



The Full Picture: A. The Referral Procedure

Initial marginal gains assessment for children/young people who are going to live at Pear Tree

Pear Tree has an established system to help children and young people by taking a 'marginal gains' approach to issues. This is where we break each element of a child's life down into small sections and work on them all over a period of time. It would be helpful if you would complete the below assessment to give us a starting point. Please do not worry if you don't know the answer, just leave it blank which will indicate to us this information is not known at the time of admission.

Name		Name Local Authority	
Person with Parental Responsibility			
Description of child/young person			
Eyes		Hair	
Height		Weight	
Distinguishing features			
Cultural/Ethnic considerations			
Is the child/young person on the Child Protection Register? If yes, please state category.	Yes		No
Date registered			
Has the child/young person been on the Child Protection Register at any time? If yes please give dates and brief explanation	Yes		No
Mother		Partner	
Address			
Telephone number			
Father		Partner	
Address			
Telephone number			

**Referral Procedure
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Siblings	Age	Contact Details			
Other relevant persons					
Name	Relationship	Contact Details			
Medical Information					
Current GP		Tel. No.			
Address					
School Nurse		Tel. No.			
Address					
Dentist		Tel. No.			
Address					
Opticians		Tel. No.			
Address					
Any specialist medical involvement? If yes, please state.		Yes		No	
Any disabilities/allergies? If yes, please state.		Yes		No	
Any current medical treatment? If yes, please state.		Yes		No	

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Placement Details					
Name of Social Worker					
Telephone Numbers					
Email Address					
Address					
Team Manager Name					
Telephone Numbers					
Email Address					
Other Professionals Involved					
Current Placement					
Name of carer/key worker					
Address					
Telephone number			Date placed		
Previous placements, with dates (if applicable) including current placement, Name/Address					
Please detail any matters which are outstanding at time of application					
Home area postcode		Identifier			
Age at admission		Gender	Male	<input type="checkbox"/>	Female
Legal Status		Care Order	Yes	<input type="checkbox"/>	No

**Referral Procedure
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Health	Yes	No
Is the young person normally well?	<input type="checkbox"/>	<input type="checkbox"/>
Has the young person any issues regarding:		
Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>
Height	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person have a regular sleep pattern?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person suffer from enuresis?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person suffer from encapresis?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any accidents in the last six months requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state		
Does the young person have a good healthy diet?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person have any medication to help manage their behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
Comments regarding any of the above.		

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Emotional and behavioural development	Yes	No
Is the young person a victim of bullying/cyber bullying?	<input type="checkbox"/>	<input type="checkbox"/>
Does challenging behaviour affect the safety of the young person or others?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person bully/cyber bully other young people?	<input type="checkbox"/>	<input type="checkbox"/>
Is the young person able to control emotions?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person know how to seek appropriate help if they need it?	<input type="checkbox"/>	<input type="checkbox"/>
Is the young person able to talk about their feelings with a trusted adult?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person respond to emotional warmth from carers?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person have a good relationship with carers?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person display temper tantrums and emotional outbursts?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a pre-occupation with violence?	<input type="checkbox"/>	<input type="checkbox"/>
Is the young person's general emotional presentation an issue for further work?	<input type="checkbox"/>	<input type="checkbox"/>
Is the young person able to share and take turns?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any self-harm issues?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state.		
Does the child/young person present as vulnerable?	<input type="checkbox"/>	<input type="checkbox"/>
Comments regarding any of the above.		

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Identity	Yes	No
Is the young person able to stand up for themselves appropriately?		
Is the young person developing a sense of their own culture?		
Does the young person have an understanding of people from different cultures and backgrounds?		
Is the young person respectful of other people's cultures and backgrounds?		
Does the young person understand the dangers of extremist views in their varying different forms?		
Does the young person take pride in achievements?		
Does the young person know how to stay safe online?		
Does the young person demonstrate that they keep themselves safe online?		
Is the young person self-confident?		
Does the young person take pride in their appearance?		
Does the young person have good self esteem?		
Comments regarding any of the above.		

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Family and Social Relationships	Yes	No
Is the young person able to identify important relatives?		
Is the young person's sexual knowledge and behaviour appropriate?		
Has the young person received appropriate sex education?		
Does the young person display ability or desire to care for others? (Empathy)		
Does the young person know the age of consent for a sexual relationship?		
Does the young person know how this may vary depending on vulnerability and responsibility?		
Has the young person any special friend/s outside of their home?		
Is the young person appropriate around animals?		
Are relationships with siblings, family, and peers appropriate?		
Are relationships with staff appropriate?		
Does the young person appear to be building trusting relationships with anyone?		
Are relationships with peers at appropriate?		
Are current contact arrangements appropriate?		
Are current contact arrangements successful?		
Are there any difficulties during contact visits?		
Is the young person relaxed during their contact visits?		
Is there evidence of attachment?		
Comments regarding any of the above.		

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Social Presentation	Yes	No
Is the young person able to relate differently and appropriately to different adults?		
Is the young person able to engage appropriately with peers outside of their home?		
Is the young person self confident and appropriately open with adults?		
Is the young person able to engage appropriately with peers?		
Does the young person demonstrate self-awareness?		
Does the young person demonstrate awareness of others?		
Is the young person's language and behaviour at home and in public appropriate?		
Does the young person value appropriate adult attention?		
Is the young person over friendly with strangers?		
Does the young person have good manners at home?		
Does the young person have good manners in public?		
Does the young person have good social presentation?		
Comments regarding any of the above.		

**Referral Procedure
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Self Care	Yes	No
Is the young person able to attend to their own personal hygiene, i.e. bathe, clean teeth, brush hair, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person have a realistic sense of personal danger?	<input type="checkbox"/>	<input type="checkbox"/>
Is the young person able to help with or prepare meals?	<input type="checkbox"/>	<input type="checkbox"/>
Comments regarding any of the above.		
Recreation	Yes	No
Does the young person engage in recreational activities willingly without prompting?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person engage in recreational activities independently?	<input type="checkbox"/>	<input type="checkbox"/>
Comments regarding any of the above.		

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Education		Yes	No
Does the young person have meaningful daytime activities?			
Does the young person attend:	<input type="checkbox"/> Mainstream School		
	<input type="checkbox"/> Specialist School		
	<input type="checkbox"/> College / Further education		
Has the young person a good level of attendance?			
Can the young person get themselves up and ready on time in the morning?			
Does the young person leave the home properly equipped for the day?			
Does the young person positively engage in their daytime occupation?			
Is the young person making progress?			
Does the young person have a positive relationship with teachers/instructors?			
Is the young person receiving appropriate careers advice?			
Comments regarding any of the above.			

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Making a Positive Contribution	Yes	No
Does the young person engage in decision making about their care?		
Does the young person engage in decision making about their activities?		
Does the young person look after their bedroom properly?		
Does the young person look after their laundry and clothes?		
Does the young person help with household chores?		
Does the young person help with making or preparing meals?		
Does the young person demonstrate that they care for others in the home?		
Does the young person demonstrate that they care for others in the community?		
Comments regarding any of the above.		

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Achieving Economical Well-being	Yes	No
Is the young person willing to learn and improve?		
Is the young person being self organised?		
Is the young person being self motivated?		
Is the young person able to be punctual?		
Is the young person able to meet deadlines?		
Is the young person able to demonstrate responsibility?		
Is the young person able to demonstrate reliability?		
Is the young person working positively towards an agreed plan?		
Can the young person communicate effectively with different people?		
Is the young person working towards independence?		
Is the young person honest?		
Is the young person able to work with other agencies?		
Comments regarding any of the above.		

Additional Information

I have been provided with copies of Pear Tree's policies and procedures and agree with the ethos of the organisation, as explained verbally and in documentation. I am satisfied that the placement appears to meet the needs of the child/young person I wish to place.

Social Worker Signature		Date	
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