

**Type of Placement Requested:**

SOLO OCCUPANCY

AGED 16 +

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medium / Long Term  28 days – 6months |  | Long terms  6 months plus |  | Not yet known |  |

**Child/ Young Person’s Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Preferred Name |  | Previous Name |  | | |
| Legal Status, eg ICO  / FULL CARE ORDER/ ANY HISTORY OF PREVIOUS DOLS etc |  | | | | |
| Date of Birth |  | Age |  | Gender |  |
| Height |  | Weight |  | | |
| Skin Complexion |  | Build |  | | |
| Identifying features |  | | | | |
| Ethnicity |  | Religion |  | | |
| Language/s Spoken |  | | | | |
| Nationality |  | | | | |

**Referred By:**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Telephone No  Direct desk number and Mobile numebr |  |
| Email |  |
| Date of referral |  |

**Local Authority:**

|  |  |
| --- | --- |
| Social Worker’s Name |  |
| Office Telephone No. (DIRECT DESK) | Desk-  Mob- |
| Email Address |  |
| Team Manager Name |  |
| Team Manager Phone No. |  |
| Team Manager Email Address |  |
| Emergency Duty Number of Local Authority |  |
| Local Authority |  |
| Address of LA |  |
| How long has the Social Worker been allocated the child |  |
| If less than 2 months, previous Social Workers name and contact details. |  |
| Independent Reviewing Officer’s Name |  |
| Email Address |  |

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| **Current situation / Reason for placement request:** | |
| Please give as much information as possible | |
| Expected date of admission |  |
| Expected length of placement |  |
| What is the long-term plan for the young person?  *Eg leaving care, to be returned home, to enter a foster care placement, to go to a childrens residential home* |  |
| Is the young person aware of the placement move? |  |
| Is the main carer/parent aware of the placement move and the programme operated within the home? |  |

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| **Previous Placements (total):** | | | | | | | | | |
| Adoptive |  | Foster |  | Residential |  | Respite |  | Secure |  |
| Details of last 3 placements: | | | | | | | | | |
| Placement | | From | | To | | Reason for ending | | | |
| 1. | |  | |  | |  | | | |
| 2. | |  | |  | |  | | | |
| 3. | |  | |  | |  | | | |
| Address and phone number of current placement | | | |  | | | | | |
| Home Address  *(Of parents, SGO carers etc)* | | | |  | | | | | |

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| **Child’s history and family background (Please include any ACE’s).** | | | | |
| *Eg*  *Ace’s/ exploitation/ uasc/ Child protection concerns/ missing from home / mental health/ family contact plan etc* | | | | |
| **Please describe the child personality, their likes, dislikes, communication style , what theyre good at, their interests (please include as may positives as possible as we are a strengths based provider and it may help in engaging/ settling the chid in:** | | | | |
|  | | | | |
| Child Protection Plan? | Yes |  | No |  |

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| **Family Structure** | | | | | | |
| **Main Carers/Parents** | **Age** | **Relationship** | **Location (County)** | **Contact with young person?** | **Restriction?** | **Contact Details (inc. Mob No.** |
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| **Significant others** | **Age** | **Relationship** | **Location (County)** | **Contact with young person?** | **Restriction?** | **Contact Details (inc. Mob No.** |
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| **Are there any details of any contact orders or special arrangements for contact?** |
| *(How often is contact, if any? Is this supervised or unsupervised. Are the parents a risk to the child? Any exploitation concerns etc)*  Please note that we do not supervise contact but we do offer transport to and from family time/ contact |

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| **Additional Information Supplied (Please provide information that can assist in our assessment and decision making process)** | **Copy Provided** | | | |
| Chronology | Yes |  | No |  |
| Education, Health and Care Plan (EHC) | Yes |  | No |  |
| Risk Assessments | Yes |  | No |  |
| Copy of Education Statement | Yes |  | No |  |
| Any other consent forms  Care Assessment and/ or latest minutes form the casp/ cp plan/ strategy meeting minutes | Yes |  | No |  |
| Background information including previous Assessment / YOT Report / copy of Birth Certificate and Legal Orders / Placement Agreement / Therapeutic Protocol if appropriate. | Yes |  | No |  |

