**18+ Social Care Referral Form**

**Criteria for referrals**

Year 10 upwards

Able to work in a small group

Able to move around the farm safely

Able to follow instructions and accept guidance from support staff

Keen to work outdoors

No challenging behaviour which poses a risk in a farm environment or to other people

Funding for a placement is available

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Email** |  |
| **Telephone number**  |  |
| **Socia care services customer ID** |  |
| **Name and of referrer (If you are referring yourself, put ‘self’)** |  |
| **Relationship of referrer to person being referred** |  |
| **Address of referrer** |  |
| **Telephone number of referrer** |  |
| **email address of referrer** |  |
| **Reason for referral?** |  |
| **What does the person want to get out of attending Clinks Care Farm** |  |
| **Details of person’s diagnosis eg** what type of learning disability, mental health issue, ASD or other diagnosis |  |
| **Does the person have any medical diagnosis?** Please specify |  |
| **Medication taken including dose/how many times a day.** Please specify**Will the person carry medication with them** | YES / NO |
| **Does the person have a care plan (if so please attach tothis referral)** | YES / NO |
| **Does the person have a health care plan eg for epilepsy (if so, please attach to this referral)** | YES / NO |
| **Does the person have a risk assessment (if so, please attach to this referral)** | YES / NO |
| **Does the person have any Allergies?** Please describe | YES/NO |
| **Does the person have an allocated social worker to social care services?** Please provide name and contact details | YES / NO |
| **If any other agencies/professionals are involved, please details here.** |  |
| **How many sessions/days are you looking for?** |  |
| **How long would you like the placement to last?** |  |

|  |  |
| --- | --- |
| **Contact 1 - Name of Carer/Parent** |  |
| **Contact 1 Relationship** |  |
| **Contact 1 Telephone number** |  |
| **Contact 1 Email** |  |
| **Contact 1 Address**  |  |
| **Contact 2 Name of Carer/parent/relative** |  |
| **Contact 2 Relationship** |  |
| **Contact 2 Telephone number** |  |
| **Contact 2 Email** |  |
| **Contact 2 Address** |  |
| **Ethnicity –** please circle or highlight | Asian - Asian British - Black British - Black Caribbean - Black African - Any other black background - Chinese - white British - any other white background - prefer not to say |
| **Funding- who will be paying for this placement? Please tick organisation** | Norfolk Social care servicesSuffolk Social care servicesNHS (please specify)Other (please Specify)Self |
| **Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email** |  |

## Risk Questionnaire

This risk questionnaire is used to help us understand the young person’s needs and how best to help them within the placement. The risks will be assessed and reviewed at regular intervals, including after an incident has occurred, to see if risks have become less or more prevalent. Any changes will be communicated to farm helpers, carers and referrer/funder. Please complete giving as much detail as possible.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk Factor** | **always** | **often** | **Some****times** | **rarely** | **never** | **Comments** |
| Risk of absconding |  |  |  |  |  |  |
| Danger to self |  |  |  |  |  |  |
| Evidence of self-harm |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |
| Able to work in a team |  |  |  |  |  |  |
| Ability to work with tools/machinery  |  |  |  |  |  |  |
| Ability to follow simple/ complex instructions |  |  |  |  |  |  |
| Requires 1:1 adult supervision |  |  |  |  |  |  |
| Risk of substance abuse (incl alcohol) |  |  |  |  |  |  |
| Risk of aggression towards adults |  |  |  |  |  |  |
| Risk of carrying weapons |  |  |  |  |  |  |
| Risk of bullying other young people |  |  |  |  |  |  |
| Displays inappropriate sexual behaviour |  |  |  |  |  |  |
| Able to make own choices |  |  |  |  |  |  |
| Do they have limited communication  |  |  |  |  |  |  |
| Do they have a perception of their own ability |  |  |  |  |  |  |
| Do they understand risk |  |  |  |  |  |  |
| Risk of being bullied or exploited |  |  |  |  |  |  |
| **Any other comments** |
| **More Questions** | **Please give as much detail as possible**  |
| Any phobias or anxieties? |  |
| What is their mobility like?  |  |
| Do they have any behavioural issues |  |
| How is their physical health? |  |
| What are their likes and dislikes |  |
| Do they have any anxieties or phobias |  |
| Any other relevant risks not mentioned above |  |

## Signatures

We, the named persons below certify that we are authorised to refer the young person named and accept the terms of business as agreed with the referring agency/school.

We confirm that all details are current, correct and that all relevant information has been shared.

We also agree to inform relevant parties (named below) of any changes in circumstance/support needs in writing/via email.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatory** | **Name** | **Signature** | **Date** |
| **Parent/Carer** |  |  |  |
| **Person who is being referred** |  |  |  |
| **Social care services referrer** |  |  |  |