

A graphic consisting of several horizontal white lines of varying lengths, stacked on top of each other, creating a sense of depth and movement. These lines are positioned to the left of the main title.

Placement referral forms

April 2019

Why have we produced this briefing?

Available data on numbers of children living in foster care indicates this continues to rise each year¹. At 31 March 2018, there were 75,420 looked after children in England, up 4% on the previous year. 79% of children looked after in foster care were placed within 20 miles of their home, while 66% of all fostered children were placed with carers the local authority manages directly and the remaining third were living with carers approved by independent fostering providers (IFPs)².

Over 30,000 children start to be looked after each year in England. Although no reliable data is collected across the sector relating to referrals, these numbers suggest there will be hundreds of referrals made daily to the fostering sector as a whole and, where IFPs cover large geographical areas and contract with many local authorities, an individual agency will receive scores if not hundreds of referrals daily.

At present, there is no standardised approach to the way in which placement referral information is captured and provided to potential care providers. Each local authority tends to use its own format and takes its own approach to the collation and checking of information for reliability. Fostering agencies frequently note that information is out-of-date and/or partial and that it can be difficult to extract the key information required to identify whether they have a potential placement available.

We cannot over-emphasise the importance of providing relevant, up-to-date information on a child or young person at the point of referral. Statutory guidance is explicit that, 'Placement

*decisions must therefore be underpinned by an up to date assessment of the child's needs and family circumstances.'*³ This may not be possible in absolutely every case; for example, where a placement is required immediately, and the child was not formerly known to the local authority. However, these are a minority of instances in which urgent initial information gathering should be a priority for the responsible team. Statutory guidance points out that most children who start to be looked after have been known to children's social care services for some time⁴.

Three quarters of looked after children are under a care order and, in recent years, we have also seen the number of children starting to be looked after under a care order increase such that only about half come in with a voluntary agreement⁵. Given that a large number of the referrals to IFPs involve children already looked after, in these cases all the information required to complete a high-quality placement referral should already be available in the form of:

- Existing care plans, placement plans and voluntary agreements
- Case records - including carers' logs and placement ending evaluations
- The views of the child/young person himself or herself
- The child's social worker
- The current or last carer (and/or provider), where there is one

1 DfE National Statistics - Children looked after in England (including adoption), year ending 31 March 2018

2 Foster Care in England - A Review for the Department for Education by Sir Martin Narey and Mark Owers February 2018

3 The Children Act 1989 Guidance and Regulations Volume 2 para 3.9

4 The Children Act 1989 Guidance and Regulations Volume 2 para 2.36

5 See 1 above

The purpose and principles of a referral form

This briefing is intended to offer some helpful context and advice for local authorities preparing placement referral information for independent fostering services (although the principles apply to whichever care sector the referral is intended for e.g. residential care).

This document does not offer a referral form template, as we wanted to avoid getting bogged down in the specific detail of, for example, which strengths, benefits, behaviours or risk factors to mention; but it does contain some examples of what information could be presented. Again, some of the checklists may be obvious, but we decided to take a step-by-step approach.

Any placement referral form is intended to alert potential care providers to a child/young person who may need a care placement. This guidance has been designed by NAFP and therefore is written primarily with foster care in mind, but a similar approach can be taken for referral to residential provision.

Decisions about care placements are frequently life-changing. The process of referral and matching must always strive to retain the individual and unique child at its heart. There is a real danger in overly prescriptive or mechanical approaches to providing information. These can see placement finding as a form of speed-dating in which requirements such as *'should be only child in placement'* are fed in the machine at one end and carer-suitors matched at the other.

The better the quality and the more nuanced the information about the child/young person, the more likely we are to be creative about how to best meet a child's individual needs. Given the right secure and nurturing base, children and young people can grow and develop to reach their full potential and their currently presenting behaviours modify and develop over time.

The placement referral form should provide enough initial information regarding what is required and what is non-negotiable to enable the fostering provider quickly [sometimes the same day] to identify whether they may have a suitable vacancy, either currently or within the time-frame of when a placement is required.

This means that referral information should be:

- Succinct
- Accurate
- Focused
- Up-to-date

Out of date information, relating to an earlier time and referral, will not represent the child/young person and their current needs effectively. All placement referral forms should be clearly dated as to when the information was completed/checked and signed by the owning local authority officer. With children already looked after, sometimes the person completing a referral form starts, or cuts and pastes, from a previous referral form or older case record information. Local authorities would be best off dating each section of the referral form so that when information is older, this can be easily identified by the person reading the form. Old information that is no longer relevant must be removed.

