

**Referral for a Secure Children’s Homes (SCH) Placement**

Please use this form for placements in a SCH in England under Section 25 of the Children’s Act 1989, or in Wales, under 119 of the Social Services and Wellbeing (Wales) Act 2014.

**PLEASE FILL IN ALL THE WHITE BOXES ON THE REFERRAL FORM.**

**A CARE PLAN MUST BE SENT TO THE SECURE CHILDREN’S HOME WITHIN 72 HOURS OF THE YOUNG PERSON BEING PLACED.**

SAN Referral Form Vr 5.0

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| 1. **REFERRAL**
 | [**Show Guidance**](#S1_GUIDANCE) |
| Date of Referral | Click here to enter a date. |
| Point of contact for the referral process | Name | Click here to enter text. |
| Role | Click here to enter text. |
| Tel Number | Click here to enter text. |
| Mob Number | Click here to enter text. |
| Email | Click here to enter text. |
| Secure Email | Click here to enter text. |
| Referring Local Authority | Choose an item. |
| Court applying to for S.25 | Click here to enter text. |
| Primary Reason for Order | Choose an item. |
| Secondary Reason for Order | Choose an item. |
| Tertiary Reason for Order | Choose an item. |
| Expected/Requested start date of placement | Click here to enter a date. |
| Expected/Requested end date of placement | Click here to enter a date. |

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| **Is the young person:** |  |
| Currently in hospital | Choose an item. |
| If ‘Yes’, under the Mental Health Act | Choose an item. |
| Currently Missing | Choose an item. |
| Currently in Police custody | Choose an item. |
| If ‘Yes’ for any of the above, please indicate that you have agreement to pay a bed retainer at the agreed daily rate | Choose an item. |

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| 1. **YOUNG PERSON [Show Guidance](#S2_GUIDANCE)**
 |
| Forename | Click here to enter text. | Surname | Click here to enter text. |
| Social Care System ID | Click here to enter text. | NHS Number | Click here to enter text. |
| Gender | Choose an item. | Ethnicity | Choose an item. |
| DOB | Click here to enter a date. | Religion | Choose an item. |
| Age | Choose an item. | First Language | Click here to enter text. |
| Height | Click here to enter text. | Interpreter required | Choose an item. |
| Weight | Click here to enter text. | Legal Status | Choose an item. |
| Do you intend to initially place under the 72-hour agreement? | Choose an item. |
| **For Under 13’s:** Secretary of State/ Welsh Minister’s approval: (<http://www.securechildrenshomes.org.uk/referrals.html>) |
| Applied for | Choose an item. |
| Granted | Choose an item. |

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| 1. **KEY CONTACT [Show Guidance](#S3_GUIDANCE)**
 |
| **Role** | **Name** | **Tel. Number** | **Mob. Number** | **Secure Email** |
| **Social Worker** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Placements Team** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **YOT Worker** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| 1. **PLACEMENT HISTORY**
 | [**Show Guidance**](#S4_GUIDANCE) |
| **Current Placement:** | Placement Type | Choose an item. |
| Length in Placement | Click here to enter text. |
| Additional Staffing levels | Choose an item. |
| Contact Person | Click here to enter text. |
| Tel No/Email: | Click here to enter text. |
| **Previous Placement:** | Placement Type: | Choose an item. |
| Length in Placement: | Click here to enter text. |
| Contact Person: | Click here to enter text. |
| Tel No/Email: | Click here to enter text. |
| At what age did the young person first come into care? | Choose an item. |
| **Placement history:** please list, chronologically, every care placement that the young person has been placed in since their first episode of care, including returns back home |
| Click here to enter text. |
| **Previous Secure Accommodation Placements:** |
| Secure Home | Legal Order | Start Date | End Date | Destination |
| Choose an item. | Choose an item. | Click here to enter a date. | Click here to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click here to enter a date. | Click here to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click here to enter a date. | Click here to enter a date. | Choose an item. |
| Any other secure accommodation placements (not listed above)(e.g. Remanded/sentenced or mental health setting): |
| Click here to enter text. |

