

# Mother & Baby Professional's Referral Form



This project is funded by St Denys Charitable Trust

**Date of referral:**

**Name of referrer:**

**Contact number and email:**

**Position/relationship to YP being referred:**

Referral	
Young person's name: Likes to be known as:	DOB: Age:
Child's name: Gender:	DOB/Due date:
Current address:  Mobile phone number: Email address:	
National Insurance Number:	
First Language:	Ethnic Origin:
Religion:	
Biological Father's Name: Address:	DOB:

## My Profile - the young person's view of themselves

Where possible this should include the views of the young person, their parents or carers and others who know them. Please provide balanced information including the positives and negatives of the young person's strengths, skills, achievements and interests etc.

What people like and admire about me:

What is important for me:

What is important to me:

How I spend my time and what I am interested in:

How best to support me:

What is going well:

What people are worried about:

## Child's profile

What is important to your baby:

Any special needs:

How best to support me:

What is going well:

Is the child on a CAF/CIN/Child Protection plan supporting your baby?

Yes:  No:

**If yes, please provide details and name of allocated social worker or lead professional:**

### Risk to others

Has the young person ever been in trouble with the police?

Is the young person on:

Remand:  Bail:  Curfew:  Tag:  Community or Referral Order:

**If yes please provide details:**

Does the young person have any outstanding court appearances to attend?

Yes:  No:

**If yes please provide details:**

Has the young person ever been convicted of an offence?

Yes:  No:

**If yes please provide details:**

Does the young person have any known history of arson or fire setting:

Yes:  No:

**If yes please give details of events and dates:**

Does the young person have a history of violence, hostility, irritability or agitation:

No significant risk:  Current risk:  Past history:

**If there is a past or current risk, please provide details:**

## Has the Young Person experienced any of the following?

A mental health problem and/or postnatal/  
antenatal depression:

Yes:  No:

Financial abuse:

Yes:  No:

A physical disability:

Yes:  No:

Self harm:

Yes:  No:

ADHD, ASD or tourettes' syndrome:

Yes:  No:

Suicide attempts:

Yes:  No:

Sexual abuse:

Yes:  No:

Drugs misuse:

Yes:  No:

Physical abuse:

Yes:  No:

Alcohol misuse:

Yes:  No:

Emotional abuse:

Yes:  No:

A smoker:

Yes:  No:

**If the answer to any of the above is yes, please provide details and state what support if any, is in place to help:**

## Education, Training & Employment

Is the young person in education, training or employment:

Yes:  No:

**Please provide details:**

Does the young person need any help with reading or writing?

Yes:  No:

Does the young person need help with job seeking skills and applying for jobs?

Yes:  No:

## Health

Existing health concerns or conditions:

How many times has the young person visited A&E in the past year? (For young person or their child)

Regular medication and dose (please give details):

Known allergies (please give details):

Any specific communication needs (provide details):

Are they aware of health issues around safe sex and contraception: Yes:  No:

Are they aware of health issues relating to the use of drugs/alcohol/tobacco? Yes:  No:

Do they lead a healthy lifestyle, i.e. exercise and diet? Yes:  No:

Do they have a known disability? Yes:  No:

**If yes please provide details:**

## Benefits

Is the young person in receipt of any of the following benefits:

Universal Credit:  Income Support:  Child Benefit:  Disability Living Allowance:

Personal Allowance:  Child Maintenance:

**Please state otherwise:**

## Family and Social Relationships

Does the young person have contact with their family

Does the biological father have contact with their child?

***If yes, is this independently or through a contact centre?***

Yes:  No:

Does the young person have a network of support from family, friends and carers?

Yes:  No:

Is the young person willing to engage with support?

Yes:  No:

Please provide any other details you feel the provider will need to know in reference to this area:

## Independent Living Skills & Self Care

Is the young person able to budget?

Very able:  Moderately able:  Not able:  Unknown:

Does the young person have a bank account?

Yes:  No:

Is the young person capable of shopping for food and clothing?

Very able:  Moderately able:  Not able:  Unknown:

Is the young person able to prepare and cook meals?

Very able:  Moderately able:  Not able:  Unknown:

Is the young person able to do your/their own laundry?

Very able:  Moderately able:  Not able:  Unknown:

Does the young person have the ability to manage personal hygiene?

Very able:  Moderately able:  Not able:  Unknown:

Is the young person able to undertake basic household tasks?

Very able:  Moderately able:  Not able:  Unknown:

Does the young person have the ability to use public transport?

Very able:  Moderately able:  Not able:  Unknown:

Has the young person tried living independently before?

Yes:  No:

***If yes, please provide further details:***

## Young person risk assessment – to be completed in advance by a referring professional or later by Mother & Baby staff

It is important to assess risk before placing a child or young person.

Understanding risk helps to ensure:

- A child or young person's safety, from self and others
- That possible conflicts of needs and threats to the welfare of children, young people and adults in the placement can be anticipated, planned for and reduced
- Placements are less likely to end in an unplanned way

Type of risk	Behaviour and triggers	Level of risk H / M / L	Date of last known occurrence and frequency	Measures to be taken to reduce risk
Does the young person self-harm?				
Does the young person have an eating disorder?				
Is the young person involved in substance/drug taking activity?				
Does the young person misuse alcohol?				
Does the young person display sexually inappropriate behaviour impacting on self or others?				
Is the young person at risk of Child Sexual Exploitation?				
Are there risk / safety concerns if there are other children / young people in the household?				



<b>Type of risk</b>	<b>Behaviour and triggers</b>	<b>Level of risk H / M / L</b>	<b>Date of last known occurrence and frequency</b>	<b>Measures to be taken to reduce risk</b>
Are there any risks to supported housing provider(s)?				
Are there any risks to or from the community?				
Is there any risk / history of the young person being cruel to animals?				
Does the young person show an aggressive nature with the intention of causing harm or hurt?				
Has the young person been a victim of bullying?				
Does the young person have a history of internet misuse or vulnerability?				
Does the young person have a history of going missing or absconding from placements/home?				
Are there any risks associated with education e.g. difficulty with transport to attend, history of not engaging in education or training, poor attendance or exclusion, truanting, non-engagement?				

<b>Type of risk</b>	<b>Behaviour and triggers</b>	<b>Level of risk H / M / L</b>	<b>Date of last known occurrence and frequency</b>	<b>Measures to be taken to reduce risk</b>
Are there any risks associated with the house or grounds of the placement?				
Are there any risks associated with outings or activities?				
Does the young person engage in offending behaviour, criminal activity, involvement with gangs or use of weapons?				
Does the young person have a history of physical violence or aggression?				
Does the young person have a history of verbal aggression?				
Does the young person have a history of fire lighting?				
Does the young person smoke?				
Are there any risks associated with racial or homophobic abuse (either by the young person or towards the young person)?				
Are there any risks associated with radicalisation. extremism or				

Type of risk	Behaviour and triggers	Level of risk H / M / L	Date of last known occurrence and frequency	Measures to be taken to reduce risk
terrorism?				

Name of person completing the risk assessment:

Signature:

Date: