**Referrals, Admissions, Matching and Ending Residential Care Policy and Procedure**

**REGULATIONS AND STANDARDS**

The Quality and Purpose of Care Standard

The Care Planning Standard

**SCOPE OF THIS CHAPTER**

To provide guidance to managers relating to how children’s needs will be matched to the experience, training and skills of the staff team in placement.

To provide guidance to managers relating to Benecare’s referral, matching and impact risk assessment and admissions procedures.

**RELEVANT GUIDANCE**

Children’s Homes Regulations (2015)

14, (2) (a)that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home’s statement of purpose.

13, (c ) (d) (e)

ensure that staff have the experience, qualifications and skills to meet the needs of each child.

ensure that the home has sufficient staff to provide care for each child.

ensure that the home’s workforce provides continuity of care to each child.

**RELATED CHAPTERS**

Moving to Another Placement Procedure

Placement Planning Meeting Procedure

Care and Placement Plan Guidance Procedure

**Contents**

1. Introduction
2. Referrals
3. Matching and Impact Risk Assessment
4. Placement Offers
5. Considerations Before a Child is Placed in a Home Out of Area
6. Planned Placements
7. Pre Placement Planning
8. Arriving at the Home
9. Helping Children Settle
10. Notifications
11. Health Care
12. Placement Planning Meetings

Check List for Desirable and Essential Forms for admission

Appendix 1 – Matching, Impact and Risk Assessment

Appendix 2 – Checklist for Admissions

**1.****Introduction**

Before making a placement in residential care, it is essential that the placing authority social worker fully understands exactly what a home can offer and how they will care for the child.

Furthermore, the proposed placement of a child should only be accepted when the Registered Manager/Home’s Manager and the Responsible Individual are satisfied that the home can respond effectively to the child’s assessed needs (as recorded in the child’s relevant plans), as well as having fully considered the impact that the placement will have on the existing group of children.

All children and young people who move into a residential home are admitted in a planned and sensitive manner.

Moving into a residential setting is a time of major adjustment and requires careful planning and clear direction. (See 6. Planned Placements)

Emergency admissions will **only** be permitted to establishments where the homes Statement of Purpose specifically outlines arrangements for such admissions and where the home has adequate provision for such admissions.

**2. Referrals**

Referrals are initially sent to the Head Office Administrator;

Jackie Kruse

Head Office Administrator

Benecare Children's Services

The Thatch/Stockers Hill/Boughton-Under-Blean/Faversham/Kent/ME13 9AB

T:  01227 751783

Mob: 07871735027

headoffice@benecareltd.co.uk

Once a referral has been received by the Head Office Administrator it is logged on a central system called ‘Request for Admissions form’

The Head Office Administrator then sends the referral onto the Business Manager and Responsible Individual for filtering. If the Business Manager and or Responsible Individual feels the referral is not a good match then a summary email will be sent back to the Head Office Administrator outlining why we cannot accept this placement. The Head Office Administrator will then notify the relevant local authority of the decision not to place the child and the ‘request for admissions’ form will be updated accordingly.

Referrals that are a potential match to the homes statement of purpose will be forwarded on to the relevant Registered Manager/Home Manager by the Business Manager and or Responsible Individual.

Upon receipt of a referral/placement request, the Registered Manager/Home’s Manager will review the referral information, speak to the referring social worker and assess whether the admission is appropriate. This decision will be based upon the home’s Statement of Purpose, the child’s assessed needs, the needs of other children and young people already living in the home and the experience, skills and training the current staff team has.

If the Registered Manager/Home Manager feels the referral could be a good match they will complete a Matching Impact Risk Assessment to inform their view as to the suitability of placement. (Appendix 1)

If the Registered Manager/Home Manager feel that the referral is not a good match to the home then a summary email will be sent back to the Responsible Individual, Business Manager and Head Office Administrator. The Head Office Administrator will notify the relevant local authority of the decision not to place the child and the ‘request for admissions’ form will be updated accordingly.