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| What are the risk factors presented in support of a secure accommodation placement? Which behaviours give cause for concern? (Violence, aggression, etc) |
| Click here to enter text. |
| Summary of present Care Plan |
| Click here to enter text. |
| What is your proposed exit and transition plan from a secure placement? |
| Click here to enter text. |
| **Aims of Placement**: include specific and achievable work to be completed during placement (e.g. care plan goals, assessments, young person’s needs). How will these be measured - *SMART* objectives |
| **1.** Click here to enter text. |
| **2.** Click here to enter text. |
| **3.** Click here to enter text. |

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| 1. **FAMILY AND SOCIAL RELATIONSHIPS**
 | [**Show Guidance**](#S5_GUIDANCE) |
| **Background/ family information** – Outline the young person’s family background and history. Please provide some context and details around significant life events that may have contributed to a secure welfare bed being required.  |
| Click here to enter text. |
| At what age did the young person first become known to children’s services? Please briefly describe the circumstances | Choose an item. |
| Click here to enter text. |
| What recent events have resulted in a request for a secure placement at this point in time? |
| Click here to enter text. |
| Please describe how the young person interacts with peers, professionals, adults, family members, etc. Include positive interaction techniques. |
| Click here to enter text. |
| Please detail the young person’s positive behaviours, strengths, aspirations, and interests.  |
| Click here to enter text. |
| What are the young person’s views/wishes/feelings regarding being in secure? |
| Click here to enter text. |

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| **Approved Contacts for young person:** |  |
| Name | Relationship | PR | Preferred Contact No | Contact Method: | Address |
| Phone | Letter | Visit |
| Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. | Click here to enter text. |
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| 1. **YOUTH JUSTICE ISSUES**
 | [**Show Guidance**](#S6_GUIDANCE) |
| **Outstanding Offences in chronological order** (including dates, places of pending court appearances, if known) |
| Date | Offence(s) | Pending Issues |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| **Summary of Previous Offences in chronological order** |
| Date | Offence(s) | Outcome |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| **IF THERE ARE ANY FURTHER OFFENCES PLEASE LIST THEM IN SECTION 13** |
| Is there any current involvement with the Youth Offending Team (YOT)? | Choose an item. |

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| 1. **BEHAVIOURS/ ACEs [Show Guidance](#S7_GUIDANCE)**
 |
| Description of presenting behaviours | Details of behaviour(causes/ triggers/ occurrences, frequency/ techniques for de-escalation) | Risk Assessment | When was the most recent occurrence |
| Violent/ challenging behaviours (inc. fire setting) | Click here to enter text. | Choose an item. | Click here to enter a date. |
| Self-harm & suicide attempts | Click here to enter text. | Choose an item. | Click here to enter a date. |
| Substance misuse | Click here to enter text. | Choose an item. | Click here to enter a date. |
| Sexualised behaviour (inc. Sexually Harming Behaviour, CSE) | Click here to enter text. | Choose an item. | Click here to enter a date. |
| Absconding | Click here to enter text. | Choose an item. | Click here to enter a date. |
| Gang affiliation/ Criminal exploitation | Click here to enter text. | Choose an item. | Click here to enter a date. |

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| **Has the young person experienced any of the following adverse childhood experiences (ACEs)?** |
| Evidence of verbal or emotional abuse | Choose an item. | Parental mental illness | Choose an item. |
| Physical abuse | Choose an item. | Physical or emotional neglect | Choose an item. |
| Sexual abuse | Choose an item. | Parental criminal behaviour or imprisonment | Choose an item. |
| Domestic abuse | Choose an item. | Separation from parent due to parental deportation or detainment | Choose an item. |
| Parental substance misuse | Choose an item. | Young person is a parent | Choose an item. |
| Loss of a parent (death or separation) | Choose an item. | Bereavement of a significant person | Choose an item. |
| **If ‘Yes’ to any of the above, please ensure details are included in Section 5.** |

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| **Any Assessments completed** (e.g. Connors/ Positive behaviour support/ Psychological): |
| Date of Assessment | Type of Assessment | By who |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |

