![A close-up of a logo

Description automatically generated]()128 City Road,

London

EC1V 2NX  
Telephone: +44 7450716983

Email: referrals@hankerhomes.co.uk

# PLACEMENT REFERRAL FORM

# Information about Young Person

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| Personal Information | | | |
| Name: | | Date of birth: | |
| Address: | | | |
| Mobile: | | Email: | |
| Nationality: | Ethnicity: | | Religion: |
| Primary language: | | Secondary language: | |
| Interpreter required: | |  | |
| Is the young person disabled? | | Yes: No: | |
| Is the young person on the disability register? | | Yes: No: | |
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| Family Members | | |
| Name | Relationship to Young Person | Address |
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| Young person’s profile | | | |
| Details of the young person’s strengths and achievements, their personality, likes and dislikes, hobbies and interests and any other information needed for placement matching | | | |
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| School and key agencies | | | |
| Name and address of current pre-school nursery/school/college or other educational provision: | |  | |
| School year |  | Key stage |  |
| Who has agreed that the child can change school? |  | Does the young person have an SEN statement? | Yes: No: |
| Name and address of other key agencies involved. | | | |
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| Care plan and legal status | | |
| What is the chosen plan for this young person? | Remain with birth family  supported by shared care/short term breaks | Long term placement with relatives/friends |
| Return to birth family within   one month | Residential placement until independence |
| Return to birth family within six months | Supported living in community (with view to independence) |
| Long term placement (intended to last until 18, no return home envisaged) | Further exploration of placement with alternative family member |
| Eventual return to birth family | Adoption |
| Other (Please state) | |
| Young person's legal status and details of legal orders in place or required to support the plan | | |
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| Young person’s views (about the care plan and placement) |
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| Contact arrangements (Includes direct, phone, letterbox, and internet) | | | | |
| Person | Relationship to young person | Type of contact | Frequency | Details of the arrangements include transport, facilitation, and supervision. |
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| The carer’s role in helping the young person maintain links with people in their support network, if appropriate. |
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| Name and relationship of any party who is restricted from having contact with the child. Explain the reasons for these restrictions and the arrangements to be put in place. |
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| Placement Request | | | | | | | |
| Referral Date |  | | | Placement start date | | |  |
| Anticipated duration of the placement | 3 months | | 6 months | | 1 year | | More than 1 year |
| Other (please specify) | | | | | | |
| This a new placement request | Yes | This is a change of placement request. | | | | No | |
| Name and relationship to child of any party who should not know the child/young person’s address and reason for this | | | | | | | |
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| Placement restrictions e.g. cannot be placed with any other CLA, location, pets. | | | | | | | |
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| Sibling group: If siblings cannot be placed together what is/are the preferred options? | | | | | | | |
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| Transport requirements, including school and other regular activities | | | | | | | |
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| Does the young person smoke? | | | | | | | |
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**Placement history (if any) See about in Background history**

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| **Total number of previous placements** | |  | |
| Details of last 5 placements: | | | |
| **Placement type** | **From** | **To** | **Reason for leaving (give a context to this move)** |
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**Placement requirements**

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| ***Specifying requirements:***  ***This guidance is to assist in specifying placement requirements that relate directly to the needs of the child and the desired outcomes. The placement request should reflect the Care Plan and be SMART (Specific, Measurable, Attainable, Relevant, Time-Bound). The information provided informs placement searches to match a placement to the child's needs. It will be reviewed at Child Looked After reviews and support the Participating Authorities to quality assure the placement and assess its value for money.***  **Consider the following needs to specify the placement requirements*:*** |

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| **HEALTH** ***History; Current medication & treatments; Allergies and attitudes to pets; Substance misuse; Sexual health, Resilience and self-esteem, Attitude to food and weight; Smoking; Personal hygiene; Physical or sensory impairments.*** |

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| **EDUCATION** (***dates / reasons for leaving educational establishments); Statement of SEN; Where English is a second language; Attitude to education, aspirations, achievements and attainment targets; Attendance; Action needed to help the child catch-up; Importance of continuing at current school/college; Support required for homework, accessing or sustaining apprenticeships, further education, arrangements for work experience, volunteering, career mentoring or pathways into employment etc.*** |

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| **IDENTITY AND SOCIAL PRESENTATION** ***Sense of self-esteem; Sense of ethnicity; religion, spiritual and / or culturally specific needs; requirements to strengthen links with the religious and cultural practices of their birth family; Life story information.*** |

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| **FAMILY AND SOCIAL RELATIONSHIPS** ***Relationship with and support from parents, siblings, wider family and carers; Age appropriate friendships with others; If the young person is a parent, then consider their parenting capacity.*** |

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| **EMOTIONAL, BEHAVIOURAL DEVELOPMENT & SELF CARE SKILLS** ***Abusive incidence to self or others; Behaviours which have been of concern to a child's previous carer and how these were managed; Fire setting; Sexually abusive incidents; Practical, emotional and other skills the child / young person has and what other skills they need.*** |

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| **What the placement needs to provide** | **Outcomes for the placement to achieve (goals)** | **Actions to be taken by the placement/agency and by when** |
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| **Performance levels**  ***Please specify acceptable performance levels against these criteria which will be used to monitor placement (i.e. percentage of goals to be achieved and by when)*** | | |
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**Case Holder details**

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| Allocated Social Worker Name |  | | |
| Telephone number |  | Email |  |
| Team Manager Name |  | | |

