



## PLACEMENT REFERRAL FORM

To make a referral request please fill in the following as fully as possible. These details inform our decision about accepting the referral and ensuring we place the young person in an appropriate placement.

**Failure to share information known to your department could jeopardise the safety and well-being of this young person and others.**

AGENCY DETAILS	PERSONAL DETAILS
Name of responsible authority:	Name of young person being referred:
Address of responsible authority:	Likes to be known as:
Name of referee and position:	Sex:   Female    Male
Name of young person's Social Worker, if different from above:	Date of Birth:
Telephone number:	Ethnic origin:
Email address:	Religion of child:
Name of Practice Manager:	Religion of child's parents:
Telephone number:	Home address:

EDT Telephone number:	Telephone number:
Name of accounts contact and invoicing address:	Currently living at:
	Legal status:
	Who holds parental responsibility:

### FAMILY STRUCTURE:

<b>Mother's name:</b>	<b>Address:</b>	<b>Telephone:</b>
<b>Father's name:</b>	<b>Address:</b>	<b>Telephone:</b>
<b>Siblings:</b>	<b>Address:</b>	<b>Telephone:</b>
<b>Siblings ages:</b>		
<b>Any other significant others:</b>	<b>Address:</b>	<b>Telephone:</b>
<b>Family situation:</b> e.g. is family together / siblings accommodated? Any history of violence / abuse? Are parents supportive / rejecting of child? Any other major issues?		
<b>Chronology of Placement:</b> Please include reasons for initial accommodation and any moves		

<p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• Does the young person attend school? Are they statemented? If so, please give details, including who holds a copy of the statement.</li> <li>• Please outline what educational arrangements you would expect for this young person.</li> <li>• What are their abilities?</li> </ul>	
<p><b>Offending Behaviour:</b></p> <p>Including whether or not they have had involvement with the police, and any outstanding offences / court dates.</p>	
<p><b>Is there a DoLS in place?</b></p>	
<p><b>Are FCAMHS involved?</b></p>	
<p><b>Health:</b></p> <ul style="list-style-type: none"> <li>• What medical history does this young person have?</li> <li>• Do they have a Learning Disability or Mental Health Needs? (Please give details)</li> <li>• Any allergies?</li> <li>• Drugs dependencies?</li> <li>• Food disorders?</li> <li>• Is the young person on any medication? Please give details:</li> </ul>	
<p>Who can give consent for medical treatment? How can this be gained in an emergency?</p>	

<p><i>(Written consent, nominating Evolution Children Services will be required)</i></p>	
<p><b>Safety / Supervision Issues:</b></p> <p>Is there any history of Self Harm what form does it take?</p>	
<p><b>Substance misuse:</b></p> <p>What substances and in what context?</p>	
<p><b>Absconding:</b></p> <p>Any pattern e.g. only with other young people / after arguments etc. Any known addresses?</p>	
<p><b>Violence:</b></p> <p>Any history of it; to whom and in what context?</p>	
<p><b>Stealing:</b></p> <p>Any history of anything in particular? Under what circumstances?</p>	
<p><b>Fire Setting:</b></p> <p>Any history of anything in particular? Under what circumstances?</p>	
<p><b>Abuse:</b></p> <ul style="list-style-type: none"> <li>• Is it known or suspected that the young person is a victim of abuse, sexual or otherwise? Please give details.</li> <li>• Is it known or suspected that the young person is a perpetrator of abuse sexual or otherwise? Please give details.</li> </ul>	

<ul style="list-style-type: none"> <li>• Is the young person now, or have they ever been on the child protection register? Please give details.</li> </ul>	
<p><b>General behavioural trends:</b></p> <p>Please describe how the child is on a day-to-day basis with family/ peers / self / adults.</p> <p>Please include positive statements about the young person's behaviour on which to build care programmes, i.e. likes, interests, hobbies.</p>	
<p><b>Reason for Referral:</b></p> <p>Please give details of why the referral is being made now.</p>	
<p><b>Care Task:</b></p> <ul style="list-style-type: none"> <li>• What is the anticipated length of stay?</li> <li>• How urgently is the place required?</li> <li>• Desired start date:</li> </ul>	
<p><b>What is the short-term objective of the placement?</b></p>	
<p><b>What is the medium / long term objective of the placement?</b></p>	
<ul style="list-style-type: none"> <li>• What staffing ratio does the young person need?</li> <li>• If more than 1:1 staffing has the funding been agreed?</li> </ul>	

Please complete the attached risk assessment form for any behaviour / situation that you believe requires particular attention before returning this referral.

## **REQUIREMENTS OF THE SOCIAL WORKER FOR THE YOUNG PERSON PLACED WITH LEGACY YOUTH CARE**

We expect that an initial planning meeting to be held within 5 working days of the placement, and that the child's care reviews will be held regularly, in line with the Looked After Children recommendations.

All LAC documentation should be completed within the timescales recommended. Any previous reports or assessments will be sent to Legacy Youth Care within a week of placement.

Please be aware that Legacy Youth Care maintains a policy on behaviour management which may involve contacting the police in the event of violence towards staff or criminal damage to property caused by the young person.

All situations are considered and the decision to contact police will only be made in emergencies or under exceptional circumstances, after discussion with the manager.

Please complete this form and email it to [viktoria@legacyyouthcare.com](mailto:viktoria@legacyyouthcare.com).

Thank you and we will be in touch with you shortly.