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PLACEMENT REFERRAL FORM

Information about Young Person

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: ☐

Family Members		
Name	Relationship to Young Person	Address

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			
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.			

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

Young person's views (about the care plan and placement)

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.

The carer's role in helping the young person maintain links with people in their support network, if appropriate.
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.

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				
Placement restrictions e.g. cannot be placed with any other CLA, location, pets.				
Sibling group: If siblings cannot be placed together what is/are the preferred options?				
Transport requirements, including school and other regular activities				
Does the young person smoke?				

Placement history (if any) See about in Background history

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

Placement requirements

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*:*

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.

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.***

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.

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.

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.

What the placement needs to provide	Outcomes for the placement to achieve (goals)	Actions to be taken by the placement/agency and by when
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)

Case Holder details

Allocated Social Worker Name			
Telephone number		Email	
Team Manager Name			

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			

Please describe the pattern of anti-social risk as indicated above (seriousness and frequency if known)
What is the impact of the anti-social behaviour or offending on others and the community?
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:	