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| **Wigan Council**  **Children In Care Team 2 Wigan Council**  **Wigan Life Centre South College Avenue**  **WIGAN WN1 1NJ**  **Tel: Fax:** | | | | | | | | | |
| **Placement Referral Form** | | | | | | | | | |
| **Placement Referral Form** | | | | | | | | | |
| Name of the person who is making the Referral |  | | | | | | | | |
| **Personal Details** | | | | | | | | | |
| Ethnicity | A1 - White-British | | | | | | | | |
| Nationality | British | | | | | | | | |
| Religion | Church of England | | | | | | | | |
| Primary Language | | | | | | | | | |
|  | Language | Fluency | Understanding | | Primary? | | Interpreter? | Notes | |
| English | Fluent |  | | Yes | | No |  | |
| Current Legal Status | | | | | | | | | |
|  | Started On | Legal Status | | Expiry Date | | Actual End Date | | | Court |
| 15-Jul-2021 | CLA - Interim Care Order | | 08-Jul-2021 | |  | | |  |
| **Key Agencies** | | | | | | | | | |
| Key Agency’s working with the Child and Family | R is currently living in a secure until where health agencies such as doctor's, dentist and opticians are provided.  R is currently under CAMHS for his ADHD medication and self harm. R access the residential school as part of his secure unit  R accesses therapeutic support from secure unit staff.  R has a named Children in Care Nurse and also an Epilepsy specialist nurse. | | | | | | | | |
| Ideally, does the School/Nursery need to be maintained? | No | | | | | | | | |
| **Relationships** | | | | | | | | | |
| Family Composition | Father and R 's sister live together. Mother currently lives in a Women's refuge  R 's two brothers live together in foster carer  R 's sister currently lives in a mother & baby unit with her son. | | | | | | | | |
| Is this a sibling group that needs to be placed together? | No | | | | | | | | |
| **About the Placement** | | | | | | | | | |
| **Details** | | | | | | | | | |
| Who can the Child / Young Person be placed with | Able to live with other Young People | | | | | | | | |



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| Details | R has been living in a secure unit since August 2021. There have been previous attempts to transition R to 2 separate residential units within the secure unit, however these were unsuccessful. In December 2022, R began a successful transition to a residential home that is part of the secure unit. R has been very receptive to this transition and has remained there throughout the transition plan and has been reluctant to return to the secure unit. R secure order expires on 26.01.23, given his successful transition to the residential home the secure order will then cease. The local authority intend to apply for a Deprivation of Liberty Order, to support the staff team to ensure R 's safety and well being.  A residential home with an experienced staff team is required to manage R complex needs, given his ADHD, Autism and Epilepsy diagnosis. Along with the impact of Childhood trauma. |
| Does the placement need to be in Borough, Out of Borough or either? | As close to Wigan Borough as possible |
| Areas to avoid | R family live in the Leigh area. |
| **Additional Information Needed to Identify and Match to Appropriate Carer** | |
| **Resource Requested** | |
| First Choice Resource Requested | Specialist Residential Placement (Therapeutic) |
| Contingency Resources Requested | Specialist Residential Placement (Residential School) Specialist Residential Placement (Health, inc CAMHs) |
| You have chosen Family / Mother and baby Unit - Are PNC Details Available? |  |
| You have chosen Parent and Child Foster Placement - Are PNC Details Available |  |
| You have chosen Group Living - Hours of support needed |  |
| Provide a brief summary of the child/ren’s lived experiences and how this has impacted on them? Detailed Pen Portrait | R first became known to the Local Authority in April 2011, following a contact record from a family worker that his father had been misusing drugs and alcohol leading him to make threats to his partner R 's mother, R and his siblings stating he was going to 'gas them, blow the house up and slit the children's throats whilst they are sleeping'. Following this, a strategy discussion was held on the 13 th of April 2011, which then section 47 enquires were initiated. R and his siblings were subject to Child Protection planning following an initial Child Protection conference under the category of emotional abuse.  R was subject to Child Protection and Child in Need planning for an extensive period following the first contact made in April 2011.  On the 21 st July 2015 R became Looked After and was placed into the care of the Local Authority, following his mother signing a section 20 agreement, due to concerns of the safety of the children around their father due to his substance misuse and unexplained injuries to the children. R attended a child protection medical, and it was found that the grazes and friction burns to R 's hand were accidental and due to lack of supervision.  Whilst R was in the care of the Local Authority his father completed a PAMS assessment which was positive, and R was returned to his care on the 29 th of March 2016. R 's siblings were also removed from his parents care. R 's sister who he currently lives with R father, was subject to a full care order in 2005 which was discharged in 2017.  R was placed on a Child Protection plan under the category of neglect following a contact record that his father had inappropriately physically chastised R .  R was placed on Public Law Outline on the 8 th of April 2021. Following further concerns around R 's medical and basic needs not been met, his father's lack of engagement with professionals, poor home conditions and father's mental health.  An urgent court hearing held was on 01.07.2021, following the Local Authority's application for a care order, an Emergency Protection Order was granted until 08.07.2021, with Interim Care Order and Deprivation of Liberty Order being obtained on 08.07.21. Care proceedings concluded in October 2022, with Full Care Order being made  R was on a hospital ward and in placements for short periods of time until these broke down due to his complex needs and trauma he was presenting with at the time.  On 18th August 2021, R was made subject to Secure Order and moved to secure until on 19.08.2021  R has invested into his secure placement and has managed to build good relationships with staff which has stabilised him for work to be completed with him. R has a diagnosis of ADHD and is currently taking medication for this. A psychological assessment has been completed of R which highlights that R has diagnosis of serve ADHD, epilepsy, learning disability and intellectual disability, autism and complex trauma based presentation  R began a transition to a residential part of the secure unit in December 2022, R has been very receptive to this and has remained at the residential home throughout the transition. There has been no formal incidents for R during this time, R has made his views clear that he wants to remain in residential rather than return to the secure unit.  R 's Secure Order expires on 26.01.23 and given the progress he has made, the Local Authority do not seek to extend this order given R has successfully transitioned to the residential home. A Deprivation of Liberty Order application will be completed once his Secure Order ends to ensure the staff team are able to safely care and support R should an incident arise. |

