

**CHILDRENS PLACMENT TEAM (CPT) REFFERAL FORM**

Authorisation to request placement search must be secured prior from both the referring teams and regulated services and resources service managers.

This form must be completed in full as will be shared with providers to help them make an informed decision on whether they can offer a placement to meet the needs of the child/YP.

Send completed referral forms to CPT@towerhamlets.gov.uk

**CHILD/YOUNG PERSONS DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FWI NO** | **Forename** | **Surname** | **DOB** | **Age** | **Gender** |
|  |  |  |  |  |  |
| **Legal Status** |  **Ethnicity**  | **Nationality**  | **Religion**  | **Languages**  |
|  |  |  |  |  |
| **Where does the child/YP currently reside?** (i.e. foster care/ family home and provide post code ) |  |
| **Sibling Groups** (Is it in their best interest to be placed together or separately based on their needs? If separately - desired split?)  |  |
| **Child/YP’s education provider full address**  |  |
| **Does the Child/YP have an EHCP** |

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Yes [ ]  Reason

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Date Issued |
| **What are the contact arrangements** (provide details: type, relationship to the child/ YP, location held, frequency, transport and facilitation) |  |

**PLACEMENT REQUEST DETAILS: FIRST PLACEMENT** [ ]  **CHANGE OF PLACMENT** [ ]

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| **Type of placement required for the child/young person (please tick below)**  |
| Foster Care [ ]  Respite [ ]  Semi Independent (non 24 x 7 staffing) ☐ Residential [ ]  Secure Unit [ ]  Semi Independent (24 x7 staffing) [ ]   Parent(s) and Child Fostering ☐ Parent(s) and Child Residential assessment [ ]   |

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| **Placement Required** (Placement search is prioritised by order of date when required) (If YP is 17.5 they should have been presented to the housing panel)  | Placement Request Approved ☐ (attach email evidence)

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Emergency: [ ]  Date Required

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 Planned: [ ]  Date Required

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If in court proceedings provide date

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If 17.5 years old date presented at housing panel or due  |
| **Reason placement required and overview of current care plan** |  |
| **IRO Name**  |  |
| **IRO in agreement with placement request** (views/comments) |  |
| **Has the virtual school been informed of this referral?** (If child is of statutory school age 5 -16 yrs a discussion must be held) |

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 Yes [ ]  Date

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Please confirm date this will be discussed with VS |
| **Has the YOIS / Exploitation team been consulted**  |

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 Yes [ ]  Date

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Please confirm date this will be discussed  |
| **Any location where the child/YP cannot be placed**  |  |
| **Likely duration and outcomes expected from the placement**  |  |

**Child/ Young Person Profile:**

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| --- | --- |
| **Identity, Interests and social presentation.** (Strengths, skills, achievements and positives attributes) |  |
| **Does the Child/YP have any specific ongoing physical or mental health needs?** (Prescribed medication, allergies) |

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 [ ]  Yes Details [ ]  CAMHS Involvement  |
| **Any Disability, learning/ special needs.** (Provide details of any support package and continuation of this)**.**  |  |
| **Background: Brief summary of CSC involvement**  |  |
| **Any additional relevant information** (provide details of any services child/ YP accessing) |  |

**SAFTEY CONCERNS: Does the child/YP have a history of any of the following difficulties?**

(Provide analysis: details within context, frequency and dates of any incidents)

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| --- | --- | --- |
| Concern | YES X | Please provide details  |
| Absconding/missing  | [ ]   |  |
| Aggression towards others | [ ]   |  |
| Allegations History  | [ ]   |  |
| Bed wetting/soiling  | [ ]   |  |
| Criminal exploitation  | [ ]   |  |
| Damage of property  | [ ]   |  |
| Drug/ alcohol misuse | [ ]   |  |
| Eating Disorder  | [ ]   |  |
| Exclusion from education  | [ ]   |  |
| Fire Setting | [ ]   |  |
| Mental health  | ☐  |  |
| Offending Behaviour /gang affiliation | [ ]   |  |
| Risk to others | [ ]   |  |
| Self-Harm/ Suicide  | [ ]   |  |
| Sexual exploitation  | [ ]   |  |
| Sexual harmful behaviour  | [ ]   |  |
| Extremist/ prejudice views/ behaviours  | [ ]   |  |
| Victim of assault  | [ ]   |  |

**Parent and Child Placement (Provide details within context, frequency and dates of any incidents)**

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| --- | --- |
| **Vulnerabilities/ Risks** (mental health, learning difficulties, drugs/alcohol misuse, DV, aggression/violence towards others) |  |
| **Level of support and supervision required with rational and any services involved with parent(s).**  |  |
| **Medication** (specify prescription and dosage) |  |
| **Appointments and other commitments the parent will need to continue whilst in placement** (include times, dates and any contact)  |  |

**REFERRER DETAILS**

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| **Name**  | **Team**  | **Contact Details** |
|   |  | **Email**  |  |
| **Tel**  |  |
| **Managers Details**  |  |  |  |
|  |  | **Email**  |   |
| **Tel**  |  |
| **Date of Referral**  |   |