**3. Matching Impact and Risk Assessments**

To enable the managers to make informed decisions around placement requests and the matching process when considering a referral a Matching, Impact and Risk Assessment will be completed. This will be completed by the Registered Manager/Home Manager and or Deputy Manager in the Registered Manager/Home Manager’s absence.

Once this has been completed the Matching, Impact and Risk Assessment will be sent to the Responsible Individual for assessment. The Responsible Individual will then arrange to meet with the Registered Manager/Home Manager and or Deputy Manager in their absence. The purpose of this meeting will be to go through all of the documents received relating to the child and to ensure that all aspects of the Matching, Impact and Risk Assessment have been covered. (Appendix 1)

**4. Placement Offers**

If the Registered Manager/Home Manager, the Responsible Individual and Placing Authority are in agreement that all matching considerations have been taken into account and the referral is a suitable match then a placement offer will then be made to the placing authority.

The following should be undertaken before a decision to offer a placement is reached:

* Arrangements should be made for the Home's Manager/Registered Manager to meet the child, parent(s) or carers.
* The homes Statement of Purpose about should be forwarded to the Placing Authority, parent(s) or carers.
* An Information / Children's Guide should be forwarded to the child.
* Up to date Chronology should be obtained.
* A copy of the Care Plan should be obtained or forwarded to the home within 10 working days.
* Other relevant information about the child should be obtained. For example, recent Looked After Review reports, Pathway Plan, Personal Education Plan, Risk Assessments, reports from specialists, therapists and those that have worked in school with the child.

**5. Considerations Before a Child is Placed in a Home Out of Area**

Within the placing authority, the decision to place a child out of area must be approved by the Nominated Officer, unless it is a Placement at a Distance, (i.e. outside the area of the local authority and not within the area of any adjoining local authority), in which case the approval of the Director of Children’s Services is required.

Before agreeing such placements, the Nominated Officer/ Director of Children’s Services must be satisfied of the following:

* That the child's wishes and feelings have been ascertained and given due consideration;
* That the placement is the most appropriate placement available for the child and consistent with the Care Plan;
* That relatives have been consulted where appropriate;
* That the Independent Reviewing Officer (IRO) has been consulted (usually the IRO will discuss with the child after the child has visited the proposed placement).
* That the area authority has been notified or, for a Placement at a Distance, the area authority have been consulted and have been provided with a copy of the child’s Care Plan.
* The social worker must assess the suitability of the placement. This includes referring to the home’s Statement of Purpose and location assessment; consulting the home’s manager to ensure that proper arrangements are in place for the child to have contact with his/her family and significant others (this is especially important when the child is proposed to be placed at a distance away from their family home) and considering the arrangements for continuing to meet the child’s health and education needs.

For more information, see The Children Act 1989 guidance and regulations - Volume 2: care planning, placement and case review, June 2015.

**6. Planned Placements**

Prior to the admission, the Registered Manager/Home Manager (and or designated staff) will have been involved fully in discussions concerning the young person and their needs. The residential home needs to be provided with information to enable an informed and proper Matching and Impact Risk Assessment of the child’s needs. The home should be able to meet the needs of the young person. If it is assessed that additional resources are required to support the young person and the home, these should be in place prior to admission.

The Registered Manager/Home Manager will undertake a Matching, Impact and Risk Assessment in which consideration is given to the views wishes and feelings of the resident group of children.

It is regarded as good practice for staff to undertake a pre-admission visit to the young person concerned if possible in their current living environment, to ascertain their wishes ,views and feelings about the proposed change.

Following agreement / approval of the placement, the Social Worker should provide the residential home with the necessary documentation which must include the following:

* Court Orders (If copy – Original must be seen)
* Care Plan
* Essential information record part 1 and 2
* Placement agreement and or copy of court orders
* Medical consent form (completed and signed by person with parental responsibility)
* Education details (last school attended – school to attend – educational; arrangements – PEP)
* Health record (including ongoing medication / treatment)
* Details of pending appointments (GP, Hospital, Dentist, Court, etc)
* Contact with family arrangements.
* Day to day care plan with agreed objectives between young person and their family along with any special care requirements.
* Initial risk assessment

It is good practice that a pre-admission visit should be made to the young person by the Registered Manager / Key Worker and if the placement is to go ahead by the young person to the home. This should be at a time when the home is quiet. All Staff should have been fully briefed and be aware of essential information about the child. Staff on duty should be very alert to trauma and distress. Remember a move to a new home is a very stressful time for children and they need to adjust slowly.

