



SECURE ACCOMMODATION NETWORK

REFERRAL FOR SECURE ACCOMMODATION

PAGES 6 TO 8 PROVIDE DETAILED GUIDANCE FOR THE COMPLETION OF THIS REFERRAL

(PLEASE PRINT THE FOLLOWING)

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.
Fax 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.

Court :	Click here to enter text.
Order Type :	Choose an item.
Start Date :	Click here to enter a date.
Expected End Date :	Click here to enter a date.
Extension :	Choose an item.

YOUNG PERSON (CORE INFORMATION)

First Language

Forename : Click here to enter text.		Surname : Click here to enter text.			
Social Care System ID : Click 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.
Ethnic : Choose an item.		Religion : Choose an item.		First Language Click here to enter text.	
On CPR : Choose an item.		Secure Criteria Met : Choose an item.		72 hour placement requested : Choose an item.	
Date : Click here to enter a date.		Legal status : Choose an item.		For under 13's (If applicable) Secretary of State Approval : Choose an item.	

KEY CONTACTS

Role	Name	Tel No.	Mob No.	Fax No.	Email
Social Worker:	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.
Sanctioning Officer:	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.
Children's Guardian:	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.
Complaints Officer:	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.
Solicitor:	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.

Out of Hours:	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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PLACEMENT HISTORY

Current Placement:	Choose an item.	Length in Placement:	Click here to enter text.
Previous Placement:	Choose an item.	Length in Placement:	Click here to enter text.

Summary of Placements Prior to Last Two:
Click here to enter text.

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 including an Exit Strategy from the Secure Placement.
Click here to enter text.

Key Requirements of Requested Placement

1.
Click here to enter text.

2.
Click here to enter text.

3.
Click here to enter text.

FAMILY AND SOCIAL RELATIONSHIPS.

Family Information (Mother, Father, Foster Carers, Guardian, Significant Others?)
Click here to enter text.

Approved Contacts for Young

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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YOUTH JUSTICE ISSUES		
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.
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Summary of Previous Offences		
Date:	Offence(s)	Outcome
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RISK ASSESSMENTS

DESCRIPTION OF BEHAVIOUR (if applicable)	DETAILS OF BEHAVIOUR (How and where it took place)	RISK ASSESSMENT	WHEN (DATE)
Violent Offending: Details	Click here to enter text.	Choose an item.	Click here to enter a date.
Non-Violent Offending:	Click here to enter text.	Choose an item.	Click here to enter a date.
Other Violent Incidents:	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.
Inappropriate 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.
Risk taking behaviour :	Click here to enter text.	Choose an item.	Click here to enter a date.
Any Other Significant Behaviour:	Click here to enter text.	Choose an item.	Click here to enter a date.

HEALTH

Medical Information	Details
Current Illness/Injury :	Click here to enter text.
Current Addiction(s) :	Click here to enter text.
Current Smoking Habit :	Click here to enter text.
Current Substance	Click here to enter text.

Misuse :	
Current Alcohol Misuse :	Click here to enter text.
Medical Conditions :	Click here to enter text.
Treatment in last 12 months :	Click here to enter text.
Current Medication :	Click here to enter text.
Special Dietary Requirements :	Click here to enter text.
Fears/Phobias : Sleep	Click here to enter text.
Encopretic :	Click here to enter text.
Enuretic :	Click here to enter text.
Glasses wearer :	Click here to enter text.
Hearing impaired :	Click here to enter text.

MENTAL HEALTH

Assessment completed	Choose an item.
By Whom (Name of Psychiatrist/Psychologist)	Click here to enter text.
Contact Number for Psychiatrist)	Click here to enter text.
When (Date)	Click here to enter a date.
List known Attempted Suicidal Behaviour or incidents of Self harming (Including Dates).	Click here to enter text.
Methods used to Respond	Click here to enter text.
Outcome and follow up treatment	Click here to enter text.
Family and Outpatient history in respect of mental health and well being	Click here to enter text.

EDUCATION

On School Roll at:	Click here to enter text.
Excluded	Choose an item.
Exclusion History	Click here to enter text.
Current Ed. Placement:	Click here to enter text.
Contact Name:	Click here to enter text.
Tel.No:	Click here to enter text.
SEN Statement / EHCP (Please state any other relevant details)	Choose an item. Click here to enter text.

