

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 Act 1989, or

in Wales under section 119 of the Social Services and Well-being (Wales) Act 2014.

PLEASE FILL IN ALL 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 4.0

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| 1. REFERRAL
 | [Show Guidance](#G_SECTION1) |
| Date of Referral :  | Click here to enter a date. |
| Referring Officer : | Click here to enter text. |
| Tel No. : | Click here to enter text. |
| Mob No :  | Click here to enter text. |
| Email : | Click here to enter text. |
| Secure Email :  | Click here to enter text. |
| Referring Local Authority : | Choose an item. |

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| Court :  | Click here to enter text. |
| Primary Reason for Order : | Choose an item. |
| Secondary Reason : | Choose an item. |
| Tertiary Reason : | Choose an item. |
| Start Date : | Click here to enter a date. |
| Expected End Date : | Click here to enter a date. |

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| Currently in Hospital : | Choose an item. |
| If Yes, under Mental Health Act : | Choose an item. |
| Currently Missing : | Choose an item. |
| If Yes, has a retainer been agreed : | Choose an item. |
| Currently in Police Custody : | Choose an item. |

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| 1. YOUNG PERSON (CORE INFORMATION)
 | [Show Guidance](#G_SECTION2) |
| Forename :Click here to enter text. | Surname :Click here to enter text. |
| Social Care System ID :Click here to enter text. | NHS NumberClick here to enter text. |
| Gender :Choose an item.: | DoB :Click here to enter a date. | Age :Choose an item. | Height:Click here to enter text. | Weight :Click here to enter text. |
| Ethnicity :Choose an item. | Religion :Choose an item. | First LanguageClick here to enter text. | Interpreter requiredChoose an item. |
| Legal status :Choose an item. | 72 hour placement requested :Choose an item. |
| **For under 13’s (*If applicable)***Secretary of State / Welsh Ministers Approval :(<http://www.securechildrenshomes.org.uk/referrals-new/>) |
| Applied for : | Choose an item. |
| Granted : | Choose an item. |

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| 1. KEY CONTACTS
 | [Show Guidance](#G_SECTION3) |
| **Role** | **Name** | **Tel No.** | **Mob No.** | **Email** |
| **Social 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](#G_SECTION4) |
| **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. |
| **History of care episodes :** |
| Click here to enter text. |

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| **Previous Secure Accommodation Placements (most recent first)** |
| **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)****(eg Remanded/sentenced or mental health setting) :** |
| Click here to enter text. |

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| Why can’t the young person be accommodated in an open environment? What alternatives to secure have been considered and why have these been rejected?Click here to enter text. |
| 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. |
| Summary of Exit Strategy from the Secure Placement.Click here to enter text. |
| **Key requirements (eg Assessments/child needs/specific work to be completed)** |
| **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](#G_SECTION5) |

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| Background/family information (Mother, Father, foster Carers, Guardian, siblings, dependents, significant others)Click here to enter text. |
| What has led to the young person requiring a secure placement?Click here to enter text. |
| Young persons positive behaviours/strengths/peer relationshipsClick here to enter text. |
| Young persons views/wishes/feelings regarding being in secureClick 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](#G_SECTION6) |
| Outstanding Offences (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. |
| Summary of Previous Offences |
| 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. |

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| 1. BEHAVIOURS
 | [Show Guidance](#G_SECTION7) |
| DESCRIPTION OF PRESENTING BEHAVIOURS*(if applicable)* | DETAILS OF BEHAVIOUR (*How and where it took place)* | RISK ASSESSMENT | WHEN( DATE) |
| Violent Behaviours: | 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: | 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. |

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| **Has the young person had a child protection plan or is there no known trauma:** |
| Physical : | Click here to enter text. |
| Sexual : | Click here to enter text. |
| Emotional : | Click here to enter text. |
| Neglect : | Click here to enter text. |
| Exploitation : | Click here to enter text. |

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| **Any Assessments completed eg Conners/positive behaviour support plan/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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| Click here to enter a date. | Click here to enter text. | Click here to enter text. |

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| 1. HEALTH
 | [Show Guidance](#G_SECTION8) |
| Medical Information | Details |
| Current Illness /Injury : | Click here to enter text. |
| Current Medication /Treatment : | Click here to enter text. |
| Current SmokingNeeds : | Click here to enter text. |
| Current DrugsNeeds : | Click here to enter text. |
| Current AlcoholNeeds : | Click here to enter text. |
| Medical Conditions : | Click here to enter text. |
| Physical Conditions : | Click here to enter text. |
| Treatment in last 12 months : | Click here to enter text. |
| Special DietaryRequirements : | Click here to enter text. |
| Physical conditions suspected but not diagnosed : | 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 child been diagnosed with one of the following?:** |
| A Learning Disability (Difficulty) : | Choose an item. |
| Autism : | Choose an item. |
| Learning disability **and** Autism : | Choose an item. |