On first visit and subsequent admission, the young person should be made welcome and introduced to staff (especially Key Worker(s)) and other young people resident.

* They should be shown the room that will be theirs and given time to discuss their personalisation of it and unpack /place their personal belongings.
* They should be shown where the toilets and bathrooms are.
* Check the young person has enough toiletries / clothing and obtain any shortages as soon as possible.
* Give the young person basic easy to understand written information with a contact point if they have any questions at a later date.

Whilst bureaucracy and form filling has its place and is inevitable, do not let it dominate or allow it to become mechanistic.

Tell the young person why you are doing things or filling in certain forms. Over a period of several hours (but within 48 hours) complete the following:

(See Check List for Admissions Appendix 2)

* Inventory of personal belongings which itemises those retained for safe keeping
* Register
* Medical records
* Room key number
* Picture of the young people for medical and legal purposes.

Information supplied to the young person and their parents/carers should be kept as simple as possible. It may be that the child/young person is so anxious that they are unable to retain much of what is told to them on admission.

Communicate clearly with the child/ young person issues that will immediately affect them and support them into a routine.

Issues such as:

* Meal times and where to find snacks and drinks
* Where the toilets are
* What happens if they go missing
* Location and use of telephone
* Contact arrangements with family and how to make contact - details of next contact( if appropriate in the care plan)
* Fire escape routes and what to do if the fire alarm sounds
* What to do if they feel unwell
* Who they should tell if they are going out
* Daily routines and bedtimes
* Laundry arrangements
* Planned outings and special events
* Expectations for rewards (Day to day care plan)
* House rules on bullying
* Resident meetings
* Complaints procedure
* Rules about smoking and drug taking
* Pocket money and clothing allowances
* Any other house rules and issues
* Rewards and sanctions
* Provide them with copies of the children/young peoples guide which is accessible to them and their age, aptitude and ability and any additional needs they may have.

Make up the residential file as per agreed format.

Ensure a team meeting is held to go over the child’s information and current risk assessments, behaviour management plans and care plans.

Ensure any training that is required is completed prior to placement, including any refresher courses that have been highlighted.

Update initial risk assessment and care plans at periods of 24 hours, 36 hours and 5 days. Then every 5 days or following any significant events.

Ensure any relevant information about the child’s care is added to a bound note book to ensure staff are aware of any additional information in between main file updates as recorded above.

 **7. Pre Placement Planning**

Once a placement has been agreed, a Pre-Placement Planning Meeting will be arranged to agree Care Plans and Placement Plans, complete risk assessments and ensure that all of the essential documentation is up to date and on the child’s residential file.

This should include a copy of the referral and an impact risk assessment of any risks to other children in the home arising from this admission.

No admission will be made to a children’s home without a written referral, all essential documentation, information and risk assessments. When a placement is made in an unplanned way, the referral, other documentation and information and risk assessment(s) must be provided within 72 hours of admission.

It is the social worker’s responsibility to provide all of the essential documentation before admission takes place. It is the Registered Manager/Home managers responsibility to ensure that these documents have been regularly requested and received prior to a placement commencing.

It is the Managers/ Key Worker’s responsibility to organise the child’s residential file and to obtain any outstanding documentation and information in the quickest possible time frame.

Prior to the agreed admission date, the child should be visited in their current placement as part of the matching and impact risk assessment process.

The child, parent, family and significant others, as appropriate, should also be invited to visit the home on at least one occasion, to meet the other children and staff and to ask any questions and have any queries or concerns answered.

The child’s bedroom should be prepared prior to admission. Where possible, they should be able to choose their own bedding, the decoration or colour scheme and layout. The child should have a welcome pack for when they arrive to the home.