The placement referral form should also contain consideration of what has been learned from previous care placements.

The placement referral form will include key desired outcomes (which should be as specific as possible) but it is helpful if the referral form itself does not serve as a detailed matching form. A matching form could be attached to the placement referral form for the provider to address the desired outcome areas and explain how these will be addressed by the identified carers and the service. But we believe this is fundamentally a separate and additional task to the *initial identification of potential placements* by the care provider and local authority.

In our view, the most effective matching process requires discussion between the local authority (i.e. someone who knows the child/young person) and

the fostering provider – it cannot be solely a process involving the provision and exchange of written information. Current carers usually know the child/young person well and should have the opportunity to share information with proposed carers or providers. In many instances, the child/young person can input directly to this dialogue and local authorities should always consider the best way to capture their voice. A referral should not progress to matching without direct discussion.

In all instances, the placement referral form must identify headline risk factors that may determine the suitability of specific carers/care settings as well as geographical issues, but it is not a detailed risk assessment. A detailed and placement-specific risk assessment should be completed once a potential carer/provision is identified (or immediately after placement in an emergency).

The placement referral form should allow fostering providers swiftly to rule themselves in or out in terms of putting forward potential carers/care settings. More detailed matching and the decision about whether to place comes next.

We have followed the principle of ‘front-loading’ core information and broken the placement referral form into Parts A and B. Part A addresses the information that fostering services require *in the first instance*, to assist them quickly to identify whether a possible match is available. Accurate and up-to-date information on geographical factors, whether school/college can change, transport or contact requirements, timescales and projected duration will quickly rule in or out *potential* matches. Part B offers the opportunity to explore in more detail the behaviours, risks, achievements and outcomes that will enable the local authority and the fostering provider to more fully explore the suitability of a potential match.

Part A

Initial information

Most people are comfortable reading information from the top down and sequentially, with the most important or 'headline' information coming first. The initial information in the first part of any placement referral form should be enough to allow fostering providers to understand key aspects of the child/young person and their circumstances, in order quickly to rule in/rule out carers who currently/imminently have vacancies. Some obvious limiting factors (e.g. relating to foster carers' approval terms) may be non-negotiable, while others may be up for consideration (e.g. location of carers and/or education).

(a) Dates and contact details:

At the head of the placement referral form should be included all the key dates and contact details.

Dates and contact details

- Date of completion of referral form
- Name and contact details of social worker/ placement officer
- Deadline for the provider to reply with offer of potential carer or to confirm no suitable carer available
- Date by which local authority will consider and respond to placement offers
- Date/s proposed for child/young person to visit the placement and/or meet the carers
- Preferred date for new placement to start

(b) Child/young person's core details:

Personal details would include the usual i.e. initials, DoB and/or age, gender, ethnicity, religion etc. All children have a Child ID (child identifier) allocated by their local authority⁶ which allows for quick identification by the fostering provider of duplicate referrals, as well as highlighting where details may have been omitted on a re-referral⁷.

Personal details

- Initials
- Child ID
- Date of birth and/or Age
- Gender
- Ethnicity
- Religion

Note: if age - and not date of birth - is provided, this must be correct as at the time of referral

It is surprising how frequently the child/young person's current legal status is omitted from a placement referral form. The legal status, including whether care proceedings are underway, has significant implications for the foster carers and the responsibilities they can exercise.

⁶ Child identifiers - Children looked after by local authorities in England Guide to the SSDA903 collection 1 April 2017 to 31 March 2018 para 2.1.1

⁷ Providers will retain such anonymised referral information for limited periods subject to data protection legislation and as specified in their privacy notices

Legal status

This section should clarify the child/young person's legal status, including any orders in place and their implications:

- What is the legal situation? E.g.
 - Care order/interim Care order
 - Emergency protection order
 - In police protection
 - Voluntary accommodation
- Are there care proceedings underway?
- What is the projected timeframe for proceedings to complete?

Details of the current social worker for a child/young person and their contact information are sometimes omitted. It's appropriate to note whether they should be directly contacted, or who to contact for further information, but care providers should not have to struggle to identify or obtain the allocated or responsible social worker's details.

Social worker details

- Social worker's name
- Email contact details
- Contact number (office and/or mobile)

This section should also clarify whether the social worker can be directly contacted or – if not – who to contact if further information is required.

