



CHRYSALIS REFERRAL FORM

(To be completed by the Social Worker)

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

Type of assessment required <input checked="" type="checkbox"/>	CHRYSALIS ASSESSMENT AND SUPPORT CENTRE 12 Tennyson Avenue, Bridlington, YO15 4EP E-mail: emma@chrysalisassessmentcentre.co.uk Website: www.chrysalisassessmentcentre.co.uk Tel: 01262 670112 Mob: 07761267820
() Viability Assessment () Pre-Birth Assessment () Community Based Assessment () Residential Assessment	

FAMILY NAME (*surname/s*)

Name of Referring Local Authority:	Date of Referral:
Name of Social Worker for the child:	Telephone no:
Office Address:	Fax no:
Post Code:	E-mail:
	EDT Tel no:
Name of Team Manager: E-mail:	Tel: Number: E-mail:
Name of Social Worker for the parent: (<i>if applicable</i>)	Telephone no:
Office Address:	Fax no:
Post Code:	e-mail:
	EDT Tel no:
Name of Team Manager: E-mail:	Tel no: E-mail:

Name of Payments Officer:	Tel no:
Invoice Address:	Fax no:
Post Code:	E-mail:
Name of Children's Guardian:	Tel no:
	Fax no:
	E-mail:

FAMILY MEMBERS (for persons of joint ethnicity please state which ethnicities they are i.e. African Caribbean/Indian)

Childs Name	Ethnicity	Gender	D.O.B.	Religion	Disability	First Language	Address	Legal Status
Mother's/ parent 1 - Name								
Parental Responsibility YES / NO								
Father's/ parent 2 - Name								
Parental Responsibility YES / NO								
Partner's/Carers Name								
Parental Responsibility YES / NO								

FAMILY COMPOSITION (ADULTS AND CHILDREN) WHO ARE TO BE ASSESSED

HAS THERE BEEN CAUSE FOR CHILD PROTECTION INVESTIGATIONS IN RELATION TO THIS FAMILY?

(please include child protection concerns/allegations/investigations either historical/current or pending)

ANY 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)*

SUMMARY OF FAMILY HISTORY *(please continue on separate sheet if necessary)*

CURRENT CONCERNS – *(Please specify each presenting concern and the nature of this concern i.e. mental health, drug misuse, DV)*

PLACEMENT OBJECTIVES

Chrysalis will provide a final assessment report at the end of the placement. This will detail information concerning the parenting, risk assessment and responses to questions set out by the Local Authority at the referral stage.

We require very specific questions and areas of focus to provide the structure and format of the final assessment report. Please try to avoid broad questions/instructions such as ‘comment on the parent-child relationship’ and try to ensure that it is tailored to the particular case, for example ‘does the parent demonstrate an insight into?’.

Alternatively, if instructions have been set out by the court, these can be attached.

The instructions/requirements set out at this stage may form the headings used in the final report layout.

Instructions/requirements relating specifically to the child:

(e.g. health, education, emotional development)

Instructions/requirements relating specifically to the profile of parent:

(e.g. motivation, commitment, ability to problem solve, parental relationship issues)

Instructions/requirements relating specifically to the parenting capacity:

(e.g. stimulation, guidance and boundaries)

Instructions/requirements relating specifically to the family and environmental factors:

(e.g. budgeting, wider family relationships)

Instructions/requirements relating specifically to a risk assessment:

(e.g. drug and alcohol misuse, domestic violence, ability to protect)

CURRENT GP (for the child)		CURRENT HEALTH VISITOR	
Name:		Name:	
Address:		Address:	
Telephone No:		Telephone No:	
CURRENT GP (For the mother/parent 1)		CURRENT GP (For the father/parent 2)	
Name:		Name:	
Address:		Address:	
Telephone No:		Telephone No:	
DISABILITY CONSIDERATIONS <i>(Do any of the family members to be assessed, have any physical or learning disability? If so, please detail)</i>			
HEALTH CONSIDERATIONS <i>(Do any of the service users to be assessed have any problems with their physical or mental health? If so, please detail)</i>			

CULTURAL/RELIGIOUS CONSIDERATIONS

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 and do they remain committed to undertaking a support programme)

AGE AND MATURITY CONSIDERATIONS OF THE PARENT/S

DIETARY CONSIDERATIONS *(including allergies to foods)*

SEXUALITY ISSUES FOR CONSIDERATION

GENDER/GENDER RECOGNITION

PREVIOUS ASSESSMENTS
(Please detail any previous assessments involving the adults and/or children, including previous psychiatric/psychological assessments)

