



# Inspiration for Change

## Referral Form/Risk Screening

Please call and discuss / email all referrals to  
[Maggie.mitchell@northyorks.gov.uk](mailto:Maggie.mitchell@northyorks.gov.uk) / 0300 131 2 131

Date	
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### REFERRER'S DETAILS

Name	
Team/ area	
Phone number	
E-mail address	

### PARENT'S DETAILS

Name	
Date of birth	
Address	
Telephone number	
Email address	
Were the parents themselves cared for by the Local Authority?	
Any known difficulties (eg. Reading and writing).	
Primary language	
Ethnicity	

### INFORMATION REGARDING REMOVAL OF CHILDREN

Number of children in the family	
Number of children removed	
Name and DOB of the Children removed	
Date of permanent removal(s)?	
At what ages were the child(ren) removed?	

### SUMMARY OF CONCERN THAT LED TO REMOVAL

**Are there current arrangements regarding any contact with their children**

*If supervised, do you know the reason?*

**Why do you feel this person would benefit from working with Inspiration For Change? (What do you hope they will get from the service?)**

**SERVICES CURRENTLY INVOLVED & CONTACT DETAILS**– please bullet point highlight person best to introduce the service

**EMPLOYMENT, EDUCATION OR TRAINING**– please highlight and give details

<b>Employment:</b>	Yes	No	Working hours:
<b>Education</b>	Yes	No	Education details & hours:
<b>Training:</b>	Yes	No	Training details & hours:

**HOUSING**– please highlight the type of housing the parent(s) currently resides in and comment:

*Council*    *Private Rented*    *Own Property*    *Temporary*    *Other:* \_\_\_\_\_

Arrears: Yes or No

Any risk to tenancy:

**HEALTH** – please highlight and comment if any of the following apply:

<b>Substance misuse:</b>	
<b>Physical disability:</b>	

Learning difficulties:	
Domestic Abuse/Harm from others	

<b>MENTAL HEALTH (please tick)</b>					
Has the person ever or currently Self Harmed?	Yes	please give details	No	Don't know	
Has the person ever made a suicide attempt	Yes	please give details	No	Don't Know	
Is there any other diagnosed Mental Health condition?	Yes	please give details	No	Don't know	
Are there concerns that the person is at risk of self-neglect? (for example: not eating well)	Yes	please give details	No	Don't know	

<b>RISK OF HARM (please tick)</b>					
Is there any evidence that this person could cause harm to others? Including workers?	Yes	please give details	No	Don't know	
Are there any other risks workers should be aware of	Yes	please give details	No	Don't Know	