



# Referral

Date of referral	19/06/2023
Referring local authority	Hampshire
Court applying to for S.25	Southampton
Primary reason for order	Danger to self
Expected/requested start date of placement	22/06/2023

## Social worker

Name	Social Worker name
Telephone number	01234 567891
Additional phone number	
Mobile number	07723 456789
Additional mobile number	
Secure email	social.worker@locaut.gov.uk

## Team manager

Name	Team Manager Name
Telephone number	01234 567891
Additional phone number	
Mobile number	07723 456789
Additional mobile number	
Secure email	Team.manager@locaut.gov.uk

## Placements team

Name	Placements team contact
Telephone number	07723 456789
Additional phone number	
Mobile number	07723 456789
Additional mobile number	
Secure email	placements@locaut.gov.uk

## IRO

Is there an IRO contact for this referral?	Yes
Name	IRO name
Telephone number	07723 456789
Additional phone number	
Mobile number	07723 456789
Additional mobile number	
Secure email	IRO@locaut.gov.uk

## YOT worker

Is there any current involvement with the Youth Offending Team (YOT)?	No
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## Is the young person:

Currently in hospital	No
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Currently missing	No
Currently in Police custody	No
Agreement to pay a bed retainer in principle	No
Subject to a current Threat to Life Warning or Osman Warning from the Police	No

## Personal information

First name	Minnie
Last name	Mouse
NHS number	1234567891
Social care system ID	123456
Gender	Female
Ethnicity	White - British
Date of birth	31/05/2007
Age	16
Religion	Christian
First language	English
Interpreter required	No
Height	4ft 8
Weight	7 stone
Legal status	S20 - single period of care
Do you intent to initially place under the 72-hour agreement?	No

## For under 13's: Secretary of State/Welsh Ministerial approval

Applied for  
Granted

## Placement history

### Current placement

Placement type	CLA - Residential
Start date of current placement	10/07/2022
Is the young person subject to a DoL Order in this placement?	Yes
Additional staffing levels	2:1
Contact person	Phoebe Buffet
Tel No/Email	01234 567894

### Previous placement

Placement type	Mental Health Bed
Start date of previous placement	02/07/2021
Additional staffing levels	2:1
Contact person	Monica Geller
Tel No/Email	01234 567894

### Placement history

Placement type	Start date	End date
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CLA - Other	21/05/2011	25/08/2012
CLA - Foster Care	25/08/2012	03/03/2014
CLA - Foster Care	03/03/2014	25/07/2019
CLA - Residential	25/07/2019	02/02/2020
CLA - Residential	02/02/2020	01/07/2021

Has the young person been in secure welfare, justice or a secure mental health placement before? No

At what age did the young person first become known to children's services? 3

At what age did the young person first come into care? 5

## Young person overview

### Pen picture

Minnie is a intelligent and reflective young woman. She values her relationship with her Grandmother highly and considers her the only family she has. Upon first meeting Minnie she can be a bit shy and deflective, however, once she gets to know who you are and why you are here she will start to come out of her shell. She has a very dry sense of humour but is very creative. She enjoys making things and has a particular talent for drawing. She loves to go to the beach and collect items that she later uses for craft activities. She has said that she would like to go to college to study art next year if possible. Minnie has used art in the past as a kind of therapy as it helps to calm her down.

### ACE's

Evidence of verbal or emotional abuse	Yes
Physical abuse	No
Sexual abuse	No
Domestic abuse	Yes
Parental substance misuse	Yes
Loss of a parent (death or separation)	Yes
Parental mental illness	Yes
Physical or emotional neglect	Yes
Parental criminal behaviour or imprisonment	No
Separation from parent due to parental deportation or detainment	No
Young person is a parent	No
Bereavement of a significant person	No

### Background/family information

Minnie's mother had a history of mental illness. She used to self medicate with cannabis and, whilst Minnie was living with her, was in a number of domestically abusive and violent relationships. It is believed that Minnie was witness to a number of violent incidents during this time. Ultimately, she decided that she was unable to care for a child and left her with her Mother. Minnie had no contact with her from this point onwards and the LA are unable to make contact with her.

