[](http://www.securechildrenshomes.org.uk/)

REFERRAL FOR A SECTION 25 CHILDREN ACT 1989

SECURE CHILDRENS HOME PLACEMENT

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 2.0

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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. |
| Start Date : | Click here to enter a date. |
| Expected End Date : | Click here to enter a date. |
| Extension : | Choose an item. |
| Currently in Police Cell : | 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. | 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 Language  Click here to enter text. | | |
| On Child Protection Register :  Choose an item.  Date :  Click here to enter a date. | | Legal status :  Choose an item. | | 72 hour placement requested :  Choose an item. | | |
| **For under 13’s (*If applicable)***  Secretary of State Approval : | | |
| 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: | Choose an item. | Length in Placement: | Click here to enter text. | |
| Previous Placement: | Choose an item. | Length in Placement: | Click here to enter text. | |

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| **Previous Secure Accommodation Placements (most recent first)** | | | |
| **Secure Home** | **Start Date** | **End Date** | **Destination** |
| Choose an item. | Click here to enter a date. | Click here to enter a date. | Choose an item. |
| Choose an item. | Click here to enter a date. | Click here to enter a date. | Choose an item. |
| Choose an item. | Click here to enter a date. | Click here to enter a date. | Choose an item. |
| **Any other previous Secure Accommodation Placements (not listed above) :** | | | |
| 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 of Requested Placement** |
| **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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| Family Information (Mother, Father, Foster Carers, Guardian, Significant Others?  Click here to enter text. | | | | | | | |
| **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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| 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 BEHAVIOUR  *(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. |
| Oppositional Behaviours (eg theft): | 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. |
| Vulnerabilities : | Click here to enter text. | Choose an item. | | Click here to enter a date. |
| **Any Behaviour Assessments Completed :** | | | | |
| **Date of Assessment** | **By Who :** | | | |
| Click here to enter a date. | Click here to enter text. | | | |
| Click here to enter a date. | Click here to enter text. | | | |
| Click here to enter a date. | Click here to enter text. | | | |
| Click here to enter a date. | Click here to enter text. | | | |
| Click here to enter a date. | 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 Addiction(s) : | Click here to enter text. | |
| Current Smoking Habit : | Click here to enter text. | |
| Current Substance Misuse : | Click here to enter text. | |
| Current Alcohol Misuse : | 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. | |
| Current Medication : | Click here to enter text. | |
| Special Dietary Requirements : | Click here to enter text. | |
| Physical conditions suspected but not diagnosed ie Phobias | 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. | |
| Learning Difficulties : | Click here to enter text. | |
| Epilepsy : | Click here to enter text. | |
| Diabetes : | Click here to enter text. | |
| Dental Requirements : | Click here to enter text. | |

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| 1. MENTAL HEALTH | | | | [Show Guidance](#G_SECTION9) | |
| Assessment status | Choose an item. | | | | |
| When (*Date)* | Click here to enter a date. | | | | |
| Where ( for example Police Cell, 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 : | Inpatient  CAMHS  (eg Tier 4) | Community  CAMHS | | | Eating  Disorder  service |
| 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) | |
| 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. | |  |

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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 RELEVENT TO THIS REFERRAL | [Show Guidance](#G_SECTION13) | |
| Click here to enter text. | |  |

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GUIDANCE NOTES FOR COMPLETION OF REFERRAL FOR SECURE ACCOMMODATION

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.

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, primary reason for the order must be completed.
* Start Date – please indicate if the placement is required immediately.
* Please indicate if the Young Person is currently in a police cell

([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.

Please indicate if the referred Young Person is on a child protection register.

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 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.
* Children Under the age of 13 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.

GUIDANCE

* Please indicate if you will be using the 72 Hour Rule or seeking a Section 25 order before admission.
* Please indicate if an application for Secretary of State 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, 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.
* Summarise expectations and intentions of a secure placement within the young person’s care plan.
* Give details of proposed exit route from secure accommodation to include type of placement where possible.
* With reference to Young Person’s care plan, outline key requirements of a secure placement, please fill in 3 requirements and indicate if any particular work is required 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 history and upbringing details
* Give details of authorised contact, using relevant code on contact section.

([Go back to Section 5 of the Form](#S_SECTION5))

SECTION 6; YOUTH JUSTICE ISSUES:

* Please fill in all boxes, give as much information as possible in all sections.

([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 = no reported behaviour and no likelihood of occurrence. Please include dates.

([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 a police cell
* 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 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.

([Go back to Section 10 of the Form](#S_SECTION10))

SECTION 11; 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.

([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 National 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.
* Further supporting documents required; chronology, care plan, psychological/Mental Health reports and initial/review health assessment.

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

FAILURE TO COMPLETE THE REFERRAL FORM CORRENTLY 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 NATIONAL SECURE WELFARE COORDIANTION UNIT RESPONSIBLE FOR REFERRALS.