The child and parent should all be given a copy of the home’s Statement of Purpose. The child should also be given a Children’s Guide to read in preparation for the admission. They should be prepared for the admission to the home and helped to understand what to expect from staff and what will be expected of them. The child should be encouraged to bring with them favourite and cherished possessions, although expensive items will require careful consideration.

**8. Arriving at the Home**

Each home should have established processes for welcoming and introducing each child to the home. This includes ensuring the child has the opportunity to personalise their bedroom and have a welcome pack when they arrive with items personalised to their likes.

An introduction key working will take place and this includes;

* Fire Evacuation Procedure
* Introduction to the home and area
* Young Persons Guide, Complaints Procedure and House Rules
* Pre Placement Planning Meeting Discussion
* Explaining the Key Working process and choosing key workers if not done already
* Likes and Dislikes
* Feelings around moving

All children are entitled to a warm welcome introduction to the home. The introduction should take into account the child’s abilities and capacity to understand and retain information. It may be appropriate for the introduction to take place over a period of time, and / or be delivered in different formats depending on the child’s communication and cognitive abilities.

Staff must be sensitive to the needs of the child at the time of arrival (particularly in the case of emergency placements). Staff will play a key role in helping children to understand why they are living there and explaining plans for their future.

Staff should establish the child’s understanding of key information about living in the home and the expectations of their care in order to identify whether there are gaps in the child’s understanding which need to be addressed.

Children and young people currently living in the home should be asked to contribute to any review of the procedures for welcoming new arrivals. This will be completed as part of the impact risk assessment.

An identified member of staff (the Key Worker wherever possible) should welcome the child, parent, social worker and significant others. They should ensure that the Admission and Discharge Log details are recorded. They should settle the child in by showing them to their bedroom and helping them unpack. They should also ensure that the child understands the Children’s Guide especially in terms of their rights and their responsibilities, and have the routines and rules of the home explained to them. It is important that the child understands what to do if they are not happy about anything and that they will be listened to.

**9. Helping Children Settle**

Many children find it difficult to settle in a strange environment, and this is likely to be exacerbated if the start of the care episode has been rushed or traumatic.

Key Workers should do all they can to help children feel at home, including trying (where possible) to maintain some of the routines to which they have been accustomed.

The Key Worker should arrange regular sessions (at least weekly) with the child to ensure that they have the opportunity to express their views and wishes and raise any concerns or complaints they may have about their care. It is important to hold these sessions throughout their stay but especially so in the days and weeks immediately following their admission.

**10. Notifications**

The Registered Manager/Home Manager must notify without delay the area local authority (if different from the placing Authority) of the admission to/discharge from the home of any child.

This notification must state:

* The child’s name and date of birth;
* Whether the child is Accommodated under Section 20 or subject to a Care Order or Supervision Order;
* The contact details for:
* The child’s placing authority; and
* The child’s Independent Reviewing Officer.
* Whether the child has an Education, Health and Care Plan and, if so, details of the local authority which maintains the Plan.

For the homes in Kent this information is be sent to:

OLALAC01@kent.gov.uk

**11. Health Care**

Once a placement has commenced The Registered Manager/Home Manager must arrange for the following to occur:

* For the child to be allocated with a Key-Worker who will be responsible for promoting his/her health and educational achievement, liaising with key professionals, including the Clinical Nurse Specialist, the child's GP and dental practitioner. The Key-Worker will also be responsible for ensuring that up to date information is kept on the child in relation to his/her health needs, development, illnesses, operations, immunisations, allergies, medications, administered, dates of appointments with GP's and specialists (see Key-Worker Guidance);
* For the child to be registered with a GP;
* For the child to have access to a Dentist in the home's locality;
* For the child to be registered with an Optician in the home's locality;
* For a Health Care Assessment to be carried out in relation to the child as set out in Health Care Assessments and Plans Procedure.
* Staff should have sufficient understanding of relevant health services including the function of the Designated Nurse for Looked After Children. The home should liaise with the child’s placing authority to enable proper and immediate access to any specialist medical, psychological or psychiatric support. Staff challenge if these services are not met or they do not happen for the child.
* Details of the registration or any changes must be recorded, by the social worker, in the Placement Information Record, a copy of which must be forwarded to the home by the Social Worker, at the latest, within 14 days of the placement.