(c) Type of placement required and timescales

The same children and young people may experience different needs at different times in their lives. It is important to distinguish between both the type of care setting sought and whether any specialist service is required; for example, remand placement, therapeutic foster care, short break fostering. For 16- and 17-year olds, Continuing Care/Staying Put/When I'm Ready arrangements need consideration.

If a range of care options can be considered, it is best explicitly to state as such, though still to be as specific as possible. Tick box options can be used, but these should not be restrictive by excluding alternatives or narrowing creative thinking on the part of the referrer. A thought-out statement may be best. Many providers are experienced at putting together creative and bespoke packages of care. Why not invite providers to propose solutions based on the description of the child/young person's needs and the services their agency can provide?

Type of placement required

Examples of type of placement required include:

- a foster placement/residential placement (specify any specialisms, for example short break fostering)
- a foster placement with specific support package to include supervision of contact arrangements
- a foster placement with the capacity to become a Continuing Care/Staying Put/When I am Ready placement

In any referral form, **Part A initial information** provides an opportunity to outline the child/young person's current situation – what has prompted the voluntary arrangement, initial care order, breakdown of previous placement etc. Where a placement has broken down, the views of the previous carer regarding reasons for this are important to help reduce the risk of this happening again (see **Views of current carer** below).

Why placement is required

This section should cover why the placement is required, including:

- Where child/young person is currently living
- Whether planned or emergency placement sought
- Has there been another care placement disruption?

Referrals need to be clear about when a placement is required - including any flexibility around this date - and for how long it is likely to be required. If notice has been served on a current placement, the referral must clearly indicate the date by which this current placement will end. In cases of emergency placements, including those made outside of usual office hours, we recommend that the initial duration of the placement is set at no more than 72 hours, during which time planning must take place.

When placement is required and duration

This section should include:

- Date placement required
- Date current placement must end
- Any flexibility around these dates
- How long the placement likely to be required for

Existing care plans, review documentation, current placement plans and voluntary agreements should inform this section of the referral. This is a summary section and full documents should be provided once a match has been agreed.

(d) Education

Clarity about educational arrangements and support requirements is essential at the outset, including whether a child/young person is in a mainstream or special needs education setting and whether the current education setting can or must be retained, or whether it is possible for the child/young person to change provision.

Education provision

This section should include details of:

Current school/college/other education or training, at a minimum:

- Name
- Contact number
- Email

Whether there is an option to change the current education provision to one geographically closer to a placement (Yes/No)

- If yes, what factors need to be considered?

Does the child/young person have a Statement of Educational Needs/Education, Care and Health Plan? (Yes/No)

- Comments, including e.g. support requirements

Foster carers may have more than one child/young person in the household and consideration of how the referred child will get to school or college and the carer/s' role in this is essential at an early stage. This will help eliminate carers who cannot offer transportation or clarify that transport is available to support the carers. It will ensure that there are not crossed wires or arguments later. If this matter is unclear/unresolved at the referral stage, it is important that any offer of a placement is made with the knowledge that transport issues still need to be resolved.

Education transport arrangements

This section should address:

- What arrangements are currently in place for the child/young person to get to school/college/training?
- Will these continue (and for how long)?
- Will the carer/s need to do transport?

(e) Contact

It is vital during the initial placement search to understand what the requirements and expectations are regarding contact with family and friends, as this will influence the carer's ongoing commitment and ability to support visits, to transport the child/young person, to supervise and to maintain records.

The placement referral form should detail current contact arrangements, to include dates and location and expectations. Details should also be included as to what support the local authority is willing/able to offer regarding transport and supervision of regular contact.

The child/young person should be consulted regarding who they wish to remain in contact with. If this consultation has not taken place, it will be important to recognise that there may at a later stage be a need to negotiate arrangements to support requested contact.

Contact arrangements

This section should address:

- What are the contact requirements regarding family, friends and others, such as previous carers?
- Type, frequency, duration, location?
- Is face-to-face contact supervised?
- What role will the carer/s and/or provider have in the contact arrangements?

(f) Care and placement history

It greatly helps to have a picture of what brought the child into care and their path through previous placements, including successes and not just where things have disrupted. This should encourage whoever compiles the referral for the local authority to present a balanced view of the child, increasing their chances of being placed.