Minnie lived with her Grandmother from 2011 until 2012, at which point her grandmother reported that she felt physically unable to be able to keep Minnie safe. Minnie was prone to public tantrums and head banging which her grandmother could not prevent or de-escalate. In July 2012, Minnie ran away from her Grandmother whilst they were out shopping, straight into oncoming traffic. It was not thought that Minnie ran into the road intentionally and Minnie was unhurt, but her Grandmother tried to stop her and ended up falling and an ambulance had to be called. Minnie was placed in foster care whilst her Grandmother was in hospital. Her Grandmother was then moved into a warden-controlled property that was not suitable for Minnie to remain at. Minnie's relationship with her Grandmother is a complicated one. There are times when she blames herself for what has happened and other times when she blames her grandmother for giving up on her. The LA believe that her intense emotional reactions whilst placed with her grandmother were due to not having basic attachment needs met from babyhood, due to the violence and instability in the home. Unfortunately, these violent and extreme reactions are still prevalent in her behaviours today, but it is something that she is more aware of. Her most recent contact with her Grandmother has resulted in her not currently having contact with her. Her grandmother is very disapproving of Minnie's substance misuse and absconding behaviours and will tell her so. Minnie's reaction to this is often verbally abusive. Following this latest

instance, Minnie has decided to cut contact with her grandmother for a while, but it is something that the LA hope to reintroduce for Minnie when it is suitable.

Minnie was placed with long term foster carers in March 2014. This placement was initially successful as it was close to her grandmother and contact could continue. She built good relationships with the foster carers and with the other children in placement. Her school attendance was good initially and she was doing well. However, she did start to stay out in the evenings later and later. Arguments in the home would result in Minnie absconding for hours at a time, she would spend time in the local parks with her friends from school. She also started to self harm. This is something she initially hid from her carers but eventually became more and more frequent. Initially it involved minor cuts to her arms, and she would immediately go and tell someone what she had done. She would shield the younger children from it as much as she could and was careful to keep the cuts clean. However, in 2019 her self-harm had escalated, and she was being less careful. There was one incident in which she lost a lot of blood and it was very traumatic for the other children in placement. This resulted in the foster carers having to serve notice in order to safeguard the other children in placement.

In February 2020 her self-harming behaviours escalated further until the point of her hospitalisation. She struggled to settle in the particular residential setting that she was placed in as she did not get on with others placed and it was quite far away from home. She ended up overdosing on paracetamol and being admitted to hospital. She refused to engage in an initial mental health assessment and was sectioned into a Tier 4 bed. She remained here for just under a month. A completed assessment confirmed that her behaviours were trauma related and a move on placement to a therapeutic residential home was sourced.

Minnie has experienced a lot of disruption in terms of placement moves, particularly over the last two years. Since her first foster care placement in 2012, up until her current residential, all placements have served notice due to them not being able to safeguard Minnie appropriately in light of her presenting behaviours. Minnie has been placed in a Tier 4 CAMHS unit in the past, however her presenting behaviours were assessed as being trauma based and behavioural and therefore did not meet the threshold resulting in her being discharged.

Minnie was placed in a specialist residential unit in 2022, this was relatively successful initially, largely due to the higher staffing ratios. But ultimately, Minnie's behaviours started to escalate again and the unit felt unable to keep her safe. The therapeutic input that was being attempted was largely unsuccessful at this time due to Minnie's continual absconding. It is believed that, with the opportunity to settle in a secure placement and gain some routine, Minnie will benefit more from a therapeutic input and will be able to break this pattern of behaviours.

Minnie has a diagnosis of autism. This does not effect her day to day too badly, however, at points of particular stress she does benefit from having a clear daily routine outlined to her each morning. She also prefers to have a quiet peaceful space that she can relax in when things get too much.

