

**Placement Finding Team ‘Care’ (CYP766)** **Referral.**

**Guidance for Social Workers:**

Placement Finding Referrals are found in the **Decision to Seek Accommodation** episode in Mosaic.

There are three forms **Care Referral** UNDER 16 (CYP766) **Support Referral** 16 PLUS (CYP766) and **Parent and Child Referral** (9CYP767).

In some instances, a **Care Referral** will be required for a 16 PLUS young person (YP) depending upon specific **care needs** that may be identified.

When you believe you have the permission to make a referral from your TM / SM / Head of Service you will need to call Placement Finding Team Duty on 0330 222 2322 to make an Initial contact where we will take initial details of your request and guide you as to the process you will be undertaking. This enables us to prepare for your request and prioritise all of our incoming work.

If completing a **Care Referral** for a baby only placement, please also consider with your Team Manager (TM), Service Manager (SM) and Legal whether you will also require a Parent and Child Placement option. If this is required, a separate **Parent and Child Referral** will also need to be completed.

If you are requesting a placement change due to a placement disruption, a placement stability and disruption meeting must be held prior to a placement referral being made to PFT. The referral will have mandatory boxes clearly stating the evidence of these meetings leading to your decision making.

When creating the **Decision to Seek Accommodation** episode you will have a mandatory task to send notifications to your Service Manager (SM) and Head of Service that the referral has been created. This can also be used as a trigger to all that the Head of Service approval will need to be recorded. These mandatory tasks will not delay the referral process.

When you are satisfied that you have completed the form, prior to Placement Finding Team receiving it the form will need to be **Quality Assured** (QA) by your Team Manager (TM). If they are not available, you can forward this task to your SM or other designated TM for your team.

We will not be able to action the search until that QA has been completed by your TM/ SM. Once they have completed this they need to confirm this by completing the end box of the referral, before sending to the Placement Finding Team, allowing sufficient time to seek out a placement in a planned way.

Once the referral has been QA and is ready to be sent to PFT, please call the Placement Finding Duty Worker on 0330 222 2322 to advise that the referral has been sent so that we can prioritise accordingly.

In the **Decision to Seek Accommodation** episode you have the option **Start CLA Planning** this creates the Child Looked After (CLA) paperwork that will be part of the planning for a placement move.

As highlighted above completing a referral will require confirmation that Head of Service / Access to Resource Panel are aware of and approve of the care plan / placement search. The relevant SM for your service will need to be made aware that a referral is being completed and the rationale as to why a search is required.

This guidance for the **Care Referral** is for those children aged 0-16 and any 16 plus young person (YP) whose needs specifically require a care setting. For 16 plus Care Referrals this would usually mean a young person with specific **health and development needs** and clear evidence that their needs would not be met within a Supported Lodgings or Supported Living setting at the time of referring.

Providers/ Carers make the initial decision on whether they can care for a young person (YP) based entirely on the information within the referral. It is therefore essential that all information is as balanced and accurate as possible. The referral needs to be strengths based, producing a holistic picture of the child / YP.

Information needs to be kept concise, as providers are receiving high levels of referrals each day. Consider use of bullet points and summarise information into key points. Avoid referring to other documents within the referral i.e. see cognitive assessment for further information, because the Provider/ Carer will not have access to these documents – if there is certain information from these, which is relevant, this needs to be summarised in the referral.

All old and or irrelevant information needs to be removed and previous information, which is still relevant needs to read coherently alongside the new information you are adding. It can make the referral very hard to follow when updates are added at the bottom of old referrals. It is just as important to remove old outdated information, as it is to add new information.

All relevant risks and or behaviours need to be included but crucially they need to be contextualised, e.g. violence, fire setting, sexualised behaviours etc all need to be fully explained. Not contextualising means that the risks can sometimes be seen to be higher than they actually are.

Try to avoid making strict placement requests (i.e. single carer, no other children) unless (absolutely) necessary and or directed by the Court or Access to Resource Panel outcomes. Flexibility around these factors can considerably increase placement options, with services / providers being very skilled and experienced at putting together creative and bespoke packages of care. Please note that requests for a solo residential placement needs to be presented at Access to Resource Panel.