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| What is the child/ren’s lived experience and their wishes and feelings in relation to where they may live?  What are they worried about and what will help them to settle.  Describe their identity and how they see themselves. | R has wished to his father's care and is aware that he is far away from home.  Further work needs to be completed with R to explore why he is unable to be in his mother and father's care.  R needs to be in a placement that understand his needs and how to manage his emotions and behaviours, including building up relationships with staff for him to be able to feel safe and trust. R needs continuity with staff members and needs clear guidance and boundaries put in place as well as structure and routine as R thrives off this. |
| What assets and qualities do(es) the child(ren) have?  What are their likes, interests, hobbies and aspirations?  What encouragement and support will they need?  What makes them happy and how do they like to have fun? | R has a good sense of humour and gets on well with other young people and staff members. R is fun and outgoing. R enjoys being active and loves going to the beach and playing sports. R has a Nintendo switch which he enjoys playing and takes pride in looking after this.  R has been able to access the community regularly whilst in secure accommodation, this has continued as part of his transition to the residential home. R responds well to activities in the community and does not attempt to abscond.  R needs to build relationships with staff to see positive interactions with R and continuity of this. R needs to see that you are investing in him and are going to come back. R engages well with staff using social stories to prepare for health appointments and any other significant events in his life.  R has previously been asked what he would like to do when he is older and he is not clear on this as of yet. |
| Where is/are the child(ren) living now?  If this is with other carers what has worked well and what will need to happen to make /sure this placement is stable?  Who will need to do this and what other support will be needed? (CSW, ATOM, CYPF worker, CAMH’s, direct work, increased visits) | R is currently subject to a Secure Order however has been residing in a solo residential home that is part of the Secure Unit since December 2022. R began a transition plan to the residential home in December 2022 with the plan for him to move in January 2023. However, R demonstration that he was receptive to this move and he expressed how he wants to remain in the residential home rather than return to the secure accommodation. R wishes and feelings were listened to and he has remained in the residential home since December 2022. This has been a settled period for R , with no formal incidents occurring during the transition period. R is adapting to the freedom of a residential home such as being able to come out of his bedroom when he choses etc.  There has been previous attempts to transition R to 2 other residential homes within the secure unit however these were unsuccessful. It is felt that R has been receptive to his current residential home as it a 'home' outside of the secure building. |
| What is their overall care plan and what agencies are supporting the plan? | R is subject to a Full Care Order, his care plan is for him to remain in the care of the Local Authority until he reaches independence. Due to R 's complex needs he requires a residential home that can provide specialist care and support, this is likely to continue into adulthood. |
| What are we currently worried about in relation to the care plan? | R takes time to build relationships and likes continuity and stability, if he feels unsafe or un secure his behaviour is more likely to deteriorate in a response to feeling anxious.  R finds changes difficult to respond and adapt to. Therefore a placement move will need to be planned with a clear transition plan.  at R 's pace and he needs to access a placement with therapeutic provisions. R is currently not having any direct family time with his parents and siblings. . |
| What is working well in relation to the care plan? | R is attending the residential school, which is part of the secure unit, and is reported to doing well and especially enjoying forest schools  R has developed a good working relationship with staff members at the secure unit, particularly with his key worker  R enjoys spending time in the community, such as going to the beach. R responds well to being in the community.  R has been receptive to his transition to residential home as part of the secure unit, this began in December 2022 and R quickly presented as happier here than in the secure unit which helped progress the transition. |
| What needs to change and who needs to help with this?  What difference and positive impacts are we hoping the care giver can provide to the child/ren? | For R to have regular family time with the people who are important to him, currently this is in direct contact via letters but would like this to progress to telephone contact and direct contact when appropriate. |
| **About the Child / Young Person** | |
| **Friends & Family** | |
| How do/es the child/ren spend time with their family and friends, where is this and how is this facilitated?  What support is required from the carer, both practically and emotionally?  Do we have any worries about any friends and or family members and if so what are we doing to reduce the things that worry us? | R currently has in direct contact with his family. This is in the form of letters and pictures.  R has had one video contact with his two brothers in foster care, this was supervised by placement and foster carers. It is reported that this went well however, an on-going family time plan for the brothers needs to be established.  The long term plan is for R family time to progress and for him to have direct family time with his family, such as phone calls and in person contact. His parents and older sisters will need to agree to a written agreement prior to telephone contact commencing and a full risk assessment will be needed prior to face-to- face family time. |
| **Education** | |