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| **Please provide details of the following needs/risks.** | **Yes / No** | | **If ‘Yes’ please give all details and relevant dates.** | | **Total number of events/incidents in the last 12 months** |
| Physical Disability, Learning Disability, Mental Ill Health, Physical Illness or Injury? |  | |  | |  |
| Enuresis or encopresis? (Bed wetting, soiling) |  | |  | |  |
| Self-harm / Self-injury / Suicidal ideation? |  | |  | |  |
| Eating disorder? |  | |  | |  |
| Special medical health needs? |  | |  | |  |
| Substance misuse (including alcohol, solvents, glue as well as drugs)? |  | |  | |  |
| Any involvement with drug dealing? |  | |  | |  |
| Any current debts to drug dealers? |  | |  | |  |
| Police Involvement? |  | |  | |  |
| Ever been/ currently open to Youth Justice? |  | |  | |  |
| Any court dates pending |  | |  | |  |
| Any possession or use of a knife or weapon? |  | |  | |  |
| Smoking? |  | |  | |  |
| Victim of sexual abuse? |  | |  | |  |
| History of sexually harmful behaviour |  | |  | |  |
| Physical / emotional abuse? |  | |  | |  |
| Ever been physically abusive towards staff? |  | |  | |  |
| Neglect? |  | |  | |  |
| Making allegations against previous placement providers or other young people? |  | |  | |  |
| Made a disclosure? |  | |  | |  |
| Ongoing child protection investigation regarding historical disclosure? |  | |  | |  |
| Outstanding Court Appearance? |  | |  | |  |
| Criminal offending (including convictions, cautions etc.)? |  | |  | |  |
| Criminal damage in Residential / Foster Homes |  | |  | |  |
| Fire-setting? |  | |  | |  |
| Exhibiting behaviours or expressing language that could offend any particular sections of society? |  | |  | |  |
| Verbal/physical aggression towards adults? |  | |  | |  |
| Verbal/physical aggression towards young people/ people in community |  | |  | |  |
|  | | | | | |
| **Does the young person have any history of:** | | **Yes / No** | | **If ‘Yes’ please give details and relevant dates.** | |
| Bullying (victim or perpetrator)? | |  | |  | |
| Cruelty to animals? | |  | |  | |
| Exploitation or at risk of exploitation? ®  If so are they open to panel/ do you know their rating (low, med.high?) | |  | |  | |
| Sexually harmful behaviours? Please specify if the young person is convicted or alleged to have committed sexual offences. | |  | |  | |
| Is there a curfew in place or any other youth offending restrictions/constrictions in place e.g. Liberty / dols/ Curfew/ Tag/ Protection Safeguards. etc? | |  | |  | |
| Anti-social behaviour in the community? | |  | |  | |
| A history of missing from Care? (Including the frequency, risk factors and any frequented addresses). | |  | |  | |
| Are there any adults of risk that we need to be aware of? And is there a CAWN in place for each names adult? | |  | |  | |
| Is there a safety plan in place? If so what is it and has the child been involved in the safety plan? Are they aware of the safety plan? | |  | |  | |
| If there is a history of going missing, what arrangements do the Local Authority have in place with regard to carrying out Return to Home interview?  Are the childs parents to be informed etc.when/ if they go missing | |  | |  | |

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| **Further Details** | |
| What does the young person like/dislike?  Provide details of activities and hobbies enjoyed by the young person.  Any areas of sensitivity. |  |
| What positive interventions has the young person responded to? (e.g.” time alone to “cool down”/ sports/ positive reinforcement , arts and crafts, writing a better., music etc |  |
| Does the young person interact socially with peers appropriately?  Give details of peer group relationships.  Is overnight contact allowed with any peers, if so provide names of peers. Have the aduls in the peers home had a PNC? |  |
| Are there any friends or peers that are of a concern? Please provide details. |  |
| Are there any specific needs relating to, religion, culture and heritage we need to be aware of and community links that need to be encouraged or developed? |  |
| Are there any special dietary needs including allergies? Halal, Kosher, vegan etc |  |
| Does the young person require any immediate medical appointments e.g. hearing checks, sexual health Clinic etc.? |  |
| Please provide details of medication that the young person may take and their management of it.  (please note we do not administer medication but we do prompt service user. We also store it securely in the office) |  |
| Does the young person have an Independent Advocate? |  |
| Does the young person have involvement with other professional organisations? E.g. YOS, NSPCC etc. Please provide names and contact numbers. |  |
| Are there any other Medical Specialists involved with the young person eg CAMHS or therapeutic team involvement? If so please give details. |  |
| Any formal psychiatric history, including psychiatric or psychological assessments? Please attach copies of reports. |  |
| Has the young person ever participated in professional therapeutic counselling? Indicate frequency of session and most recent involvement. |  |
| In the young person’s previous placements, were they allocated a keyworker?  Indicate the frequency of key work sessions. |  |