## **What recent events led to a secure welfare placement being required?**

In July 2022, Minnie was placed in a therapeutic residential placement. In this placement, she continued to abscond on a regular basis and would gravitate towards the city centre. This is where she became friends with a local man called Mickey who has been known to the local authority and police for some time, he is a prolific drug dealer and has a history of grooming underage girls. Mickey is 20 years old.

Mickey continued to encourage her to go missing from placement and the police had located her at his property on numerous occasions. The local authority has taken this to court and served him with harbouring notices and a non-molestation order. Minnie was noted, on several occasions, to have returned from missing incidents with bruising she was unable, or unwilling, to explain to staff. In February 2023, she returned again from a missing episode with a black eye. She was very volatile and kept shouting. The local authority suspects an argument to have taken place between her and Mickey, as, despite best efforts to discourage this connection Minnie is still managing to make contact with him. An argument then occurred between her and another young person in placement which resulted in Minnie smashing a top floor window by throwing a candle through it. She took some shards of glass and left the property. She sent a text message to the young person she had argued with which enabled the residential staff to track her down to a local motorway bridge. The residential staff called the emergency services and Minnie was restrained and taken to hospital. She has now been discharged back into the residential placement, but the placement has served notice. They are happy to maintain her placement until a move on location is found, but it is not a long-term option for her.

## **Presenting behaviours**

Violent/challenging behaviours including fire setting

Minnie has always struggled to manage her emotions. From a young age, if she was told no or did not want to do something, this would often result in violent tantrums that would last a long time. More recently Minnie has presented as verbally and physically aggressive when

she does not get her own way or when she has a disagreement with a peer. She is known to hit, kick, spit and pull hair. Triggers to this behaviour can be minor disagreements, in which the resulting response can seem disproportionate. It is suspected that this stems from Minnie's inability to regulate and process emotions due to the neglect she suffered when she was very young. These violent outbursts can be aimed at peers and residential staff. She has been verbally abusive to her grandmother and her social worker but not physically abusive. This implies that she can show some restraint when motivated to do so.

For the most part Minnie will be verbally abusive and damage property if she is not getting her own way. There was an incident of assault recently in which Minnie threw a candle at a fellow resident; however, this is not a regular occurrence.

Minnie has many oppositional behaviour traits, she finds it hard to take direction from professionals, she does have coping strategies and however needs to be reminded to use these.

#### Self-harm & suicide attempts

Over the last two years Minnie's self-harm has become more dangerous and she has overdosed on paracetamol, tied ligatures with clothing, swallowed batteries and screws and things she finds on the floor. During the last 12 months, Minnie has been taken to hospital on 4 occasions being highly intoxicated to the point of passing out. Minnie stated that she was just drinking on these occasions and did not do it with the intent to cause herself harm. Minnie has been taken to A&E three times in the last 12 months as a result of serious cuts to her arms. On one of these occasions, stitches were required. She has also been known to walk into traffic and has walked out to a motorway bridge. Over the last 6 weeks, these incidents have happened on an almost daily basis, culminating in her hospitalisation. Minnie started to present with self harming behaviours at quite a young age. It mainly presented as head banging when she lived with her grandmother. This, combined with challenging behaviour, meant that her grandmother could not continue the placement long term. She felt she was too old to be able to manage this and was moved into a warden-controlled property which Minnie could not stay at. In Minnie's eyes, this felt like another rejection and resulted in an increase in these behaviours. Her escalating self harming resulted in her long-term foster placement breaking down in July 2019. The use of razor blades was escalating and there were a few quite serious injuries. The impact that this was having on the younger children in placement resulted in the foster carers having to give notice. Her self-harming behaviours have unfortunately increased since then and evolved to include, tying ligatures, overdoses, swallowing things and walking into traffic. Her first residential placement ended as these behaviours became too dangerous for them to safeguard and Minnie ended up being sectioned and placed in a Tier 4 bed. This was a direct result of an intentional overdose of paracetamol. Following this, Minnie's self harm behaviours did de-escalate for a while. However, there was an incident in October of Minnie absconding from placement and being found on a motorway bridge. The residential staff called the police and had to restrain

her. This has resulted in her current placement serving notice.