Education / EHCP what is their attendance levels?

What is their attainment? Do they enjoy school?

What subjects are they good at or enjoy?

What subjects or areas do they need more encouragement and support with?

Provide reports if appropriate

If this were to be an out of borough placement, how will education / training / employment be encouraged and who will be responsible for securing alternative arrangements?

What additional support does the Child / Young Person receive in relation to education and support at school?

# Employment & Training

Details

# Health

R attends the residential school which is attached to his current placement in a residential home which is part of a secure unit.

R has an EHCP plan for social, emotional and learning. R 's attainment in school is very low for his age, he is not meeting age appropriate learning, despite this R is very bright in other areas. R enjoys maths and has worked hard with his

teacher on this. R needs encouragement in his English as he is not able to write properly and struggles with basic literacy skills.

A new school provision will need to be identified for R when a new placement is identified for him In R Autumn PEP 2022 the below was discussed:

What is working well?

R is a fun young person to be around. He has a good sense of humour and enjoys having fun

He is happy for the teacher to scribe his answer. However,R enjoys writing on a whiteboard, both for Maths and English. A very successful strategy has been to have R write all his answers on a personal whiteboard and then the teacher write what R wrote on his whiteboard on to his worksheet to record his work.

R has been very successful in school and is currently attending 3 periods a day. There are plans to increase this slowly to provide R the opportunity to be even more successful in school.

What are we concerned about?

R 's sense of humour can sometimes be lost on others, which can create friction between other young people. R does not fully understand social signals presented by other people. This can lead to misunderstandings and conflict between other young people.

R does not understand personal space or boundaries. He will enter into your personal space and not understand why it might uncomfortable or intrusive.

R fidgets and moves around quite a bit when doing school work. So far have worked at the coffee table in the house with

Assessments for R place him in at Early Years/Level 1 in both English and Maths.

R has termly PEP meetings to review his education and set academic targets. This is overseen by the virtual schools team.

The virtual school team also has oversight and involvement in R education as he has an EHCP.

None

Any issues with the child or family regarding the current Covid 19 Pandemic for example underlying health issues

Including: disabilities, Epilepsy, mental health, chronic/serious/terminal illness, pregnancy

Any Tri part funding to be agreed

Mental health and Health referral – to be attached

DLA

# GP Details

R has diagnoses of serve ADHD, epilepsy, learning disability and intellectual disability, autism and complex trauma based presentation

R is currently medicated for his ADHDH and is under CAMHS for ongoing medication reviews.

R is also under CAMHS for the self-harming behaviours that he displayed prior to going into secure accommodation. When R becomes distressed he may bite his arms or give himself friction burns as an reaction to feeling anxious.

R is diagnosed with epilepsy and is medicated for this. Prior to going into secure accommodation R was regularly having seizures. It is felt that R sleep and routine can impact on his seizures, he is not regularly experiencing seizures although his most recent seizure occurred on 03.01.23 and lasted approx 2 minutes and 30 seconds.

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| Professional | Agency | Agency Role | Started On | End Date | Address | Telephone Number |
| Within secure unit |  |  |  |  |  |  |

**Dentist Details**

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| --- | --- | --- | --- | --- | --- | --- |
| Professional | Agency | Agency Role | Started On | End Date | Address | Telephone Number |
| Within secure unit |  |  |  |  |  |  |

**CAMHs**

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| --- | --- | --- |
| CAMHs  Referral open / closed / waiting to be seen | CAMHs  Contact | Level of tier and when did the work start / finish / are strategies available for carers / any specific training that may be helpful |
| To be provided |  |  |

**Medication**

Are there any prescribed medications that the child/ren takes, if so what are these for and how are they taken?