**Sibling Placements:**

* A separate referral is required for each YP, which is specific to that individual YP.
* Clearly outline the care plan for all YP within a sibling group. Does this differ for some? If so, how will they be supported to maintain contact?
* Notify PFT which YP require a placement and what your preference would be in terms of how the sibling group is placed. If it is not possible to place all the YP together, what would be your preference in terms of how they are split? Why? Can the YP share a bedroom?
* What are the YP’s relationships / attachments like with one another – has a **Together or Apart Assessment** been undertaken?
* What roles have the YP adopted within their home environment?
* If currently placed together – how has the current carer managed their needs alongside one another? What has worked well? What may need to be different in the next placement?

**Specific Points To Be Included In The Body Of The Referral**

Placement Details Section – Reason for referral:

* Brief summary/ pen picture of the child’s journey into care.
* Include a brief overview of previous placements – including what worked well within these but also why they disrupted. Make sure this is as balanced and accurate as possible.
* Provide a summary with context around why placement is needed – what has led to this?
* Be clear on what the care plan is for the child.
* Please avoid copy and pasting large chunks of information from court documents.

Child Profile Section

This box needs to help the potential Carer/ Provider connect with the child. It really needs to capture what the child is like and bring them to life. This information needs to be balanced, measured and reflective of the current circumstances – ensuring we communicate the positives and what is working well. **The voice of the child needs to be represented and ‘can be written as if it were the child’s own words’**. What do they want? What are their likes/ dislikes? Hobbies and interests? What does their day to day life look like? What is important to them and what makes them happy/ sad?

Contact arrangements.

Contact is noted in the Profile section and requires details of what contact arrangements will be in place. Consider Family, Extended Family, Friends and anyone important to the child or young person. Provide the specific details of who / when / where and how this will be supported and undertaken.

Education Section:

Please be aware that if you select for the child to remain at their current school placement, we will do our best to achieve this, however this will not always be possible and they may need to travel to get there. It maybe we are unable to identify a placement close to or within travelling distance to school and a change of school may be required.

With any move, please ensure that the virtual school / SEN are aware.

Please list all the positives about school in the **achievements section**. This could include comments around attendance, behaviour, peer relationships, relationships with staff, school awards, engagement in learning, aspirations etc.

If the YP has an Education Health Care Plan (EHCP) – please include key details about this.

* Why does the young person have an EHCP?
* When is the EHCP due to be reviewed?
* What levels of support does the YP receive as part of their EHCP? How many hours per week? What does this support look like?

Desired Outcomes and Developmental Needs Section:

This needs to reflect the needs and outcomes as defined within the child’s care plan.

