

*\*\*Please email referrals to* *referrals@attunedprogrammes.ie*

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| Reference |  |
| This should be completed by the referring social worker/aftercare worker prior to the commencement date agreed for the service. Its purpose is to assist with background information for use with pre-service general assessment and to determine specific interventions for the benefit of the Young Person.  |

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| Form completed by/with |  |  Date |  |

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|  **Identifying information** |
| Name of Client |  | Date of Birth |  | Ethnicity/nationality |  |
| Home address |  | Expected commencement of service |  | Estimated length of service |  |
| PPS No. |  | Medical Card No. |  |

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|  **Contact information** |
| Social Worker |  | Address |  |
| Email address |  | Telephone |  |
| Other agencies and key personnel involved any assessments that have been created and send reports available from the following:ie,.ACTS, speech and language, psychiatry psychology –(neurological, emotional, behavioural) physiotherapy, case/placement history, educational reports |  |
| Anticipated service requirementTo include but not limited to hours of service, sleep over requirement, staff ratio, accommodation- location and type, length of service. Please include any other relevant service requirement |  |
| Social History (Please send social history reports) |  |
| Previous Placements  |  |
| Other |  |

 **Part 1**

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|  S**ections B through to F should be answered on the basis of the knowledge available to you and if possible please indicate at the conclusion of each answer whether or not the young person would share your opinion This can be done at the end of your answer by replying with one of the following in block capitals, AGREE, DISAGREE, DON’T KNOW.** |
|  **B Substance Misuse History** |
| 1 | If known does the client take drugs/alcohol |  |
| 2 | If yes has this use affected his/her function |  |
| 3 | If yes how long has it been happening and if known how frequently does it occur. |  |
| 4 | If yes what is the client’s opinion on the subject |  |
| 5 | Is there or has there been involvement by specialist services dealing with substance misuse |  |
|  **C Medical Issues** |
| 1 | Give a brief overview of the client’s medical history including any diagnosis |  |
| 2 | Is he/she on any ongoing medication or undergoing ongoing treatment |  |
| 3 | Does the client have any history of childhood head injury |  |
| 4 | Is there any history of alcohol/drug misuse by Mother during pregnancy |  |

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|  **D Emotional** |
| 1 | If known what is the client’s mood usually like |  |
| 2 | If known what does he/she do when sad |  |
| 3 | If known what does he/she do when he/she is very upset/angry |  |
| 4 | Does the client exhibit any type of challenging behaviour |  |
| 5 | Has the client ever broke things or hit others when angry |  |
| 6 | Is there any history of absconding. |  |
| 7 | Is there any history of suicidal ideation |  |
| 8 | Is there any history of property damage |  |
| 9 | Is there any history of self-harm |  |
| 10 | Does the client have any problem with recurrent memories/flash backs |  |
| 11 | Describe the client’s relationship with food. |  |
| 12 | Is there any history of bed wetting |  |
| 12 | Is there any history of fire setting |  |
| 13 | Has the client ever been hospitalized and if yes state why and for how long |  |
| 14 | Has the client attended any counsellors before or any other programme |  |
| 15 | Has the client ever engaged in intentional harm to animals |  |
| 16 | Has the client either seriously injured or threatened to seriously injure another person |  |

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|  **E Education** |
| 1 | Is the client involved in any form of education or training |  |
| 2 | What is the client’s known potential and current performance |  |
| 3 | Has the client achieved any qualifications or undertaken state exams |  |
| 4 | Is the client open to education even if it is at some distant future point |  |
| 5 | Has the client any long term academic goals |  |
| 6 | Has the client ever held been in employment or had any role incurring responsibility even if unpaid |  |

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| **F Social** |
| 1 | Does the client have friends and is this something which is easy for him/her |  |
| 2 | Describe the client’s social skills. Is he/she sociable and how would the young person describe him/herself |  |
|  | On a scale 1 – 4 where 1 is absent, 2 undeveloped 3 reasonable for age and 4 very good, how would you rate the young person’s general living skills |  |
| 3 | What is known about the client’s interests. Are they individual or organised i.e. a sport or club. |  |
| 4 | What would the client typically do for recreation in afternoon/ evening /weekend. |  |
| 5 | What does the client do for fun |  |
| 6 | Does the client have any accessible role models that he/she relates well to. If yes state why |  |
| 7 | Is there any grouping in wider society that the young person would see an affinity with. If yes state why |  |
| 8 | Is there any fictional character/ group that the client would see as a role model. If yes state why |  |
| 9 | How does the client describe him/herself i.e. friendly/unfriendly, mean/kind, outgoing/reserved, open minded/close minded, anxious/ calm.  |  |
| 10 | Does the client see him/herself as belonging to a particular group. |  |
| 11 | Does the client see themselves as unique, just average, or in between.  |  |
| 12 | What is known about the client’s sexual preference and is he/she involved in any relationship |  |
| 13 | Describe the relationship. Is it positive or negative. Has it positive potential, or is there any indication of an abusive element in it, i.e. emotional, physical or sexual. |  |

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|  **Part 11** |
|  **History of Physical Abuse** |
| Is there any known Child Protection or Safeguarding Vulnerable Adults Concerns? |  |
| Status, suspected, confirmed, could not be ascertained |  |
| Age of young person at onset |  |
| Frequency i.e. daily/weekly/monthly etc |  |
| Brief description  |  |
| How did it come to light |  |
| What happened next |  |
| Who supported the child |  |
| Did any person of significance to client downplay abuse |  |
| Has the client been able to discuss issues with a person of trust |  |

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|  **History of Sexual Abuse** |
| Is there any known Child Protection or Safeguarding Vulnerable Adults Concerns? |  |
| Status, suspected, confirmed, could not be ascertained |  |
| Age of young person at onset |  |
| Frequency i.e. daily/weekly/monthly etc |  |
| Brief description  |  |
| How did it come to light |  |
| What happened next |  |
| Who supported the child |  |
| Did any person of significance to client downplay abuse |  |
| Has the client been able to discuss issues with a person of trust |  |

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|  **Emotional Abuse** |
| Is there any known Child Protection or Safeguarding Vulnerable Adults Concerns? |  |  |
| Status, suspected, confirmed, could not be ascertained |  |  |
| Age of young person at onset |  |  |
| Frequency i.e. daily/weekly/monthly etc |  |  |
| Brief description  |  |  |
| How did it come to light |  |  |
| What happened next |  |  |
| Who supported the child |  |  |
| Did any person of significance to YP downplay abuse |  |
| Has the YP been able to discuss issues with a person of trust |  |  |
|  **Neglect** |
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| Describe any incidences of neglect experienced by client. What did it involve, i.e. lack of food/shelter/stark living conditions etc |  |  |
| Duration  |  |  |
| Age of client at onset |  |  |
| Frequency- was it constant/sporadic. Or did conditions suddenly deteriorate |  |  |
| State accepted reason/cause for neglect |  |  |
| Does client agree with the above, or assign another reason. |  |  |
| Has client been able to discuss personal impact of neglect with a trusted person |  |  |
| Did client experience significant absence from principal care giver in childhood  |  |  |

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|  **History/Risk of offending behaviour** |
| YP age at time of offence | Description of offence | How did it come to light | YP attitude to offence | Current status i.e. charges pending/ court date etc |  |  |  |
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