Additionally, the child's Medical Record should be updated by the key worker with The Registered Manager/Home Manager ensuring this is up to date.

**12. Placement Planning Meetings**

Once a child has been placed a placement planning meeting should be held within 72 hours of their arrival to the home.

This meeting should include the child to ensure their wishes and feelings are heard and are a part of their initial care planning.

This meeting will also look at arrangements for school, contact and look at identified needs and how those needs can be met and how positive outcomes can be achieved.

Persons that attend this placement planning meeting should include the child, their parents if required, their social worker, advocate, the Registered Manager and their key worker.

Minutes should be made of the placement planning meeting to ensure actions are clearly recorded and acted upon.

Checklist for Desirable and Essential forms for admission

Key

E = Essential

D = Desirable

IA = If available

|  |  |  |
| --- | --- | --- |
|  |  | Check box |
| Impact Risk Assessment Form | E |  |
| Essential Information for Carers | E |  |
| Placement Agreement | E |  |
| Placement Plan part 1 | E |  |
| Care Plan | D |  |
| Contact Arrangements | D |  |
| Statement of Needs  | E |  |
| Report from C.P.P | E |  |
| Personal Education Plan | D |  |
| Individual Education Plans | D |  |
| Medical forms – Health needs - Medication | E |  |
| EHCP or Statement of Educational Need | IA |  |
| Court Orders | E |  |

**Appendix 1**

**MATCHING IMPACT and RISK ASSESSMENT**

**PRE PLACEMENT INFORMATION**

To enable the managers to make informed decisions around placement requests and the matching process when considering a referral, the following information needs to be requested from the social worker/placing authority before agreement for placement to commence:

|  |  |
| --- | --- |
| **Name of Young Person**  |  |
| **Date of Birth**  |  |
| **Type of Placement Requested**  |  |
| **Reason for Placement Being Requested** |  |
| **Placing Authority**  |  |

|  |  |  |
| --- | --- | --- |
| **Documents Requested**  | **Date Requested** | **Date Received** |
| **Chronological History**  |  |  |
| **Care Plan** |  |  |
| **PEP** |  |  |
| **LAC Health Medical** |  |  |
| **Immunisation Record** |  |  |
| **Previous Review Notes** |  |  |
| **Professionals involved with young person details** |  |  |
| **Risk Assessments** |  |  |
| **Delegation of Authority form** |  |  |
| **CYPMHS/Psychological Reports**  |  |  |
| **Information from family/foster carers** |  |  |
| **Information from previous placements**  |  |  |

**RISKS, BEHAVIOUR HISTORY & CONSIDERATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Risks, Behaviour History & Considerations** | **Risk Level****(High, Medium, Low)** | **Details (Ascertain context, frequency etc.)** | **Is a risk assessment required? (yes/no)** |
| Age |  |  |  |
| Gender |  |  |  |
| Sexuality  |  |  |  |
| Diagnosis |  |  |  |
| Health Needs |  |  |  |
| Therapeutic Health Needs |  |  |  |
| Communications |  |  |  |
| Social Skills |  |  |  |
| Self-Identity |  |  |  |
| Education |  |  |  |
| Relationships |  |  |  |
| Any history of CSE or current concerns around CSE |  |  |  |
| Any history of radicalization or current risks around exposure to radicalization  |  |  |  |
| Any history of gang involvement  |  |  |  |
| Any history or concerns around county lines |  |  |  |
| Any history of e-safety  |  |  |  |
| Any concerns around criminal history  |  |  |  |
| Any YOT involvement |  |  |  |
| Any live offences with the police |  |  |  |
| Any history of self-harming  |  |  |  |
| Any history of suicidal ideations |  |  |  |
| Any concerns around mental health and or any mental health diagnosis |  |  |  |
| Any concerns around the child’s emotional wellbeing |  |  |  |
| Any physical aggression towards adults  |  |  |  |
| Any verbal aggression towards adults  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risks, Behaviour History & Considerations** | **Risk Level****(High, Medium, Low)** | **Details (Ascertain context, frequency etc.)** | **Is a risk assessment required? (yes/no)** |
|  |  |  |  |
| Any physical aggression towards peers |  |  |  |
| Any verbal aggression towards peers |  |  |  |
| Any risks of bullying others  |  |  |  |
| Any risks of being bullied  |  |  |  |
| Any risks of online bullying  |  |  |  |
| Leader/Influencer |  |  |  |
| Follower/Influenced |  |  |  |
| Safety Awareness |  |  |  |
| Any history of missing episodes - alone  |  |  |  |
| Any history of missing episodes - groups |  |  |  |
| Any risk of damage to property  |  |  |  |
| Any history or concerns of sexualized behaviour  |  |  |  |
| Any history of sexual abuse  |  |  |  |
| Any history of allegations  |  |  |  |
| Any history of domestic violence |  |  |  |
| Any history of alcohol misuse  |  |  |  |
| Any history of substance misuse  |  |  |  |
| Any history of arson/fire setting  |  |  |  |
| Any history or carrying knives/weapons  |  |  |  |
| Activities and Interests |  |  |  |
| Ability to share |  |  |  |
| Group living experience |  |  |  |
| Mealtimes |  |  |  |
| Bedtime |  |  |  |
| Night time needs |  |  |  |
| Personal care |  |  |  |
| Family  |  |  |  |
| Other behaviours/concerns identified; |  |  |  |
| **Risk Assessments that will be implemented from the above behaviours and risks that have been identified:** |

