

LEICESTER CITY COUNCIL PLACEMENT DESK REFERRAL.



1. REFERRAL DETAILS.			
Referral by:		Date:	
Team:		Ext:	
Social Worker:			

2. Details of child(ren) being accommodated.							
Name of child.	DOB.	Age.	ID.	Gender.	Ethnicity.	Religion.	Language.
Home address.							

3. Current Legal Proceedings / Dates of Hearings / Bail Order / Remand Details.	

4. REASONS FOR REQUEST	
<i>(Please give as much information as you can to inform the referral eg? initial assessment, core assessment, ROA minutes, Case conference notes etc)</i>	

5. TYPE OF PLACEMENT REQUESTED.	
Foster Placement.	Short Term <input type="checkbox"/> Permanent <input type="checkbox"/> Respite <input type="checkbox"/> Short Breaks <input type="checkbox"/>
Residential.	
Proposed Start Date.	
If the child/young person is part of a sibling group, are they to be placed together?	
If NO how would you wish children be split?	

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6.	Has this child/young person been looked after previously? (To be completed by the Placements Desk)			
Details of Previous Placements.				
Date From.	Date To.	Type of Placement.	Provider.	Why Placement Ended.
Please provide details of these placements in terms of what was successful and what were the problems & challenges whilst lived here?				

7.	FAMILY COMPOSITION.			
Name.	DOB.	Relationship / PR.	Ethnicity.	Address.
Language(s).		/ /	Religion.	
Do parents have prejudiced views?				

8.	OTHER SIGNIFICANT ADULTS.			
Name.	Home Address.	Contact Details.	Parental Responsibility.	Relationship.

9.	Are there any risks to the child/young person from the parents/other significant adults? (details below)			
10.	Any geographical risks? (areas children can't be placed)			

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11.	Can this/these child(ren)/young person(s) be placed with other children/young people? (If NO what are the reasons/risks)	
12.	Is there any reason child(ren)/young person(s) should not share a bedroom? (If NO what are the reasons/risks)	
13.	Can the child(ren)/young person(s) be placed with pets? (If NO what are the reasons/risks)	
14.	Does the carers address need to be kept confidential? (If YES what are the reasons/risks)	

15.	CURRENT CIRCUMSTANCES.
	If child(ren)/young person(s) are not living with parents, give details of current address?
	Is it a placement address?
	Current carers & relationship to child(ren)/young person(s)? <i>(give details)</i>
	Relationship of family member/name of Provider?

16.	Details of Contacts Required.				
	Who.	Relationship.	How Often.	How Facilitated.	Court Directed.

17.	KNOWN RISKS.
	Are there any identified safeguarding issues presented by the child/young person regarding?
	Alcohol / Substance misuse? <i>(If YES please specify)</i>
	Self-harming / suicide attempts? <i>(If YES please specify)</i>

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History of missing / running away? <i>(If YES please specify with details of why and where to)</i>	
Physical aggression? <i>(If YES please specify)</i>	
Verbal aggression? <i>(If YES please specify)</i>	
Bullying? <i>(If YES please specify)</i>	
History of fire starting? <i>(If YES please specify)</i>	
Offending Behaviour? <i>(If YES please specify)</i>	
Is there a history of sexual abuse? <i>(If YES please specify)</i>	
Sexualised behaviour? <i>(If YES please specify)</i>	
Prejudiced Behaviour? <i>(If YES please specify)</i>	
Any other known risk that will need to be managed? <i>(If YES please specify)</i>	

18.	HEALTH.
Name of GP.	
Address and contact details.	
Any diagnosed medical conditions? <i>(if YES please specify)</i>	

Is the child at risk of a blood born virus? Do they need testing?	

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Please specify any medical protocol(s) in place and attach copies? (i.e. epilepsy management etc)		
Current medication?		
Does the child require a manual handling plan?		
Please confirm this plan is attached? (details below)		
Any medical appointments booked? (details below)		
Any allergies / fears / phobias? (details below)		
If the child/baby has been discharged from hospital, please indicate feeding & medical issues?		
Does the child/young person have a specific disability and are they receiving DLA payments?		
Does the child/young person smoke?		
Does the child/young person have permission to smoke?		
If possible would the child/young person wish to be placed with non-smokers?		
Most Recent Statutory Health Assessment.		
Date.	Type of Assessment.	Examining Practitioner.
Has the child/young person been referred for any specialist services? (eg. CAMHS etc)		
Name of Specialist Service.	Date(s).	Details.
Has the child/young person had any other specific assessments? (details below)		
Date(s).	Details.	
Does the child/young person have any specific dietary/nutritional needs? (If YES please specify)		

19.	EDUCATION.
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Is the child/young person in education/employment/training or none of the above?	
How many hours per week?	
Name of establishment.	
Address.	
Contact details.	
Days and times.	
Does the child/young person have any history or refusals / exclusions?	
Are they on a school role at this time? <i>(details below)</i>	
Does the child/young person have a statement of Special Educational Needs (SEN)? <i>(details below)</i>	
Has a referral been made for SEN? <i>(details below)</i>	
Is the child/young person able to form social relationships with peers? <i>(details below)</i>	

20.	CULTURAL / HERITAGE / IDENTITY.
Have any specific heritage needs been identified for the child/young person regarding?	
Personal Care. <i>(details below)</i>	
Religion. <i>(details below)</i>	
Tradition. <i>(details below)</i>	
Clothing. <i>(details below)</i>	
Diet. <i>(details below)</i>	
Other. <i>(specify below)</i>	
Has any work been started with the child/young person to address issues of identity? <i>(including disability, faith, culture, sexuality etc)</i>	
If NO, is there a need for this work?	

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Does the child have a religion? <i>(specify below)</i>	
Does the child speak fluent English? <i>(If NO, please specify which language(s) they speak fluently)</i>	
Is the child/young person an unaccompanied minor (UASC)?	
If so, has an age assessment started?	

21.	EVERY CHILD MATTERS OUTCOMES.
	Please complete if child / young people are moving placements or it's a planned admission to care only.
	What would you like the child / young person to gain / achieve from this placement?

22.	CONSIDERATIONS BEFORE PLACEMENT TO BE SOUGHT.	
	Have the following occurred or been requested?	
	Occurred/Requested	Date
	IST Involvement.	
	Family Group Conference.	
	Child Protection Conference.	
	Agreed by Placement Panel.	
	Service Manager Agreement.	
	If this is a placement move, has there been...	
	LAC Review?	
	IRO Consulted?	
	Did IRO agree with this move?	
	Name of IRO.	

23.	CHILD(REN)/YOUNG PERSON(S) WISHES / VIEWS.
	What are the wishes and views of the above to this request for placement?
	Is there anything the child(ren)/young person(s) want the carers to know about them?
	What are the child's normal routines & Activities?

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Please e-mail completed form to placementsdesk@leicester.gov.uk