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| 1. MENTAL HEALTH
 | [Show Guidance](#G_SECTION9) |
| Assessment status | Choose an item. |
| When (*Date)* | Click here to enter a date. |
| Who : | Click here to enter text. |
| Where ( for example Police Custody, Mental Health Hospital, A&E etc) : | Click here to enter text. |
| List known Attempted Suicidal Behaviour or incidents of Self harming (*Including Dates).* | Click here to enter text. |
| Outcome and follow up treatment | Click here to enter text. |
| Previous / Current mental health services involvement :  | InpatientCAMHS(eg Tier 4) | CommunityCAMHS | EatingDisorderservice |
| Offered | Engaged |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Other Mental Health Input : | Click here to enter text. |
| **Mental health condition(s) diagnosed** |
| **Condition** | **Professional (role not individual)** | **When** |
| 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. |
| **Mental health condition suspected but not diagnosed :** |
| **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](#G_SECTION10) |

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| Known to the LA’s Virtual School | Choose an item. |
| Contact Name : | Click here to enter text. |
| Contact Details : | Click here to enter text. |
| Currently on roll at a 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 at 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. |  |
| EHCP (previously SEN Statement)(Please state any other relevant details) | Choose an item. |  |
| Click here to enter text. |  |

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| Current SEN Status : | Choose an item. |  |
| Primary Need : | Choose an item. |  |
| Secondary Needs : | Autistic spectrum disorder | Choose an item. |  |
| Moderate learning difficulty | Choose an item. |  |
| Severe learning difficulty | Choose an item. |  |
| Profound & multiple learning difficulty | Choose an item. |  |
| Specific learning difficulty | Choose an item. |  |
| Physical disability | Choose an item. |  |
| Social, emotional and mental health | Choose an item. |  |
| Speech, language and communication needs | Choose an item. |  |
| Hearing impairment | Choose an item. |  |
| Visual impairment | Choose an item. |  |
| Multi-sensory impairment | Choose an item. |  |
| Other difficulty | Choose an item. |  |
| SEN support but no specialist assessment of type of need | Choose an item. |  |

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| 1. RELIGIOUS / CULTURAL NEEDS
 | [Show Guidance](#G_SECTION11) |
| *Are there any special cultural, religious or ethnic considerations to take into account?*Click here to enter text. |

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| 1. FURTHER INFORMATION REQUIRED
 | [Show Guidance](#G_SECTION12) |
| **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. psych report. Please specify: | Click here to enter text. |

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| 1. ANY OTHER INFORMATION THAT YOU FEEL MAY BE RELEVANT TO THIS REFERRAL
 | [Show Guidance](#G_SECTION13) |
| Click here to enter text. |  |

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| 1. UPDATES FROM ORIGINAL REFERRAL

Please add the update/s to the top of the following response | [Show Guidance](#G_SECTION14) |
| 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.

([Go back to Section 1 of the Form](#S_SECTION1))

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](#S_SECTION2))

SECTION 3; KEY CONTACTS:

* Please fill in all boxes with the allocated Social Worker’s details.

([Go back to Section 3 of the Form](#S_SECTION3))

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.
* History of care episodes – please include a full placement history.
* Previous secure placements – please indicate any secure placements to include welfare, Scottish welfare, YCS and secure mental health settings.
* Give details of alternatives to secure welfare that have been considered. Try to identify reasons for placement breakdowns/endings.
* Outline reasons why the Young Person is struggling in an open setting, give examples and detail.
* Be specific when describing behaviours.
* 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 type of placement where possible.
* Outline key requirements of a secure placement, please fill in 3 requirements and indicate any particular work or assessments which you require to be undertaken with the Young Person during their time in a secure setting.

([Go back to Section 4 of the Form](#S_SECTION4))

SECTION 5; FAMILY AND SOCIAL RELATIONSHIPS:

* Give details of family and significant others, to include family history and reasons for Children’s Services involvement.
* Give details of all episodes of concern that have led up to a secure placement being required.
* Provide examples of the Young Person’s activities, hobbies and positive relationships formed.
* 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](#S_SECTION5))

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](#S_SECTION6))

SECTION 7; BEHAVIOURS:

* 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 dates.
* Please include information on any child protection plan the Young Person has been subject to include examples of previous trauma. If not relevant please indicate N/A
* Give details of any known forms of exploitation.

([Go back to Section 7 of the Form](#S_SECTION7))

SECTION 8; HEALTH:

* Please fill in all boxes, give as much information as possible, if not relevant please indicate N/A.
* Any current medication name and dosage must be noted correctly and whether a repeat prescription is required.

Please supply a recent health record and if relevant any additional health assessments.

([Go back to Section 8 of the Form](#S_SECTION8))

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](#S_SECTION9))

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](#S_SECTION10))

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](#S_SECTION11))

SECTION 12; FURTHER INFORMATION:

* 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](#S_SECTION12))

SECTION 13; ANY OTHER INFORMATION THAT MAY BE RELEVANT TO THIS REFERRAL

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

([Go back to Section 13 of the Form](#S_SECTION13))

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](#S_SECTION14))