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| 1. **HEALTH**
 | [**Show Guidance**](#S8_GUIDANCE) |
| **Medical information** | **Details** |
| Current illness/ injury | Click here to enter text. |
| Current medication/ treatment | Click here to enter text. |
| Current tobacco use | Click here to enter text. |
| Current drug use | Click here to enter text. |
| Current alcohol use | Click here to enter text. |
| Is a detox from substances required? (What substance and why) | Click here to enter text. |
| Medical conditions | Click here to enter text. |
| Physical conditions | Click here to enter text. |
| Treatment in the last 12 months | Click here to enter text. |
| Special dietary requirements | Click here to enter text. |
| Undiagnosed/suspected physical conditions | Click here to enter text. |
| Encopresis | Click here to enter text. |
| Enuretic | Click here to enter text. |
| Visually impaired | Click here to enter text. |
| Hearing impaired | Click here to enter text. |
| Asthma | Click here to enter text. |
| Epilepsy | Click here to enter text. |
| Diabetes | Click here to enter text. |
| Dental Requirements/ Orthodontics | Click here to enter text. |

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| **Has the young person been diagnosed with any of the following?** |
| A learning disability | Choose an item. |
| Autism | Choose an item. |
| **Is the young person suspected of any of the following? If ‘Yes’, please provide details** |
| A learning disability | Click here to enter text. |
| Autism | Click here to enter text. |

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| 1. **MENTAL HEALTH**
 | [**Show Guidance**](#S9_GUIDANCE) |
| Assessment Status | Choose an item. |
| When (date) | Click here to enter a date. |
| Who (professional role) | Click here to enter text. |
| Where (e.g. police custody, mental health hospital, A&E, etc.) | Click here to enter text. |
| List known attempted suicidal behaviour or incidents of self-harm (incl. dates) | Click here to enter text. |
| Outcome and follow up treatment | Click here to enter text. |
| **Previous/Current mental health service involvement** |
| Inpatient CAMHS (e.g. Tier 4) | Choose an item. |
| Community CAMHS | Offered | Choose an item. |
| Engaged | Choose an item. |
| Eating disorder service | Choose an item. |
| Other mental health input | Click here to enter text. |

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| **Mental health condition(s) diagnosed** |
| Condition | Professional (role not individual) | Date |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |

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| **Mental health condition(s) suspected (no formal diagnosis)** |
| Condition | Professional (role not individual) |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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| 1. **EDUCATION**
 | [**Show Guidance**](#S10_GUIDANCE) |
| **Known to the local authority’s virtual school** | Choose an item. |
| Contact name | Click here to enter text. |
| Contact details | Click here to enter text. |
| **Currently on roll at school** | Choose an item. |
| Current School | Click here to enter text. |
| Contact name | Click here to enter text. |
| Contact details | Click here to enter text. |
| **Currently educated other than school** | Choose an item. |
| Education setting | Click here to enter text. |
| Contact name | Click here to enter text. |
| Contact details | Click here to enter text. |
| **Currently excluded** | Choose an item. |
| Exclusion history | Click here to enter text. |

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| **EHCP (previously SEN Statement)** | Choose an item. |
| If, ‘In Process’, please elaborate | Click here to enter text. |
| **Current SEN status** | Choose an item. |
| Primary need  | Choose an item. |
| Secondary need(s)  | Choose an item. | Choose an item. | Choose an item. |
| Any other relevant information | Click here to enter text. |

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| 1. **RELIGIOUS/ CULTURAL NEEDS**
 | [**Show Guidance**](#S11_GUIDANCE) |
| Are there any specific cultural, religious, or ethnic considerations to take into account? |
| Click here to enter text. |

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| 1. **SUPPORTING DOCUMENTS**
 | [**Show Guidance**](#S12_GUIDANCE) |
| **Document** | **Status**  |
| Current local authority care plan (CLA, CP or CIN plan) | Choose an item. |
| Most recent SEN plan (Statement of special needs or EHCP) | Choose an item. |
| Most recent court report | Choose an item. |
| Most recent review | Choose an item. |
| Most recent planning meeting | Choose an item. |
| Most recent summary of relevant events | Choose an item. |
| Other relevant information e.g. psychological report. Please specify | Click here to enter text. |
| **Please note:** Initially, the secure children's homes will be sent your referral document only. If they require further information, they will be sent the supporting documents. |

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| 1. **ANY OTHER RELEVANT INFORMATION**
 | [**Show Guidance**](#S13_GUIDANCE) |
| Click here to enter text. |

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| 1. **UPDATES FROM ORIGINAL REFERRAL**
 | [**Show Guidance**](#S14_GUIDANCE) |
| Please add the updates to the top of the following response. |
| Click here to enter text. |



**GUIDANCE NOTES FOR COMPLETION OF REFERRAL FOR SECURE ACCOMMODATION**

FAILURE TO COMPLETE THE REFERRAL FORM CORRECTLY WILL RESULT IN YOUR REFERRAL BEING UNABLE TO BE SENT TO ANY HOMES UNTIL ALL INFORMATION HAS BEEN PROVIDED.