# Diet

R is prescribed medication for his ADHD and Epilepsy, which he takes daily.

Diet - any allergies likes and dislikes

**Risk Assessment**

Is there a history of physical assault on other young people?

Is there a history of physical assault on other adults?

Not applicable

No Yes

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| --- | --- | --- |
| What are we worried about? | What is working well? | What needs to happen? |
| There has been incidents where R has assaulted staff members during incidents. This is more likely to happen when R feels anxious, insecure or unsafe. | There has been no recent incidents where R has physically assaulted staff, although there has been occasions whereby he has been threatening.  R responds well to those adults he has developed a relationship with, particularly his key worker. | For R to feel safe and secure and to have the opportunity to build positive relationships with staff |

Is there any history of verbal aggression? Yes

|  |  |  |
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| What are we worried about? | What is working well? | What needs to happen? |
| R can often swear and make threatening comments, this is part of how he communicates and sometimes whilst he says something threatening his demeanour does not match this. | R has demonstrated that he can act appropriately when staff utilise de- escalation techniques. | For staff to be aware of R triggers, his characteristics and communication style and to be able de-escalate and support him as required. |

Are there any cultural or religious issues?

Is the young person likely to be at risk of, or do you have any worries about child exploitation?

Does the young person go missing from school or home?

Is there any impact of trauma?

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| What are we worried about? | What is working well? | What needs to happen? |
| A psychlogical assessment of R determined that he has been impacted by his childhood trauma. | R has been able to make progress and has experienced period of increased stability when he has felt safe and built relationships whilst in secure unit | R needs to have a stable home environment where he can build relationships with staff and for him to feel safe and secure. |

No No

No Yes

Is there a history of self-harm? Yes

|  |  |  |
| --- | --- | --- |
| What are we worried about? | What is working well? | What needs to happen? |
| R has a history of self-harming behaviours.  Prior to being in secure unit there were times were he would put phone chargers around his neck.  There has also been incidents where R has caused friction burns to his legs and face, it felt this occurs when R feels unsafe and anxious | There have been no known incidents of self-harm since R began transition to residential home as part of secure unit in December 2022, this is despite this being a period of change for him. | R is currently under CAMHS in Dundee for support. |

Does the young person display any sexualised behaviour (inappropriate for their age)?

Yes

|  |  |  |
| --- | --- | --- |
| What are we worried about? | What is working well? | What needs to happen? |
| There have been ocassions where R has made sexualised comments | There have been no incidents of sexualised behaviour. | R to have positive role models to help him |

Is there a history of substance misuse? Is there a history of damage to property?

No Yes

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| --- | --- | --- |
| What are we worried about? | What is working well? | What needs to happen? |
| There have been incidents where R has caused some damage to property. For example when distressed he has caused damage to the carpet by picking at this. | There is not a consistent theme of R causing damage to property. | For R to be supported by an experienced staff team, who are able to recognise R triggers and use appropriate de-escalation techniques. |

Is there a history or risk of criminality?

Are there any concerns with the Child / Young Person being placed with pets?

# Desired Outcomes

Desired outcomes for the Child / Young Person that are linked to the Care Plan

# Placement Stability

No No

R to be stepped down from secure accommodation into a therapeutic placement that are able to understand. R 's complexities and meet his needs. R needs stability in his placement with staff so that he is able to

build relationships R to have all of his health needs met by placement including his epilepsy and ADHD, which he is currently medicated for. For R to have the opportunity to thrive in his education, inline with his individual needs as outlined in his EHCP.

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| Did the previous Placement/s have an unplanned ending? | N/A |
| **Independent Reviewing Officer** | |
| **Comments** | |
|  |  |
| Date |  |
| **Virtual Schools** | |
| **Comments** | |
|  |  |
| Date |  |
| **Team Manager Comments** | |
| **Team Manager** | |
| Comments | I am in agreement to explore a home which can meet R needs. Ideally specialist placement who has knowledge of autism and ADHD to enable R to be parented positively with high praise, and strategies such as now and next approach. |
| Date | 19-Jan-2023 |
| Service Lead | Jacqui Hardman |
| **Service Lead Comments** | |
| **Service Lead** | |
| Comments | I support this request to search for a home for R where staff are skilled in caring for young people with complex needs and can build on the progress made in stepping him down form secure accommodation |
| Date | 19-Jan-2023 |
| **Summary of Placements** | |
| **Placement Offers** | |
|  |  |
| Was the first choice resource met? |  |
| Practice Director |  |
| **Practice Director** | |
| **Practice Director** | |
| Decision |  |
| Reasons |  |
| Further Actions |  |
| Date |  |