

FAMILY STRUCTURE

Mother Address Tel:

Father Address Tel:

Siblings – Names Ages At home/address

Any Significant Others:

Family Situation – e.g. is family together/siblings accommodated? Any history of violence/abuse? Are parents supportive / rejecting of young person? Any other major issues?



Chronology of Placements – please include reasons for initial accommodation and any moves

Education – does the young person attend school? Are they statemented? If so, please give details, including who holds copy of statement. Please outline what educational arrangements you would expect for this young person.

Offending Behaviour - including whether or not police involvement and any outstanding court dates



Medical History – does this young person have any medical complaints? Please give details:

Is the young person currently on/need any medication? Please give details:

Who can give consent for medical treatment? How can this be gained in an emergency? (Written consent nominating Harmony Childrens Services will be required (appendix 1))

Safety/supervision issues: Is there any history of:
Self-harming? What form does this take?



Substance misuse? What substances and in what context?

Absconding – is there any pattern e.g. after arguments / only with other young people?

Violence – to whom and in what context?

Stealing – any particular items? Under what circumstances?

Fire Setting – to what & in what context?



Abuse – is it known or suspected that this young person has been the victim of abuse, sexual or otherwise? Please give details:

Is it known or suspected that this young person is the perpetrator of abuse, sexual or otherwise? Please give details:

Is this young person currently, or have they ever been, on the Child Protection Register? Please give details:



General Behavioural Trends – please describe how this young person interacts on a day-to-day basis with family / peers / staff / other adults. How does the young person's mood change under different circumstances? Please include positive statements about the young person's behaviour on which to build care programmes e.g. interests, hobbies, likes etc.



Reason for Referral - please give details of why the referral is being made now:

Care Task

What is the anticipated length of stay?

How urgently is the placement required?

Anticipated start date:

What is the short-term objective of the placement?

What are the medium / long term objectives of the placement?

Does this young person need to be placed alone?

What staffing ratio does this young person need?

Has funding been agreed – if more than 1:1?

Requirements of the Social Worker for the young person placed with Harmony Childrens Services.

We expect an initial planning meeting to be held within 5 working days of the placement and that childcare reviews will be held regularly in line with the Looked After Children recommendations. All LAC documentation should be completed within the timescales recommended. Any previous reports or assessments will be sent to Harmony Childrens Services within a week of placement.

Please be aware that Harmony Childrens Services has a policy of contacting the police in the event of violence towards staff and residents, or criminal damage to property caused by young people in our care. Any variation to this will only be made under exceptional circumstances and after discussion with the home manager.

Please complete the attached risk assessment form for any behaviour / situation that you believe requires particular attention before returning this form



RISK ASSESSMENT

Young Person's Name:

Date:

Risk Assessment No:

Type of Risk	Risks & triggers	Management	Level of Risk
	Describe as fully as possible the <i>actual</i> or <i>potential</i> risk to or from the young person and what the warning signs or triggers are	Indicate any measures that are believed to reduce the risk, or responses that have been successfully employed to manage it.	Occurrence of behaviour? H = recent & frequent M = recent but infrequent L = not within last 3 months & infrequent
Self-harm indicate all types of self-harming behaviours e.g. cutting, substance misuse, prostitution, attempted suicide, eating disorders.			<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Please tick relevant box
Risk(s) to residents indicate all types of risk e.g. physical, sexual, verbal or all.			<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Please tick relevant box
Risk to staff indicate all types of risk e.g. physical, sexual, verbal or all.			<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Please tick relevant box



RISK ASSESSMENT (cont)

Young Person's Name:

Date:

Risk Assessment No:

Type of Risk	Risks & triggers	Management	Level of Risk
	Describe as fully as possible the <i>actual</i> or <i>potential</i> risk to or from the young person and what the warning signs or triggers are	Indicate any measures that are believed to reduce the risk, or responses that have been successfully employed to manage it.	Occurrence of behaviour? H = recent & frequent M = recent but infrequent L = not within last 3 months & infrequent
Risk(s) to or from the community indicate whether from prostitution, offending, drugs, abuse, reprisal attacks etc.			<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Please tick relevant box
House & Grounds indicate risks in relation to security, barricading in, damage, climbing on, outbuildings, roads etc. Indicate risk in relation to fire setting & any patterns of previous occurrences.			<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Please tick relevant box
Outings and Activities indicate risks in relation to absconding, theft, criminal or dangerous associations, obtaining dangerous substances etc.			<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Please tick relevant box



Appendix 1

Authorisations

The following authorisations are requested and should be signed by the appropriate person.

1) I hereby give consent for any necessary vaccination or preventative inoculations (including BCG, Poliomyelitis, Meningitis and active immunization against Tetanus).

Signature: Relationship:

Position: Date:

2) A) I hereby give Harmony Childrens Services Ltd authority to give consent to any emergency medical action considered necessary, where to delay such consent is considered by attendant medical professionals to be inadvisable.

b) I hereby give Harmony Childrens Services Ltd authority to administer first aid and appropriate non-prescription medication.

Signature: Relationship:

Position: Date:

c) Where authority is not given in (a) above, please state desired action by Harmony Childrens Services Ltd under the circumstances described;

Details.....
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d) Where authority is not given in (b) above, please state desired action by Harmony Children's Services Ltd under the circumstances described;

Details.....
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Signature: Relationship:

Position: Date:

