



**The Full Picture: A. The Referral Procedure  
Information Gathering Meeting**

<b>Name: (Pear Tree)</b>	<b>Name: (Local Authority)</b>
<b>Name of Child:</b>	<b>D.O.B:</b>
<b>Current address:</b>	<b>Type of placement:</b>
<b>Summary of background/circumstances:</b>	
<b>Summary of current situation:</b>	
<b>Number of placements since being received into care:</b>	
<b>History of child protection investigation:</b>	
<b>Malicious Allegations:</b>	
<b>Number of section investigations started:</b>	
<b>Number thought to be unfounded:</b>	
<b>Number of, or frequency of complaints:</b> <input type="checkbox"/> <b>High</b> <input type="checkbox"/> <b>Medium</b> <input type="checkbox"/> <b>Low</b>	
<b>Details of outside influencing factors that may encourage malicious allegations:</b>	

**Referral Procedure  
Part 1**

<b>Any history of sexualised/abusive behaviour by the child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>
<b>Number of incidents involving exposure of genitals:</b>
<b>Number of incidents involving inappropriate touching:</b>
<b>Number of incidents involving inappropriate touching and self masturbation:</b>
<b>Number of incidents involving inappropriate touching/coercion for victim to masturbate:</b>
<b>Number of incidents involving digital penetration:</b>
<b>Number of incidents involving object penetration:</b>
<b>Number of incidents involving penile penetration:</b>
<b>Number of different victims:</b>
<b>Age range of victims:</b>
<b>From the information available do you consider:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low risk <b>of further incidents.</b> <b>Please comment:</b>
<b>Does he/she constitute a</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low risk <b>of sexual abuse.</b>
<b>Any history of sexual abuse against child/young person?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>
<b>Any history of self harm behaviour?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>
<b>Is the child/young person under CAMHS or other clinical involvement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details (include Names, Addresses and frequency of involvement):</b>

**Referral Procedure  
Part 1**

<b>Is the child/young person on any medication?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details and reasons:</b>
<b>Has the child/young person a history of running away?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what precipitates this?</b>
<b>Where is the child/young person likely to go?</b>
<b>In the event of this child/young person running away who should be contacted by Pear Tree?</b>
<b>Any history of fire starting?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>
<b>From the indicators available, does the child/young person display any challenging behaviour?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any history of physical assault on other children?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>
<b>Frequency of assaults:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <b>Nature of assaults:</b> <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> V

**Referral Procedure  
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<b>Any history of physical assault on carers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>     <b>Frequency of assaults:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <b>Nature of assaults:</b> <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> V
<b>Number of assaults of carers:</b>
<b>Frequency:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>Have these resulted in injuries to anyone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the young person require restraining?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes does the young person/child require holding/restraining in the current care provision, what is the frequency:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>On the information provided is the risk of challenging behaviour considered to be:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>From the indicators available do we believe that the Child/young person is responsive to nurturing or alternative strategies as yet untried?</b>          
<b>Does the child/young person smoke?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the child/young person have any kind of criminal background?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>          
<b>Frequency:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>Does the child/young person have a history of committing criminal damage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>          
<b>Frequency:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>Does the child/young person have a history of drug or substance misuse or alcohol abuse?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give details:</b>          
<b>Frequency:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

**Are there any specific issues regarding contact?**    **Yes**         **No**

**If yes, please give details:**

**Describe contact arrangements if admitted**

**Please enter details:**

**Is there anyone with whom the child/young person should *NOT* have contact with?**

**Yes**         **No**

**If yes please give details:**

**Risks associated with family**

**Please enter details:**

**From the information above does the home environment represent a:**

**High**         **Medium**     **Low risk to the wellbeing of the child/young person.**

**Referral Procedure  
Part 1**

<b>Education:</b>	
Is the young person currently in education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what kind of service: <input type="checkbox"/> Mainstream <input type="checkbox"/> Special School <input type="checkbox"/> PRU <input type="checkbox"/> home tutor	
Address:	
Current or last school attended:	
Contact:	Tel no:
Is the young person moving forward with his/her education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the young person engage in education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What does the school have to say about him/her?	
Has he/she been excluded from school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, <input type="checkbox"/> Temporarily <input type="checkbox"/> Permanently	
With their education are they functioning at:	
<input type="checkbox"/> Above Expected Key stage level <input type="checkbox"/> Expected Key stage level	
<input type="checkbox"/> Slightly below Key stage level <input type="checkbox"/> Significantly below Key stage level	
Details of any problems associated with school:	
In the event that the young person is accommodated at Pear Tree, what is the desired arrangement for education:	
<input type="checkbox"/> Attend Pear Tree School - short term until other provision achieved	
<input type="checkbox"/> Attend Mainstream school	
<input type="checkbox"/> Attend alternative special school	
<input type="checkbox"/> Attend Pear Tree School as first choice of provision.	

## Referral Procedure Part 1

To Child	Brief Summary of Evidence	Low	Medium	High Green	High Amber	High Red
Risk of harm as a result of lack of ability when independent of carer						
Risk of being victimised by children/adults in the community						
Risk of self harm						
Risk of returning to potential abuse						
Risk of being victimised through the use of the internet						
From Child	Brief Summary of Evidence	Low	Medium	High Green	High Amber	High Red
Risk of assaulting other children in the home						
Risk of physical assault on carers						
Risk of sexual abuse of children in the community						
Risk of sexual abuse of children/young people in the home						
Risk of fire lighting						
Risk of malicious allegations						
Risk of bullying other children/young people						
Risk of victimising other children/adults in community using the internet						
Miscellaneous Issues						

**Referral Procedure  
Part 1**

**Conclusions of initial interview:**

**Signature:**

**Position:**

**Date:**