CT

CARE TEMPLATES

Referral Matching & Impact Risk Assessment

Pre-admission compatibility, safeguarding and service-readiness assessment

Organisation / Provider	Click or tap here to enter text.	**Children's Home**	Click or tap here to enter text.
Document Owner	Click or tap here to enter text.	**Date First Completed**	Click or tap here to enter text.
Current Review Date	Click or tap here to enter text.	**Next Review Date**	Click or tap here to enter text.

IMPORTANT
This is a live, child-centred working document. It must be based on current evidence, reflect the child's voice and strengths, and be reviewed following significant events, changes in need or concerns about the effectiveness of controls.

Document reference: CT-IRA-001 • Version 1.0

1. Purpose, responsibilities and decision standard

This assessment supports a transparent decision about whether the home can meet the referred young person's needs safely and whether the proposed placement may affect children already living in the home. It should evidence consultation, professional challenge, known gaps and actions required before admission.

PRACTICE NOTE
Do not use the checklist as a substitute for professional analysis. Where information is missing, record the gap, who has been asked, the deadline and whether a safe decision can be made without it.

Completed By	Click or tap here to enter text.	**Role**	Click or tap here to enter text.
Date Referral Received	Click or tap here to enter text.	**Placement Required By**	Click or tap here to enter text.
Assessment Date	Click or tap here to enter text.	**Proposed Admission Date**	Click or tap here to enter text.
Registered Manager	Click or tap here to enter text.	**Responsible Individual**	Click or tap here to enter text.

Referral details

Young Person's Initials	Click or tap here to enter text.	**Date of Birth**	Click or tap here to enter text.
Age	Click or tap here to enter text.	**Legal Status**	Click or tap here to enter text.
Placing Authority	Click or tap here to enter text.	**Allocated Social Worker**	Click or tap here to enter text.
Team Manager	Click or tap here to enter text.	**Emergency / Planned Referral**	Click or tap here to enter text.

Reason for placement and current circumstances
Include why the current arrangement cannot continue and any immediate safeguarding concerns.

What the placing authority expects from the placement
Clarify desired outcomes, timescales, education, contact, health and therapeutic expectations.

2. Information and consultation audit

Document / evidence	Received?	Date / version	Key information or gap	Action / owner
Referral form / placement request	☐ Yes ☐ No ☐ N/A			
Current care or pathway plan	☐ Yes ☐ No ☐ N/A			
Placement plan / delegated authority	☐ Yes ☐ No ☐ N/A			
Current risk assessments	☐ Yes ☐ No ☐ N/A			
Positive Behaviour Support Plan	☐ Yes ☐ No ☐ N/A			
Missing-from-Care information	☐ Yes ☐ No ☐ N/A			
Chronology and significant incidents	☐ Yes ☐ No ☐ N/A			
Health assessment / medication information	☐ Yes ☐ No ☐ N/A			
Education plan / EHCP / PEP	☐ Yes ☐ No ☐ N/A			
Therapeutic or clinical assessments	☐ Yes ☐ No ☐ N/A			
Contact arrangements / court orders	☐ Yes ☐ No ☐ N/A			
Police / youth justice information	☐ Yes ☐ No ☐ N/A			
Previous placement history	☐ Yes ☐ No ☐ N/A			
Other relevant information	☐ Yes ☐ No ☐ N/A			

People consulted

Person / organisation	Role	Date	Views / advice	Outstanding action
Young person				
Current child/children in the home				

Person / organisation	Role	Date	Views / advice	Outstanding action
Social worker				
Family / person with parental responsibility				
Education representative				
Health / mental health professional				
Therapist / clinician				
Home staff team				
Responsible Individual				
Other				

3. Young person profile and placement needs

Strengths, interests, aspirations and positive relationships
Click or tap here to enter text.

Identity, culture, faith, language, sexuality and individual preferences
Click or tap here to enter text.

Communication, cognition, learning and sensory needs
Click or tap here to enter text.

Education provision and continuity plan
Click or tap here to enter text.

Physical health, medication, allergies and appointments
Click or tap here to enter text.

Emotional wellbeing, mental health and therapeutic needs
Click or tap here to enter text.

Family, contact and significant relationships
Click or tap here to enter text.

Daily routines, sleep, food, self-care and independence
Click or tap here to enter text.

What a good placement would look and feel like to the young person
Click or tap here to enter text.