**REFFERAL BEHAVIOUR & IMPACT**

This section needs to be completed for every referral being considered for the home to gather additional information where needed, and to ensure all information relating to the child is considered against the current resident group and homes location.

|  |
| --- |
| **Behaviour/Risk Assessment (High/Medium/Low):**  |
|  |
| **Impact of Home on the Young Person (Consider the current resident group in placement)** |
|  |
| **Impact of Young Person on the Home’s Current Resident Group**  |
|  |
| **Staff Training & Development Needs that would Support Placement**  |
|  |

|  |
| --- |
| **Behaviour/Risk Assessment (High/Medium/Low):**  |
|  |
| **Impact of Home on the Young Person (Consider the current resident group in placement)** |
|  |
| **Impact of Young Person on the Home’s Current Resident Group**  |
|  |
| **Staff Training & Development Needs that would Support Placement**  |
|  |

**CURRENT CHILDREN IN PLACEMENT BEHAVIOUR & IMPACT**

This section needs to be completed for every referral being considered for the home to assess how the current children in placement may have an impact on this child being placed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Initials**  | **Risk**  | **How could this risk impact the child?** | **What will be put in place to prevent/manage this risk?** |
|  |  |  |  |
|  |  |  |  |

**THE CURRENT LOCATION AND HOW THIS COULD HAVE AN IMPACY ON THE CHILD**

This section needs to be completed to ensure the location where the child will be placed is not a risk to them. Or that the child is not a risk to anyone in the current location.

|  |  |  |  |
| --- | --- | --- | --- |
| **Location**  | **Risk**  | **How could this risk impact the child?** | **What will be put in place to prevent/manage this risk?** |
|  |  |  |  |

|  |
| --- |
| **Further Needs – Requirement(s) for placement** |
| **Discussions held with the child around moving to the home, how do they feel about this?** | Name Date & Time of Discussion  |
| **Discussions held with the social worker for this referral.**  | NameDate & Time of Discussion |
| **Discussions held with the wider network around the child** | NameDate & Time of Discussion |
| **Discussions held with the social workers for the current children in placement. Do they think this referral is a good match?** | NameDate & Time of Discussion |
| **Discussions held with the current children in placement, what are their views, wishes and feelings around this placement? Are they happy with their potential new peer coming to potentially live at the home? What are their worries?** | Name Date & Time of Discussion |
| **Ensuring Parents with parental responsibility are aware that a new child now resides at the home.** | Name Date & Time of Discussion  |
| **Ensure the Missing Person Liaison Officer and Local PCSO are consulted about the referral**  | Name Date & Time of Discussion  |
| **What training do the team have to meet the child’s needs?** |  |
| **What skills and experiences do the team have to meet the child’s needs?** |  |
| **What extra Training do the staff team need to meet the child’s needs?** |  |
| **Do the staff team need any refresher courses?** |  |
| **Is there anything else that needs to happen to make this placement successful (consider additional staffing, changes to the rota/hours, the location, modifications to the home or additional items needed for the home)** |  |
| **Ensure the staff team are fully briefed on the child’s move to the home and are aware of their care plan and support needs.**  | Date of staff meeting to discuss the child, their care plans, risk assessments etc. Have the staff team read and signed the child’s main care plan documents?Do you feel the staff team are prepared for the child’s arrival to the home? |