RELIGIOUS / CULTURAL NEEDS

Are there any special cultural, religious or ethnic considerations to take into account? Click here to enter text.

FURTHER INFORMATION REQUIRED

Document	Status
Education Statement of Special Needs / 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.



SECURE ACCOMMODATION NETWORK

GUIDANCE NOTES FOR COMPLETION OF REFERRAL FOR SECURE ACCOMMODATION

PLEASE FILL IN ALL BOXES ON THE REFERRAL FORM, IF INFORMATION IS UNKNOWN PLEASE SPECIFY THIS AND ENSURE THE INFORMATION IS FORWARDED TO THE UNIT AS SOON AS POSSIBLE.

SECTION ONE; YOUNG PERSON:

- Please complete all personal information regarding the Young Person

CRITERIA INFORMATION:

- Criteria under Section 25 Children's Act 1989 set out in Children's Act 1989, Children's Act 1989 Guidance and regulations, also refer to Volume 4 residential Care (Chapter 8).
- This order is made on application to the family Proceedings Court
- 72 Hour Rule applies in an EMERGENCY where the Criteria of Section 25 Children's Act 1989. Social worker should discuss this option with a relevant manager 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.
- Children Under the age of 13 years must have Secretary of State written permission before admission.
- 16 plus young people will require a Care Order and a Section 25 order to remain in secure accommodation.

SECTION TWO; KEY CONTACTS:

- Please fill in all boxes, if information is not known please state this and forward the information to the unit as soon as possible.

SECTION THREE; PLACEMENT HISTORY:

- Please be detailed when providing information regarding previous placements, give dates, incidents, reasons for breakdown etc.
- Give details of Alternatives to secure that have been considered. Try to identify reasons for failure or rejection.
- Outline reasons why Young Person is struggling in an open setting, give examples and detail.
- Be specific when describing behaviours.

- Give details of any known triggers to these behaviours.
- Summarise expectations and intentions of a secure placement within the young person's care plan. Give details of proposed exit route from secure accommodation.
- With reference to Young Person's care plan, outline key requirements of a secure placement.

SECTION FOUR; FAMILY AND SOCIAL RELATIONSHIP

- Please give as much information regarding relationships with mother, father, foster carer, siblings and guardian. If there is no relationship between the young person and one of the above mentioned still indicate in box provided.
- Give details of authorised contact, using relevant code on contact section.

SECTION FIVE - YOUTH JUSTICE ISSUES

- Please fill in all boxes, give as much information as possible in all sections.
- If information is not known please state this and forward the Information to the unit as soon as possible

SECTION SIX – RISK ASSESSMENT

- Please be detailed when providing information about each individual risk assessment, give dates, incidents and reasons if possible.
- 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 = no reported behaviour and no likelihood of occurrence.
- If information is not known please state this and forward this to the unit as soon as possible.

SECTION Seven – Health

- Please fill in all boxes, give as much information as possible
- If information unknown please state this and forward information to the unit prior to admission. It is important that the unit receiving the young person is aware of all areas of health need past and present .
- Any current medication name and dosage must be noted correctly and whether a repeat prescription is required.
- If you can please supply a recent health record.

SECTION EIGHT - Mental Health

- Complete section fully
- Give clear details of medication past and present, duration of use
- History should include family mental health issues
- Details of Doctor involved or Psychiatrist, contact details

SECTION NINE– Education

- Please supply a copy of young person's statement, if in the process state date of completion.
- Please complete all records correctly including current contact name of personal tutor.

- Please state period/s of time non attending.

SECTION TEN– Religious/ Cultural Needs

- Please state if there is 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.

SECTION ELEVEN– Further information

- Please note that a copy of required documents MUST be fax to the unit prior to admission unless prior agreement is reach with Unit Manager.

SECTION TWELVE – ANY OTHER INFORMATION THAT MAY BE RELEVANT TO THIS REFERRAL.

- Significant others.
- Child Protection Resister
- Other legal orders that the young person may be on.

FAILURE TO COMPLETE THE REFERRAL FORM CORRECTLY MAY RESULT IN A DELAYED DECISION BEING MADE.

SHOULD YOU REQUIRE ANY FURTHER INFORMATION THEN PLEASE CONTACT THE DUTY MANAGER OR THE PERSON RESPONSIBLE FOR REFERRALS.