SHOULD YOU REQUIRE ANY FURTHER INFORMATION THEN PLEASE CONTACT THE SECURE WELFARE COORDINATION UNIT RESPONSIBLE FOR REFERRALS.

**SECTION 1; REFERRERS DETAILS:**

* Please complete all information regarding the referred young person and reason for referral.
* Date of referral – date that the referral is fully completed and sent to the Secure Welfare Coordination Unit.
* Court that the secure order will be granted from.
* Start Date – please indicate if the placement is required immediately.
* Reasons for order – please indicate the reasons why you require a placement.
* Please indicate if the young person is currently in hospital, missing or in police custody.
* If your young person does not immediately require the bed, a retainer will be required. In the event of a placement offer, the retainer is likely to be the full bed price. This will be required from the day the bed offer is made.

[(Go back to Section 1 of the Form)](#REFERRAL)

**SECTION 2; YOUNG PERSON:**

* Please complete all personal information regarding the young person.
* Height and weight must be completed to give the homes an idea of the stature of the young person; this can be an approximate build if exact height and weight is not known.

CRITERIA INFORMATION

* ‘The criteria for placements in secure children’s home are set out in section 25 of the Children Act 1989 (where the child is to be placed in England) and section 119 of the Social Services and Well-being (Wales) Act 2014 (where the child is to be placed in Wales). English LAs should also refer to the Children (Secure Accommodation) Regulations 1991 and Volume 4 of the Children Act 1989 Guidance (Chapter 8). Welsh LAs should refer to the Children (Secure Accommodation) (Wales) Regulations 2015 and the Part 6 Code of Practice (Chapter 7).
* Secure Accommodation Orders are made on application to the Family Proceedings Court.
* The 72-hour rule applies in an EMERGENCY, as set out in the Regulations. Social worker should discuss this option with a relevant manger and seek a DIRECTOR’S ORDER (from Director or Deputy Director or Head of service). This can extend to a maximum of 72 hours however may not be subsequently lengthened without a COURT ORDER.
* Local authorities in England must have written permission from the Secretary of State before placing a child under 13 in a secure children’s home. Local authorities in Wales must have written permission from the Welsh Ministers. Young People aged 16 or over must be subject to a Care Order and a Secure Accommodation Order to remain in secure accommodation.

GUIDANCE

* Please indicate if you will be using the 72-hour rule or seeking a Secure Accommodation Order before admission.
* Please indicate if an application for Secretary of State/Welsh Ministers Approval has been submitted and if so, has this been granted.

[(Go back to Section 2 of the Form)](#YOUNG_PERSON)

**SECTION 3; KEY CONTACTS:**

* Please fill in all boxes with the allocated Social Worker’s details.
* Please fill in all boxes with the allocated Placement Officer details.
* If your young person is allocated a YOT worker, please fill in all boxes with their details.

[(Go back to Section 3 of the Form)](#KEY_CONTACT)

**SECTION 4; PLACEMENT HISTORY:**

* Please be detailed when providing information regarding previous placements; a secure children’s home may contact the current or previous placement using the details you have provided, by providing these details you give consent for them to be contacted.
* Placement history – please include a full placement history, give details of every care placement in chronological order; to include episodes where a young person might have returned home.
* Previous secure placements – please indicate any secure placements to include welfare, Scottish welfare, YCS and secure mental health settings.
* Please provide a bullet pointed list of the risk factors presented and details/descriptions of each behaviour.
* Summarise the young person’s care plan to include the intentions of a secure placement.
* Give details of proposed exit route from secure accommodation to include the potential transitioning plans.
* Aims of Placement – please complete details of achievable work to be undertaken during the placement. For each Aim, consider SMART (Specific, Measurable, Achievable, Realistic and Timely) objectives in line with the young person’s care plan goals.

