



PLACEMENT REFERRAL FORM

To be completed by Placing Council's Social Worker

One form is to be completed for each child and for each proposed placement.

CHILD'S NAME									
CHILD'S ID NUMBER									
GENDER					DATE OF BIRTH				
IF UNDER SECTION 47 GIVE DETAILS									
ETHNIC ORIGIN					NATIONALITY				
RELIGION					LANGUAGE				
LEGAL STATUS:	P.P. O			E.P. O			SECTION 20		
	SEC 38			SECTION 31			OTHER		
SIBLINGS (NAMES/DOB)									
CURRENT ADDRESS If different from address of parent /legal guardian									
PLEASE STATE IF THIS IS:		HOME				PLACEMENT			
						OTHER			
OTHER GIVE DETAILS									
PARENT /LEGAL GUARDIAN NAME & ADDRESS									
SOCIAL WORKER					TELEPHONE NO				
					EXT				
					EMAIL				
TEAM/AREA									
ARE OTHER AGENCIES INVOLVED IN THE CHILD'S WELFARE?				YES				If yes give details of agencies	
				NO					
CHILD PROTECTION REGISTER?		YES		IF YES, WHAT CATEGORY IS IN THE CHILD IN ON THE REGISTER:					
		NO							
CARE PLAN Brief outline									



DATE REFERRAL FORM COMPLETED		DATE PLACEMENT REQUIRED			
EXPECTED LENGTH OF PLACEMENT					
REASON FOR PLACEMENT					
PLACEMENT DETAIL:	EMERGENCY (UNDER 48HOURS NOTICE)		PLANNED		
PLACEMENT TYPE:	STANDARD		ENHANCED		
IF ENHANCED, PLEASE GIVE DETAILS:					
TYPE OF PLACEMENT Please mark box	FOSTER	RESIDENTIAL	THERAPEUTIC	52 WEEK	Other: (State Below)
	RESPIRE	FAMILY LINK	DAY CARE	REMAND	
OTHER:					
CURRENT PLACEMENT BREAKDOWN, PLEASE GIVE DETAILS:					
ANY ALLEGATIONS MADE AGAINST PREVIOUS PLACEMENT PROVIDERS: <i>(give details)</i>	<i>(Do not provide names of carers concerned)</i>				
ANY OTHER RELEVANT INFORMATION:					
(Please input any other information, not contained in this form that may be relevant to the child's placement)					
Can single carers be considered?	Yes				
	No				
Can they be placed with other children? <i>(if not reason why)</i>	Yes	Specify what children the child cannot be placed with e.g. gender, older / younger			
	No				
IS/ARE THE CHILD/REN IN FULL TIME EDUCATION?	YES		NO		
IF NO, GIVE DETAILS OF EXISTING PROVISION:					
NAME OF SCHOOL PROVISION:					
CLASS TEACHER:					
HEAD TEACHER:					
ADDRESS:					
HAS SEN?	YES		NO		



CHILD / YOUNG PERSON'S PERSONAL INFORMATION

CHILD'S HISTORY AND BACKGROUND:				
CHILD'S BEHAVIOUR <i>(give details)</i>	ABSCONDING	YES	<input type="checkbox"/>	
		NO	<input type="checkbox"/>	
	AGGRESSION	YES	<input type="checkbox"/>	
		NO	<input type="checkbox"/>	
OTHER:				
DISABILITIES /LEARNING DIFFICULTIES <i>(if applicable)</i>				
LIKES/DISLIKES:				
HOBBIES/INTERESTS:				
DIETARY NEEDS:				
MEDICAL NEEDS:	MEDICATION:			
	ALLERGIES:			
	THERAPEUTIC SERVICES:			
	EATING DISORDER:			
	SELF HARM:			
	DRUG/SMOKING/ALCOHOL ABUSE:			
	WETTING/SOILING:			
OTHER MEDICAL:				
OFFENDING HISTORY:				
SEXUALLY ACTIVE / ISSUES:	YES			
	NO			