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| **Risk Assessment** | | | | | | | | | |
| **ABOUT THE YOUNG PERSON** | | | | | | | | | |
| Forename : | | |  | | | | | | |
| Surname: | | |  | | | | | | |
| Date Of Birth: |  | | Age: | | | |  | | |
| Gender |  |  | | : | | | |  | |
| Ethnic Origin (Please Specify): | | | British | | | | | | |
| Disabilities/Special Needs: | | | No | | | | | | |
| Main language spoken: | | | English | | | | | | |
| Interpreter required: | | | No | | | | | | |
| **COLLEGE DETAILS** | | | | | | | | | |
| Name: South Thames College | | |  | | | | | | |
| Address:  Tooting  London | | |  | | | | | | |
| Telephone Number: | | |  | | | | | | |
| Contact Name: | | |  | | | | | | |
| **REASON FOR RISK** | | | | | | | | | |
| What is the reason(s) for the referral e.g. exposure to risk factors e.g. aggressive/threatening incident, anti-social behaviour, offending? | | | | | |  | | | |
| **Details:** | | | | | | | | | |
| **RISK FACTOR SCREENING TOOL** | | | | | | | | | |
| Please look at the risk factors you are aware relate to the young person’s potential or current involvement in offending or anti-social behaviour or aggressive/ threatening behaviour to professionals or peers.  **On the grid below mark on a scale from 1 to 3 (1=low 2=Possible and 3 is High risk) give a mark for the likelihood of harm occurring and a mark for the potential seriousness of the harm.** | | | | | | | | | |
| **RISK INDICATORS** | | | **RATING** | | | | | | |
| **Risk to Client** | | | **Likelihood of occurring** | | **Seriousness of Harm** | | | | **Factor** |
| Violence | | |  | |  | | | |  |
| Self-Harm | | |  | |  | | | |  |
| Alcohol Abuse | | |  | |  | | | |  |
| Drug Abuse | | |  | |  | | | |  |
| Prostitution | | |  | |  | | | |  |
| Harassment | | |  | |  | | | |  |
| Involvement in offending | | |  | |  | | | |  |
| Is violent and aggressive | | |  | |  | | | |  |
| Mental health issues | | |  | |  | | | |  |
| Not taking medication | | |  | |  | | | |  |
| Is hyperactive and has poor concentration | | |  | |  | | | |  |
| Has gone missing from home | | |  | |  | | | |  |
| Involved in other criminal activities | | |  | |  | | | |  |
| Has experience discrimination and prejudice | | |  | |  | | | |  |
| Victim of physical/mental abuse by others | | |  | |  | | | |  |
| History of anti-social behaviour  (e.g. fighting, bullying and ‘hidden’ offending) | | |  | |  | | | |  |
| Currently hangs about with groups of young people involved in offending and anti-social behaviour | | |  | |  | | | |  |
| Holds negative beliefs and attitude  (e.g. supportive of crime and other anti-social acts –not supportive of education or work) | | |  | |  | | | |  |
| **RISK TO STAFF** | | | **Likelihood of occurring** | | **Seriousness of Harm** | | | | **Factor** |
| Actual Physical Abuse | | |  | |  | | | |  |
| Inappropriate Behaviour | | |  | |  | | | |  |
| Verbal Abuse | | |  | |  | | | |  |
| Infection | | |  | |  | | | |  |
| False Allegations | | |  | |  | | | |  |
| Harassment | | |  | |  | | | |  |
| **RISK TO COMMUNITY** | | | **Likelihood of occurring** | | **Seriousness of Harm** | | | | **Factor** |
| Harassment | | |  | |  | | | |  |
| Violence | | |  | |  | | | |  |
| Vandalism | | |  | |  | | | |  |
| Drug Dealing | | |  | |  | | | |  |
| Noise | | |  | |  | | | |  |
| **EDCUATION/TRAINING/EMPLOYMENT** | | | **Likelihood of occurring** | | **Seriousness of Harm** | | | | **Factor** |
| Under achievement at college | | |  | |  | | | |  |
| History of non-attendance | | |  | |  | | | |  |
| Disciplinary action taken (suspension etc) | | |  | |  | | | |  |
| Frequently changes school | | |  | |  | | | |  |
| Disruptive and aggressive behaviour | | |  | |  | | | |  |
| Learning difficulties, EBD, dyslexia or other special needs | | |  | |  | | | |  |
| Lack of attachment to work/college | | |  | |  | | | |  |
| **RISK TO FAMILY** | | | **Likelihood of occurring** | | **Seriousness of Harm** | | | | **Factor** |
| History of abuse and neglect | | |  | |  | | | |  |
| History of Domestic Violence | | |  | |  | | | |  |
| Significant family problems e.g. debt, drugs, illness | | |  | |  | | | |  |
| Poor family relationships, conflict and lack of affection | | |  | |  | | | |  |
| Family members involved in offending | | |  | |  | | | |  |

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| Please describe the pattern of anti-social risk as indicated above (seriousness and frequency if known) | | | | | | |
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| What is the impact of the anti-social behaviour or offending on others and the community? | | | | | | |
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| **PURPOSE OF INTERVENTION AND OUTCOME EXPECTED** | | | | | | |
| What intervention(s) or services would Children &Young People’s Services provide? (Please describe) | | | | | | |
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| **OTHER AGENCY INVOLVEMENT WITH THE YOUNG PERSON** | | | | | | |
| Agency | | | Contact Name | | | Telephone Number |
| Social Services | |  |  | | |  |
| Education Support Services | |  |  | | |  |
| Youth Offending Service | |  |  | | |  |
| Other Youth Services | |  |  | | |  |
| Health | |  |  | | |  |
| Police | |  |  | | |  |
| Other (Please Specify)  Leaving care worker | |  |  | | |  |
| **STAFF MEMBERS CONTACT DETAILS COMPLETING THIS FORM** | | | | | | |
| Name: |  | | | Agency: |  | |
| Position: |  | | | Telephone: |  | |
| Address: |  | | | Email: |  | |
| Date: |  | | | Signature: |  | |