

 **Placement Finding Team ‘Support Referral’ (CYP766) - Guidance for Social Workers:**

This referral needs to be completed for all Young People (YP) 16 years and over, who you are seeking a supported lodgings or semi-independent placement.

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.

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.

Please consider the Annex A guidance with your Team Manager and Head of Service to determine whether it is a ‘care’ or ‘support’ setting you are requesting.

It is important at this stage of the referral process to consider the plan for adulthood (pathway plan) for the young person.  For most young people 16+ there will be a need to prepare them for independence at 18, when they will no longer be looked after.  A support setting provides young people with a placement that focuses intensely on preparation for independence, identifying and accessing move on options and assisting the transition for young people to leave care at 18.

When considering known risks/concerns alongside the care vs support indicators it is important not to assume risks cannot be managed in a support setting.  Supported accommodation providers are able to manage risks and have a healthy approach to risk taking in order to offer young people a safe place (to make mistakes) and support them to develop their decision making skills and learn new ways of keeping themselves safe, this forms part of the preparation for independence work.

For those young people who will be transferring to Adult social care at 18 a care setting would be the appropriate choice.

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 this can be prioritised 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.

All **Support Referrals** need to be accompanied with a completed Pathway Plan and the contents of the Pathway Plan needs to be clearly reflected within the referral.

Providers make the initial decision on whether they can support 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 YP. It also needs to clearly outline what needs to be achieved for the YP to become fully independent and successfully able to leave care at the age of 18.

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. solo placement) unless with very specific, clear rationale supported by the Head of Service and or Access to Resource Panel. Flexibility around these factors can considerably increase placement options, with providers being very skilled at putting together creative and bespoke packages of support.

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

Placement Details Section – Reason for referral:

* Brief summary/ pen picture of the YP’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? What is the purpose of the placement?
* Be clear on what the plan is for the YP.
* Please avoid copy and pasting large chunks of information from professional/ court documents.

Young Person’s Profile:

This box needs to help the potential provider connect with the YP. It really needs to capture what they are 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 YP needs to be represented and ‘can be written as if it were the young person’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 / who is important to them?.

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 YP to remain close to their education or college 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 education in the achievements section. This could include comments around attendance, behaviour, peer relationships, relationships with staff, 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 YP have an EHCP?
* When is the EHCP due to be reviewed?
* What levels of support does 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 YP’s pathway plan.

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| Safety | * What outcomes are we wanting to achieve? (i.e. it may be a reduction in the YP’s self-harming behaviors or to reduce the number of absences from placement).
* Be clear about what support is already in place for the YP and what further support is needed to achieve the defined outcomes.
* Outline the progress which has already been made in these areas.
* What is the YP’s understanding of the risks?
* All risks need to be included – however ensure these are contextualised. Who was involved? What influence did others have? 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 behaviour?
* What strategies/ interventions have been effective in managing risky behaviour? What helps the YP to keep/ feel safe? What are the deterrents to risky behaviours? Have they been able to develop trusting relationships?
* Are CAMHS involved? If so, what work is being undertaken? What is engagement like?
* Are Youth Offending Service (YOS) involved? If so, what work is being undertaken? What is engagement like?
* Include any other agencies who are involved in supporting the YP to keep safe.
* What are the protective factors?
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| Health | * What outcomes are we hoping to achieve regarding the YP’s health (i.e. it may be for them to feel empowered to make their own decisions regarding their health or to be able to self-refer to specific health services).
* Detail what support is already in place to help achieve the desired outcomes? Is there further support planned? What else is needed?
* Provide a pen picture of YP’s health needs (physical, mental, emotional) – what (in addition to the above) do they require from the provider to support this? What is the YP’s understanding of their health needs?
* Any diagnosed health needs? What is this and what does it means for the YP.
* Medication – what is prescribed? What is it for? How does the YP manage their medication? Be aware in supported living settings young people are supported to and are required to manage their own prescribed medication. Consider how this can be 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 YP in terms of their presentation? What impact does it have in terms of the support they need?
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| Achievement | * What are the outcomes we wish to achieve regarding the YP’s training and education? (i.e. to it could be for them to be supported to explore training and employment opportunities or to be supported to enrol on a college course.)
* Highlight any educational achievements (i.e. reintegration into education, meeting targets, awards etc) and any other skills / talents the YP has. How will these support them to achieve the desired outcomes?
* What support is already in place and what further support does the young YP require to achieve the defined outcomes?
* If the YP is in education – provide an overview of this. What’s working well? What’s the YP’s engagement like? Are they attending full time? What do they want to happen next? What are their longer-term aspirations?
* How can their motivation and engagement with their learning be further supported?
* Consider the YP’s hobbies. What do they enjoy doing? What other achievements have they experienced? How will they continue to be supported with these?
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| Functioning | * What are the outcomes we are hoping to achieve in regards to supporting the YP to have more control over their own lives (i.e. it may be to support them to have the confidence to make decisions that affect their life or to support them to reduce the amount of incidents relating to specific risky behaviour).
* What support is already in place to achieve these outcomes? What else is needed? What is the view of the YP?
* Is the YP able to make choices for themselves?
* How will they be supported to take positive risks?
* 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 their interests/ develop their skills and talents?
* In this section also think about desired outcomes regarding the YP’s relationships. (i.e. it may be for them to be able to recognise and manage negative social influences).
* Consider YP’s social skills. Think about friendships / what positive relationships do they have? How can these be positively supported?
* Consider the family dynamics/ wider support network dynamics. How do these impact on the YP? How can these be positively supported?
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| 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 be able to plan ahead and keep control in a crisis).
* What skills does the YP already have to support these outcomes? What further support do they require?
* How does the 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 those working with them?
* 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 the YP? What is being done to support this?
* What is the YP’s emotional presentation like? What helps them to manage strong feelings/ conflict? What further support is needed?
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| Identity and Social Presentation | * This section is about YP having a strong and positive sense of self and their identity. This should look at their individual Identity, social presentation needs, strengths, and difficulties.
* Please consider how to promote, advocate, and challenge any inequalities regarding their specific identity such as ethnicity, religion, cultural, social, gender identity, LGBT and disabilities. What is 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 YP’s understanding of their journey and why they are in care?
* Has life story work been completed?
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| Preparation for Adulthood | * What are the desired outcomes regarding supporting the YP with their transition to adulthood? (i.e. it could be linked to the development of specific independence skills needed for successful independent living or support to achieve continued education or employment).
* Be clear about what the YP wants to achieve – what are their longer-term goals / aspirations.
* Level of independence/ readiness to transition to adult life – what skills do they already have? How are these skills being further developed? Thinks about independence skills, budgeting (prioritising funds for essentials - food, clothes, bills), opening accounts, completing application forms, maintaining routines, managing own medication, attending appointments, and tenancy ready. What else is needed from their next placement?
* Future plans – what are these? What does the YP feel they need support with?
* What else does the YP need to be able to leave care successfully?
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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