'Journey' into care

This section should provide summary details to include:

- Child/young person's history
- Childhood experiences
- How the child/young person came to be looked after

Placement history

There should be a history of previous placements, where applicable, including:

- Start date
- End date
- Provision name and address and/or contact details
- Provision type
- Legal status in placement
- Reason for leaving

This could be presented in the form of a table/chronology.

Where a child/young person is currently in a care placement, the referral should offer a concise picture of the type of setting and levels of support.

Description of current placement and support

This section should offer:

- A brief pen picture of the young person's current placement
- The current levels of support from the care provider
- Whether there is any agreement for the current carer/s or provider to continue to provide any support e.g. for a settling in period
- Details of proposed continuing support

(g) Views of child/young person

The views of a child/young person are often missing from initial placement referrals:

- What is the child/young person's understanding of what is happening?
- What are the child/young person's views about being in care/coming into care?
- What would be the child/young person's desired outcome of their current situation?
- How will they engage in information sharing and introductions?

Often a placement move is taken out of their hands and feelings about not being listened to can negatively impact on the initial stability of a new placement. The requirement that a child/young person's views are reported in a placement referral form will focus the minds of those who work directly with them. Have we sought and obtained their views? If not, what is the explanation for this?

It should be clear from the placement referral form whether the child/young person's views have simply been inserted at this point, or whether they have had opportunity first to read/review the rest of the form.

Views of the child/young person

This section should include:

- Views of the child/young person about this placement referral
 - What is the child/young person's understanding of what is happening?
 - What are the child/young person's views about being in care/coming into care?
 - What would be the child/young person's desired outcome of their current situation?
- How have these views been obtained?
- If their views are not available, why and what will be done to redress this?
- How will the child/young person engage in information sharing and introductions?

(h) Views of current carer

Referrals that are completed solely by people who do not know a child well (and in some cases, not at all) usually lead to placements less well-matched to children's needs. Foster carers, who daily (and nightly) live alongside the child/young person, often know them best. However, current foster carers frequently do not contribute to placement referrals or even get to see them before they go off to fostering providers.

If the child/young person is in a care placement at the point of referral, each local authority should consider how best to involve the current foster carers (or residential care-workers, where relevant) in compiling a placement referral. Whilst this may include asking a foster carer to contribute a specific written section to the referral, they should also be asked to review the completed and entire document for accuracy.

Where the foster carer provides their views, these should be written or dictated by the carer and not composed by their fostering provider. The views of the provider can also be sought and included (see **Views of others** below), but these may not concur with those of the carer.

Where a carer is asked to add their comments to a draft referral or, after reviewing for accuracy, they propose changes verbally or by email, their input should not subsequently be ignored. Clearly, a local authority may dispute the opinion of a carer - and this difference of views should be recorded in the referral form also.

Sometimes, such as with some emergency placements, or if the carers will not engage, or where this will be the child's first placement, consultation with current carers would not be possible. However, the usual expectation should be that the current carer's views are included in the placement referral.

As with other sections, we recommend that this section should be signed and dated so that it is clear who provided the information and how recent it is.

(i) Views of others

It may be relevant and informative to include the views of others who have good knowledge of the child/young person and their care needs – for example: what is the perspective of the current care provider (e.g. fostering service), if applicable; the local authority social worker; or involved third party professionals such as teachers, CAMHS link etc? If this is the child's first care placement, does the local authority have the views of relevant family or friends?

Views of others

This section should include:

- Who has supplied the views
- When the views were supplied
- Any observations by the local authority on the views

It should be clear how these views have been obtained.

Views of the current carer/s

This section should include:

- Current carer/s' views
- When the views were supplied/obtained
- Any observations by the local authority on the carer/s' views

It should be clear how the current carer/s' view have been obtained i.e. whether they have written this section or their views are reported by another identified person.

Part B

Child/young person's profile and desired outcomes

We recommend that the second part of any placement referral form contains more detailed information about the child/young person's behaviour and that 'living together' considerations are laid out and explored. Part B ideally would be completed and supplied at the same time as Part A but could follow later once a potential match is identified. Where an emergency placement at very short notice is required, the limited time available for preparing the initial referral information will be a factor here.

(a) Positive achievements

This section should accompany (i.e. be located alongside) any behaviour, characteristic and risk checklist. Achievements and the benefits they bring should always be included in placement referral information. They can be a valuable tool to provide a positive story around the child/young person and what they have achieved through adversity, as well as highlighting endearing elements of their personality and character. If carers or others who know the child/young person do contribute to Part A, they should be asked to address positive achievements as well as challenges presented by the child/young person.