[(Go back to Section 4 of the Form)](#PLACEMENT_HISTORY)

**SECTION 5; FAMILY AND SOCIAL RELATIONSHIPS:**

* Give details of background and family information, please ensure this is contextual with all relevant significant events included.
* Please indicate the age the young person first become known to Children’s Services and include the reasons for this involvement.
* Give details of reasons why the referral is being submitted at this time, to include recent events that have escalated the need for a placement.
* Outline how you might expect a young person to interact with others, based on previous relationships made.
* Provide examples of the young person’s activities, hobbies and likes.
* Please indicate if the young person is aware of the application for secure welfare and include their views. Please also highlight if they are not aware and reasons why.
* Give details of authorised contact and contact methods.

[(Go back to Section 5 of the Form)](#FAMILY_SOCIAL_RELATIONSHIPS)

**SECTION 6; YOUTH JUSTICE ISSUES:**

* Please fill in all boxes, with specific offences and outcomes, any additional offences include in Section 13.

[(Go back to Section 6 of the Form)](#YOUTH_JUSTICE)

**SECTION 7; BEHAVIOURS/ ACEs:**

* Please be detailed when providing information regarding each individual behaviour, to include description of the behaviours and possible triggers.
* Give level of risk on each individual behaviour using the risk guide on referral document, indicate the level of risk in the box provided: HIGH = reported to have occurred regularly/daily, MEDIUM = likely to occur and has been reported, LOW = unlikely to occur, NO = no reported behaviour and no likelihood of occurrence. Please include date of most recent occurrence.
* Please indicate all ACEs and ensure details of these are included within Section 5.

[(Go back to Section 7 of the Form)](#BEHAVIOURS)

**SECTION 8; HEALTH:**

* Please fill in all boxes, give as much information as possible, if not relevant please indicate N/A.
* Clinical detox - If you believe the young person will suffer significant substance withdrawal symptoms that could necessitate medical intervention, please provide details.
* Any current medication name and dosage must be noted correctly and whether a repeat prescription is required.
* If you suspect the young person has a learning disability or Autism, please outline details.
* Please supply a recent health record and if relevant any additional health assessments.

[(Go back to Section 8 of the Form)](#HEALTH)

**SECTION 9; MENTAL HEALTH:**

* Complete section fully.
* Assessment completed/started – this should be “yes” if any type of mental health assessment has ever been completed/started, even if not by CAMHS i.e. at A&E, part of care proceedings, in police custody.
* Please indicate which health professional completed this assessment i.e. psychiatrist, psychologist, or emergency paediatrician.
* Please complete all drop-down boxes, if the young person has ever been admitted into a Mental Health provision i.e. Tier 4 bed/hospital the answer to Inpatient CAMHS should be “yes”.
* If the young person has been referred to CAMHS, the answer to Community CAMHS should be “yes”, please indicate if the young person engaged.
* Please complete all boxes on diagnosed and suspected Mental Health conditions, who these were diagnosed/suspected by and when.

[(Go back to Section 9 of the Form)](#MENTAL_HEALTH)

**SECTION 10; EDUCATION:**

* Please supply a detailed overview of their current education to include if they are currently attending a provision.
* Please supply a copy of young person’s EHCP.
* Please state period/s of non-attendance.

[(Go back to Section 10 of the Form)](#EDUCATION)

**SECTION 11; RELIGIOUS/CULTURAL NEEDS:**

* Please state if there are any special celebrations that the young person would like to maintain.
* Please state the dietary consideration the young person requires to maintain their chosen faith.

[(Go back to Section 11 of the Form)](#RELIGIOUS_CULTURAL)

**SECTION 12; SUPPORTING DOCUMENTS:**

* Please note that a copy of required documents MUST be emailed to the Secure Welfare Coordination Unit at referral stage.

[(Go back to Section 12 of the Form)](#SUPPORTING_DOCS)

**SECTION 13; ANY RELEVANT INFORMATION:**

* Significant others.
* Other legal orders that the young person may be on.
* Additional offences.

[(Go back to Section 13 of the Form)](#ANY_OTHER)

**SECTION 14; UPDATES FROM ORIGINAL REFERRAL:**

* If a referral has been open for a period of time the SWCU will request an updated referral form. Please provide all relevant updates within this section including date of update.

[(Go back to Section 14 of the Form)](#UPDATES)