PLACEMENT AGREEMENT GIVEN BY

Name:	
Title:	
Date:	
Local Authority:	

FORM COMPLETED BY

Name:		
Title:		
Date:		
Source(s) of Information used		

Name of Child:		Identification number:	
Name of Carer:		Emergency Placement:	Yes / No
Name of Social Worker:		Local Authority:	
Placement start date:		Placement Type:	Standard Enhanced
Assessment start date:		Name /contact details of person completing the assessment:	



PROFORMA RISK ASSESSMENT

Overall Risk Summary

Please provide a summary of key risks that are known and need to be managed for example specific medical conditions or substance abuse, any history of absconding or self harming, violence or sexualised behaviours.

RISK SUMMARY	MITIGATION ACTIONS AND OWNERS



Detailed Risk Assessment: All columns on the risk table below must be completed. Please provide as much detail as possible. Guidance and a risk matrix are provided at the end of this document to assist you correctly assess the right level of risk.

Ref	Identified Risk Behaviour	Risk Factor?		Risk Level	Details	Mitigation Actions	Owner (full name & title)
		Yes	No				
Guidance	Details of the risk behaviour identified including who is at risk – child /carer/other people in placement /members of the public			See Risk Matrix	Provide details of the identified risks.	List each action that will be undertaken to reduce the likelihood of the risk occurring / to minimise its impact if it does occur	Person responsible for undertaking each mitigation action
1	History of offending behaviour						
2	History of allegations						
3	History of abuse						
4	Attachment difficulties						
5	'Non' school attendee/s						
6	Multiple placement disruptions						
7	Unsuccessful rehabilitations home						
8	Multiple episodes of accommodation						
9	Mental health problems						
10	Sexualised behaviour						
11	Bullying/Threats to other children						



Ref	Identified Risk Behaviour	Risk Factor?		Risk Level	Details	Mitigation Actions	Owner (full name & title)
12	Risk of harm to animals						
13	Lack of information about child						
14	Self harming behaviours						
15	Known to have abused others						
16	Other						

Other relevant information:

GUIDANCE: RISK MATRIX

The Risk Matrix is provided to assist Social Workers assess the level of risk for each risk factor in as consistent and objective way as possible. The information provided below is indicative and not exhaustive. This assessment should not replace the social worker's overall assessment of the risk factors involved.

The levels provided in the assessment should refer to the current level of risk that is the risk of the event occurring and its impact taking into account the mitigation actions that have been put in place.

To select the correct risk level, you need to consider the likelihood of the risk occurring in the next 3 months and the impact that this event would have on the child, service providers, other young people in the placement and members of the public.

When making this assessment please use as much information as you have about the child including his / her background.



Risk	Probability of risk occurring	Impact if risk occurs on child, service providers, other young people in the placement and members of the public.
High	>80% likelihood	<p>The impact of the risk occurring will be very server and will or is highly likely to lead to a</p> <ul style="list-style-type: none"> ○ fatality or ○ an extended hospital stays (e.g. over 2 weeks) or ○ permanent or long term physical or emotional harm or ○ permanent impaired ability to live an independent life or ○ a criminal conviction that will result in a custodial sentence or ○ permanent exclusion from school / place of learning /training
Medium	>30% -<80% likelihood	<p>The impact of the risk occurring will significantly reduce or is likely to lead to</p> <ul style="list-style-type: none"> ○ A short hospital stays [less than 2 weeks] ○ Medium term physical or emotional harm or ○ Impaired ability to live an independent life for a period of more than 6 months ○ A criminal conviction that will result in a non custodial sentence ○ Temporary exclusion from school/place of learning /training
Low	<30% likelihood	<p>The impact of the risk occurring will be limited and lead to</p> <ul style="list-style-type: none"> ○ Contact with a healthcare professional for an unexpected / unexplained illness or injury ○ Short term physical or emotional harm ○ Impaired ability to live an independent life for a period of less than 6 months ○ Contact with law enforcement agencies but not lead to a criminal charge ○ Move to an alternative school/place of learning /training