Positive achievements

This section should include:

- What the child/young person does well and their achievements
- The benefits these have brought the child/young person

(b) Behaviours, characteristics and risks/benefits

A pen picture of presenting behaviours/characteristics, and any attendant risk elements (such as child sexual abuse, alcohol or substance misuse) will help the local authority and fostering provider further explore the suitability of potential carers based on their experience, training, skills set etc. One consideration will be the additional support that can be offered to the potential carers to meet any initial gaps in experience. By considering any benefits also – for example, of peer group engagement – referrers can avoid solely focusing on risks.

Identification of triggers and coping mechanisms will help the care provider determine whether their service has the capacity to support the child, enable a comprehensive, working risk assessment to be completed and provide some foundation around securing stability for the placement, not just in the initial stages but going forward.

Behaviours/characteristics/risk/benefits elements are clear and easily assimilated when provided in a checklist table format. The local authority can include in their referral template whichever factors they consider essential to matching and, while we identify some minimum expectations below, we are not prescriptive as that could result in important factors being overlooked.

Behaviours and characteristics

We would usually expect to see at least the following considered (subject to age). This list is not exhaustive, and the local authority should ensure that other elements specific to the individual child are included.

- Living with pets
- Peer relationships
- Social networking/online world
- Smoking
- Alcohol
- Drugs
- CSE
- Learning difficulties
- Disabilities
- Self-harm
- Mental and emotional health
- Physical health including medical conditions
- Dietary requirements

Yes/no options as to whether these are known factors for the individual child/young person can be provided, with additional space to write brief details.

Example – behaviour/characteristic/
risk/benefit table

Behaviour/ characteristic	Factor - yes/no	Details if YES of risk/benefit (including triggers, coping mechanisms and known support and management strategies)
Physical health/ medical conditions	No	
CSE	Yes	e.g. recent history within extended family - no male- only carers or teen male household members. Has been accepted by cse counselling project, to start once placement identified.
Animals and pets	Yes	e.g. enjoys company of pets – cats and dogs - and kind to them. Would like opportunity to have and care for a pet and enjoys sharing this responsibility with others.

It is valuable also to identify how a child/young person responds to adversity and the behaviours that a carer might anticipate.

Behaviour in adversity

This section should include:

- How does the child/young person present when things are not going well for them?
- Are there successful strategies for supporting them?

(c) Desired outcomes

There are many different formats currently in use for describing desired outcomes for children in care placements and, while we do not prescribe a format, we believe that it is essential to identify prior to placement, or as soon as possible thereafter, the core outcomes by which we will evaluate the child/young person's progress and the quality of care offered to them. Whatever the format used to record them, desired outcomes should be SMART (specific, measurable, achievable, relevant, time-bound).

Desired outcomes identified in a placement referral form should be those above and beyond provision of a stable and nurturing secure base environment. All registered providers and approved foster carers should meet this basic expectation, long-established through the commissioning and contracting process.

The desired outcomes in a placement referral should relate to the specific and individual behaviours, needs and risks associated with the child/young person. For example,

- To stop using named drugs;
- To stick to night-time curfews;
- To improve self-care skills in specific areas;
- To re-engage with education provision.

Outcomes should as far as possible be drawn from existing documents, such as care plans, placement plans, looked after child reviews.

Example – desired outcomes

Outcome area	Outcome requirement	Timeframe
e.g. X can become highly anxious leading to rude, defiant and occasionally aggressive behaviour, self-harming and on two occasions he has gone missing	For X to self-regulate his emotions and be able to seek help from a caring adult before behaviour escalates	Four months from placement date
e.g. Y has recently discovered and can sometimes drink alcohol excessively, usually when in presence of others when she has gone missing or been out very late. This has led to risk-taking behaviour including jumping off heights and once fracturing her arm, and also led to a presentation at A & E for being excessively under the influence of alcohol	For Y to be better informed about the effects of alcohol and be around people who can model responsible attitudes and restraint around alcohol. For Y to have a healthy and age appropriate attitude to the consumption of alcohol	Three months from placement date
e.g. Z has insomnia sometimes and will ask carers to stay with her in her room until she falls asleep. She also experiences night terrors. She sometimes urinates in her bed. She is extremely embarrassed about this and may hide nightclothes and bedding in her room. She requires support and reassurance.	For Z to achieve a consistent routine around sleep For Z to feel able to alert her carers should she experience nocturnal enuresis	Two months from placement date

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