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| **Most recent GP** | | |
| Name |  | |
| Address |  | |
| Telephone No. |  | |
| Any outstanding treatment |  | |
|  | | |
| **Most recent Dentist** | | |
| Name |  | |
| Address |  | |
| Telephone No. |  | |
| Any outstanding treatment |  | |
|  | | |
| **Most recent Optician** | | |
| Name |  | |
| Address |  | |
| Telephone No. |  | |
| Any outstanding treatment |  | |
|  |  | |
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| **Other relevant professional involvement** | | |
| Name |  | |
| Address |  | |
| Telephone No. |  | |
| Any outstanding treatment |  | |

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| **Education Details** | | | | | |
| Does the young person have a Statement of Educational Need/EHC plan? | | Yes |  | No |  |
| If ‘Yes’ is a copy of the SEN/EGC plan attached? | | Yes |  | No |  |
| Date of the last Statement review | |  | | | |
| Last School or Education Placement (Inc. Address and email address) |  | | | | |
| Details of all previous schooling and education including dates. |  | | | | |
| Start date – End date |  | | | | |
| Does the young person have a Personal Education Plan? | | Yes |  | No |  |
| Does the young person have an Individual Education Plan? | | Yes |  | No |  |
| Does the young person have an Education Provision? | | Yes |  | No |  |

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| **Please provide details of current provision or plans for a provision, including travel arrangements.** |
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| **Please give a summary of educational ability and experiences.** |
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| **Detail any outcomes required by the placement:** |
| Safeguarding Outcomes |
|  |
| Health Outcome |
|  |
| Education Outcomes |
|  |
| Emotional and Behavioural Development Outcomes |
|  |
| Family and Social Relationships Outcomes |
|  |
| Social Presentation and Self Care Outcomes |
|  |
| Participation Outcomes |
|  |
| Exploitation Outcomes |
|  |
| Substance Misuse Outcomes |
|  |

**Essential Information**

**Consents**

**Please note – the information and consents in this document refer to Three 6ixty. This includes all services, contracts and companies owned or managed by Three 6ixty.**

**Activities** (included in cost)

I, the undersigned, hereby give my permission for the above named child to take part in educational visits and activities arranged and/or approved Three 6ixty, their officers, representatives, support staff and agents. I understand and support the use of adventurous activities and I have been made aware that these activities will only take place under the instruction of appropriately qualified instructors and at a Centre that holds an appropriate licences etc.

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| **Yes** |  | **No** |  |

**Medication / First Aid**

I, the undersigned, hereby give my permission to appropriately trained staff of Three 6ixty to administer first aid and prompt appropriate prescription and non-prescription (homely remedies) medication to the above named young person as per Medication Policy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Medical/Dental Treatment**

It is a necessary condition of placement that the responsible Local Authority delegates authority for emergency or routine treatment or minor procedures to Three 6ixty for the duration of the young person’s placement. This can include immunisations, routine medical and dental treatment and minor operative procedures.

I understand that where major planned treatments or operations are medically advised Three 6ixty will first discuss this with and seek specific consent from the purchasing authority.

In cases where parental responsibility is not assumed and as a condition of placement, it is the Local Authority’s responsibility to obtain consent from a young person’s parents to delegate authority for examination or treatment to Three 6ixty for the duration of their placement.

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| **Yes** |  | **No** |  |

**Permission to take Photographic Images**

It is necessary to take photographic images for the purpose of recording life history work or specific activities that the young person does that may be recorded for educational / social development purposes.

At all times these images are safely guarded and are only used for their intended purpose.

All young people’s files will have a photographic image of the young person to be used in relation to unauthorised absence. This will not be used for any other purpose.

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| **Yes** |  | **No** |  |

**Activities**

I give my permission for the above named child to take part in organised activities, outdoor pursuits in line with the homes Statement of Purpose and subject to risk assessment.

**Electronic Surveillance**

Please provide us with details around mobile usage. Please note we are not able to monitor or remove electronic devices however each home has a wifi curfew so that they rest/ sleep time is protected. . Please note that some of our solo placements have door external camera’s fitted (ring door bell). I understand that these measures could be monitored in line with the child’s placement plan and risk assessment and/ or general safety of the property.

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| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Telephone Use**

There is a telephone freely available within the home. Arrangements for the child to make or receive calls will be agreed in their placement plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Independent Visitors**

I am aware that only professionals involved with the child are permitted to visit the placement. We do not allow family/ friends to visit.

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| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Programme**

I confirm that the nature of the programme and plan for the young person has been explained to them, prior to arrival at the placement and any necessary documentation and detail given as requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

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| **Declaration – once signed this is to be forwarded to** |

**Declaration**

**I confirm that the information supplied in this Referral Form, to the best of my knowledge, is a true and comprehensive reflection of the child/young person’s current behaviours, needs and risks and that Three 6ixty have offered this placement based on the information they have been given.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(In block capitals)**