**REFERRAL VISIT DETAILS**

In order to support the potential transition to Benecare Children’s Services, please provide details about the referral visit to the young person and any observations that may inform the referral decision.

|  |  |
| --- | --- |
| **Date of Referral Visit**  |  |
| **Referral Visit Attended By**  |  |
| **Location**  |  |
| **Current Address of Young Person** |
|  |
| **Professionals in Attendance at Meetings/Visits**  |
|  |
| **Summary of Visit** Please provide details of the general presenting behaviour of the young person, their level of engagement in the visit, any questions or comments they may have etc.  |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Do the staff team have the right training to meet the child’s needs** |  |  |
| **Do the staff team have the right skills and experiences to meet the child’s needs** |  |  |
| **Can the child behave appropriately with peers - Male** |  |  |
| **Can the child behave appropriately with peers – Females** |  |  |
| **Can the child behave appropriately with younger children** |  |  |
| **Can the child behave appropriately with older children**  |  |  |
| **Can the child behave appropriately with male professionals**  |  |  |
| **Can the child behave appropriately with female professionals**  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GENDER - PLACEMENT TO BE MATCHED WITH** | **MALE**  | **FEMALE** | **OLDER THAN** | **YOUNGER THAN** | **PREFERRED AGE RANGE** |

**REFERRAL OUTCOME**

|  |
| --- |
| **Registered Manager Comments** |
| Sign |
| Date  |

|  |
| --- |
| **Responsible Individual Comments** |
| Sign Date  |

**Final decision agreed:**

**Placement offered – Yes/NO**

**Reason Benecare are unable to offer placement;**

**Appendix 2**

**CHECKLIST FOR ADMISSIONS**

|  |
| --- |
| **Name of Home** |
| **Name of Young Person** | **Key Worker** |
| **Age on admission**  |  |  |
| **Date admitted** | **Social Worker** |
|  |  |
| **Pre admission information:** (Special needs – Communication difficulties – identified risks)  |
| Task | Undertaken by: | Date |
| Key Worker Allocated |  |  |
| Accessible copy of Children/young people’s guide provided |  |  |
| Shown room, Bathrooms etc  |  |  |
| Personal Toiletries |  |  |
| Room key number  |  |  |
| File made up |  |  |
| Up date initial risk assessment |  |  |
| Risk assessment updated at 24 hours |  |  |
| Risk assessment updated at 36 hours |  |  |
| Risk assessment updated at 5 days |  |  |
| Inventory of personal belongings  |  |  |
| Child Looked After Register |  |  |
| Medical Records |  |  |
| Meal times and where to find snacks and drinks |  |  |
| What happens if missing |  |  |
| Location and use of telephone |  |  |
| Contact arrangements with family - next contact |  |  |
| Fire alarm and exit routes |  |  |
| What to do if feeling unwell |  |  |
| Who they should tell if they are going out |  |  |
| Daily routines and bedtimes |  |  |
| Laundry arrangements |  |  |
| Planned outings and special events |  |  |
| Expectations for rewards (Day to day care plan) |  |  |
| House rules on bullying |  |  |
| Resident meetings |  |  |
| Complaints procedure |  |  |
| Rules about smoking |  |  |
| Pocket money and clothing allowances |  |  |
| Any other house rules and issues |  |  |
| Rewards and Sanctions |  |  |
| Recent Photograph  |  |  |

**Key Worker Sign**

**Registered Manager Sign**