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| Safety | * What outcomes are we wanting to achieve? (i.e. it may be reduction in YP’s self-harming behaviors or to reduce the number of absences from placement or school). * Be clear about what support is already in place for the YP and what is needed to achieve the defined outcomes. * Outline the progress which has already been made so far in these areas * All risks need to be included – however ensure these are contextualised. Who was involved? When did it happen? How many times has this happened? What was done about it? What is the current level of risk? * What do we know about the triggers to this worry? * What strategies/ interventions have been effective in managing this risk? What helps the child /young person to keep/ feel safe? What are the deterrents to the risk? Have they been able to develop trusting relationships? * Are Youth Offending Service (YOS) involved? If so, what work is being undertaken? What is engagement like? * What are the protective factors? |
| Health | * What outcomes are we hoping to achieve regarding they child / YP’s health (i.e. it may be for them to be receiving the appropriate treatment and care for a specific health condition or being supported to engage in therapy). * Detail what support is already in place to help achieve these outcomes? Is there further support planned? What else is needed? * Be clear about what the YP’s health needs are. * Provide a pen picture of child’s physical and mental health – what (in addition to the above) do they require from Carer/ Provider to support this? * Any diagnosed health needs / disabilities? What this is and what does it mean for the child. * Medication – what is prescribed? What is it for? Does the young person take it? How is this supported? * Dietary requirements. * Special requirements / needs. Please do not copy large paragraphs from professionals’ reports. Summarise these into a paragraph. What does this mean for the child in terms of their presentation? What impact does it have in terms of the care they need? |
| Achievement | * What are the outcomes we wish to achieve in regards to the young person’s education? (i.e. it may be for them to reintegrate back into education or to have improved attendance at school) * What support does the young person require to achieve these outcomes? * Provide an overview of school. What’s working well at school? What is the young person’s engagement with education like? Are they attending full time? What do school say? * How can we support their motivation and engagement with their learning? * Are they meeting their learning targets? * What support is the young person currently receiving at school? * Highlight any educational achievements (i.e. reintegration into education, meeting learning targets, awards etc). * Any achievements interests to be supported outside of school. |
| Functioning | * What are the outcomes we are hoping to achieve in regards to supporting child / YP to have more control over their own lives (i.e. it may be for them to feel more included in important decisions affecting their lives or to have more control over the choices they make and the subsequent consequences of these). * Also think about what outcomes we want to achieve in regarding their relationships. (i.e. it may be for them to be able to recognise and manage negative social influences or for them to have someone they can turn to and rely on when experiencing difficulties). * What are the family dynamics and how do these impact on the young person? How can these be supported? * What do we know about the child’s / YP’s peer friendships - how can these be positively supported? * How is the young person included in decision making that affects them? * Is the YP able to make positive life choices? What impacts upon this? Can they take responsibility for their decisions? * Is the YP able to pursue interests/ hobbies i.e. after school clubs? |
| Personal Resources Outcome | * What are the outcomes we want to achieve regarding the YP’s self-esteem, resilience, and emotional intelligence? (i.e. it may be for them to have the confidence to try new activities or for them to be able to manage conflicts in more positive ways). * What support does the child / YP require to achieve these outcomes? * How does the child / YP respond to difficult life events – what do we know in terms of what is effective in supporting them during these times? What coping strategies do they draw upon? What support do they need from their carers? * What is working well not working well? What needs to happen next? * Consider self-esteem and the impact this has on the YP. How can this be promoted? i.e. if self-esteem is low – how does that manifest for that YP? What is being done to support this? * Consider YP’s social skills (think about friendships / what positive relationships do they have?) * What is the YP’s emotional presentation like? What helps them to manage big emotions/ conflict? What further support is needed? |
| Identity and Social Presentation | * This section is about child / YP having a strong and positive sense of self and their identity. This can include aiming for a positive sense of their personal Identity, ethnicity, religious, spiritual cultural, LGBT, gender identity, social identity and anything else important to them. * What outcomes are we hoping to achieve regarding the YP’s identity or social presentation? (i.e. it could be for them to be able to identify their own strengths and positive qualities or for them to have a well-developed sense of self and their identity). * What is the child or young person’s understanding of their journey and why they are in care? * Has life story work been completed/ planned? |
| Preparation for Adulthood | * What outcomes are we hoping to achieve in regard to supporting the YP with their transition to adulthood? (i.e. it could be the development of specific independence skills needed for successful independent living or to engage in continued education or employment). * Be clear about what the YP wants to achieve – what are their longer-term goals and aspirations. * Future plans – what are these? What does the YP feel they need support with? Pathway plan – what does this look like? * What else does the YP need to be able to leave care successfully? * Be clear about what the YP is hoping to achieve? What support does the YP require to achieve these outcomes? * Level of independence – what skills do they have? how are these skills being further developed? What else is needed? |

Risk Assessment

All parts of the risk assessment need to be answered either yes or no.

If the answer is yes, further information needs to be provided in the boxes below. This needs to give as much detail and context as possible (i.e. what happened? Who was involved? When did it happen? How many times has this happened? When was the most recent incident? What was done about it? What is the current level of risk? Clarity needs to be given regarding what is current risk and what is historical risk.

TM Sign Off / Quality Assurance:

All referrals need to be Quality Assured by the Social Work Teams TM before being sent to the Placement Finding Team with sufficient time to seek out a placement in a planned way.