<u>Name of Professional</u>	<u>Nature of Assessment</u>	<u>Date</u>

PLEASE TICK THE RELEVANT CONTRIBUTORY FACTORS RELATED TO YOUR REFERRAL
(if the factor has remained an issue within the last year please state current. If this is beyond 1 year please state historic)

Current	Historic	Mother/ Father or both	Contributing factors	Current	Historic	Mother/ Father or both	Contributing factors
<input type="checkbox"/>	<input type="checkbox"/>	n/a	Alcoholic or excessive/dangerous use of alcohol.	<input type="checkbox"/>	<input type="checkbox"/>		Have mental health issues identified
<input type="checkbox"/>	<input type="checkbox"/>		A generally Chaotic lifestyle	<input type="checkbox"/>	<input type="checkbox"/>		Parent meet's their own needs or those of others above the needs of the child/ren.
<input type="checkbox"/>	<input type="checkbox"/>		Placing themselves in dangerous or vulnerable situations	<input type="checkbox"/>	<input type="checkbox"/>		Has physical disabilities
<input type="checkbox"/>	<input type="checkbox"/>		Domestic abuse (<i>i.e. control but not violence</i>)	<input type="checkbox"/>	<input type="checkbox"/>		Experienced of poor bonding with their own child/ren or within their own childhood?
<input type="checkbox"/>	<input type="checkbox"/>		Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>		Poor money management
<input type="checkbox"/>	<input type="checkbox"/>		Use recreational drugs	<input type="checkbox"/>	<input type="checkbox"/>		Poor parenting experience
<input type="checkbox"/>	<input type="checkbox"/>		Have a drug addiction	<input type="checkbox"/>	<input type="checkbox"/>		Been the victim of bullying or racism
<input type="checkbox"/>	<input type="checkbox"/>		Suffered emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>		Has been racist to others
<input type="checkbox"/>	<input type="checkbox"/>		Parents failure to protect	<input type="checkbox"/>	<input type="checkbox"/>		Networks/friends are 'risky or inappropriate'.
<input type="checkbox"/>	<input type="checkbox"/>		Have a history in the care system	<input type="checkbox"/>	<input type="checkbox"/>		Parent suffered Separation and loss
<input type="checkbox"/>	<input type="checkbox"/>		Inadequate home environment	<input type="checkbox"/>	<input type="checkbox"/>		The sexual abuse of others
<input type="checkbox"/>	<input type="checkbox"/>		Is poverty a concern	<input type="checkbox"/>	<input type="checkbox"/>		Struggle to understand the needs of the child.
<input type="checkbox"/>	<input type="checkbox"/>		Is the parent isolated/unsupported	<input type="checkbox"/>	<input type="checkbox"/>		Unrealistic expectations of the child
<input type="checkbox"/>	<input type="checkbox"/>		Does the parent suffer learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>		Victim of sexual abuse

REPORTS - PLEASE ATTACH THE CORE ASSESSMENT AND ANY OTHER RELEVANT REPORT TO THIS REFERRAL FORM			
(tick boxes)			

<input type="checkbox"/> CORE ASSESSMENT	<input type="checkbox"/> FAMILY CENTRE
<input type="checkbox"/> PSYCHIATRIC	<input type="checkbox"/> COMMUNITY BASED ASSESSMENT
<input type="checkbox"/> PSYCHOLOGICAL	<input type="checkbox"/> OTHER –please detail

REFERRAL PROCESS AND CONDITIONS OF ACCEPTANCE
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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 Executive Management Team will consider the information and a decision will be reached as to whether or not a placement will be offered for the respective family at Chrysalis. In some cases, a meeting with the parents/carers may be required before we make a final decision

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 Chrysalis’ scale of charges.
3. Pay a cancellation fee of two full weeks if the family does not take up a place, which has been reserved/agreed.
4. Pay full fees whilst a family’s belongings remain in a flat, following the termination of a placement.
5. 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 through the Criminal Records Bureau is not allowed unsupervised access to the Centre.
6. Placements for families can be reserved in advance for an additional fee.
7. Where a family is removed early from the Centre by either the referrer, or as requested by the Centre as a result of a breach of Centre regulations, a minimum of 1 month’s fee will be required.

Name of Social Worker/Manager		Signature		Date	
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**HOW DID YOU HEAR ABOUT
CHRYSALIS ASSESSMENT & SUPPORT CENTRE?**

- Advertisement
- Colleague
- Other Professional
- Solicitor
- Children's Guardian
- Court
- Ofsted
- Other Residential Family Centre
- Leaflet
- Brochure
- Website
- Other – please give details