | | | | | |
| **REPORTS - PLEASE ATTACH THE SINGLE ASSESSMENT AND ANY OTHER RELEVANT REPORT TO THIS REFERRAL FORM**  (tick/indicate box/es) | | | | | | | | | | | |
| * **SINGLE ASSESSMENT** | | | | | | * **FAMILY CENTRE** | | | | | |
| * **PSYCHIATRIC** | | | | | | * **COMMUNITY BASED ASSESSMENT** | | | | | |
| * **PSYCHOLOGICAL** | | | | | | * **OTHER –please detail** | | | | | |
| **REFERRAL PROCESS AND CONDITIONS OF ACCEPTANCE** | | | | | | | | | | | |
| **Referral Process**  We welcome enquires from Local Authorities nationwide and from Children’s Guardians, Solicitors etc. We require the referral form to be completed by the child’s Social Worker. On receipt of the fully completed referral form, our Social Worker - responsible for referrals will consider the information and a decision will be reached as to whether or not a placement will be offered for the respective family. In some cases, a meeting with the parents/carers may be required before we make a final decision.  **Holding’ Periods**  On occasion, when our assessment recommendation is for a child/children to be placed in an alternative long-term care arrangement, the referring Local Authority may require additional time to secure the legal mandate to action this.  In such circumstances it is sometimes possible for the family to continue to reside at the Centre, - if the relevant risk assessments support this, and the Centre has physical capacity to do so.  However, during any such ‘holding’ period Dudley Lodge deems the assessment to be completed and therefore would not undertake any further recordings in respect of the family.  Nor would the family be involved in any group or individual work sessions.  Consequently, Dudley Lodge would not be in a position to provide any subsequent recordings/reports following their final recommendation and Final Report submission.  The only exception to this would be in relation to any safeguarding matter that occurred during the ‘holding’ period. The family would however be welcome to participate in any social activities held in the Centre.  Such extensions to residency can clearly be emotionally difficult (and sometimes confusing) for families, and we strive to work with placing local authorities in ways that can reduce the need for this resource.  Additionally, although the assessment would be formally completed at this stage, the nature and degree of concern that would have led to the recommendation would usually be such that staffing level/monitoring requirements would be high.  Extensions also mean that other family placements cannot commence, which has inevitable implications for the organisation’s financial position.  Placement extensions where the plan is for rehabilitation, but housing or other issues cause a delay in discharge timeframes, similarly impact on income/funding streams for our services.  Consequently, whatever the underlying reasons, such ‘holding’ arrangements will incur ongoing fees for the duration of the placement.  **Additional Costs**  All costs, and related invoices, for travel, interpreter services, expenses related to meeting children’s basic needs, etc will be the sole responsibility of the placing local authority. Dudley Lodge is not in a position to ‘bridge’ such payments and any failure to meet such costs may jeopardise the provision of services vital to the assessment and, consequently, the continuation of a placement.  **Conditions of Acceptance**  The Social Worker/Manager by signing this form confirms that the Local Authority will:   1. Ensure continuing social work support. 2. Undertake to pay the spot purchase fee for the Dudley Lodge scale of charges. 3. Pay a cancellation fee of one full week's fees if the family does not take up a place which has been reserved. 4. Pay full fees whilst a family’s belongings remain in a flat, following the termination of a placement. 5. Pay full fees for a two week period if a parent 'walks out' on their assessment. 6. The Social Worker will be required to provide a list of approved visitors to a family during the placement. Any visitor who has not been vouched for by the Social Worker or satisfactory checked via a DBS check (previously CRB check) is not allowed unsupervised access to the Centre.   **Name of Social Worker/Manager Signature Date** | | | | | | | | | | | |

**HOW DID YOU HEAR ABOUT DUDLEY LODGE?**

*Please tick/indicate below:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Advertisement / Marketing** |  | **Colleague recommendation** |  |
| **Other Professional** |  | **Solicitor** |  |
| **Children’s Guardian** |  | **Court** |  |
| **Ofsted** |  | **Other Residential Family Centre** |  |
| **Brochure** |  | **Website** |  |
| **Other – *please give details*** | | | |