This is a coping mechanism for Minnie. So, if there are emotions that she is struggling to process or she has had an argument, this could be a trigger for that behaviour. It has been happening more and more frequently just recently. Since July 2020 she has had two hospital admission as a result of overdoses. She has had a CAMHS assessment, but it has been deemed behavioural and therefore not something that they would be able to offer a mental health bed for.

Substance misuse

At the beginning of 2020 Minnie's absconding episodes started to increase in length and she would return after staying away for a number of days, often highly intoxicated. It is believed that this was the direct influence of another young person in placement who she used to abscond with and Mickey, a young adult she met in the city centre. Minnie admits to having taken spice, cocaine, Valium, ecstasy, speed, Xanax, crack, MDMA. She states that it all depends on what she gets offered but has used most things other than heroin. On a more regular basis she will smoke cannabis every day and get drunk 1-2 times a week. The local authority anticipate that she may need closely monitoring in her first few weeks of a secure placement to make sure that she does not present with any withdrawal symptoms.

Sexually harmful behaviour

None known.

Sexualised behaviour and/or child sexual exploitation

It is suspected that Minnie has sent photos of herself to boys she has met out in the community. This is based on conversations she has had with other young people in placement. Her vulnerability and naivete, means that she is at particular risk of CSE. Especially as she will actively seek out affection from any males she meets whilst she is missing. She will do anything they ask of her in order to gain their affections. This includes a number of substances that she has admitted to taking and sending and posting explicit photos of herself.

Absconding

Minnie started to abscond when she first came into care following the placement breakdown with her grandmother. Her initial motivation was to return to her Nan's and she often would be found there. Multiple placement moves have meant that it has not always been easy for Minnie to get to her Nan's. It is now thought that Minnie absconds as part of her flight reflex. If there is something that she is not happy about in the placement, or if she has an argument with someone, this usually triggers an absconion which is more spontaneous than previously planned. Since 2012, Minnie has had over 50 episodes of missing from care. Over the years they have gradually increased in duration and frequency. Her longest missing episode was for 2 and a half weeks, she was eventually found and returned to placement highly intoxicated. Her current placement has served notice following an absconding episode in which she left the home in response to a particularly intense argument with a peer. She sent a single text message to this peer than enabled the residential workers to track her down to a nearby motorway bridge. This impulsive response could have resulted in her accidental death and the current placement felt unable to maintain the level of support that is required for such presenting behaviours.

Gang affiliation/criminal exploitation

None known.

Is the young person subject to a Prevent or CONTEST arrangement? No

Is the young person subject to NRM or has a referral been made? No

## Care planning

### Summary of present care plan

The current care plan for Minnie is that the local authority would like to try and gain some stability for her in her everyday life. In order to do this, we require a secure welfare placement. During the time that the search is being undertaken we will continue to manage her behaviours in her current residential placement. This placement has given notice but are willing to wait until a move on plan has been finalised.

Once placed in a secure provision we hope that this will offer her some stability and allow her to settle. A robust transition plan will be put in place as soon as possible so that Minnie knows what the future holds for her. We hope that a secure placement will offer Minnie the opportunity to engage in therapeutic input, re-engage in education and work on rebuilding her relationship with her grandmother.

In the long term we hope that, upon discharge from a secure placement Minnie will be placed in a therapeutic residential home that will work with her in the months leading up to her discharge from a secure placement. Minnie will remain here until she feels comfortable enough to move on to a supported accommodation placement.

Minnie is currently under a DOLs order which stipulates her mobile phone usage and staffing ratios. She is to be staffed at 2:1 at the moment. The front door of the placement is locked at 7pm each night and she is permitted 1 hour of supervised mobile phone time on specified apps.

### First aim of placement

Psychological and Cognitive assessment will need to be carried out to ascertain if there are any other areas of difficulty that she will need assistance with. Therapeutic support, i.e., recommendation for CBT. A more comprehensive assessment will need to be carried out in placement to ensure that there are no other mental health conditions that have been missed, possibly around PTSD linked to early childhood trauma.

### Second aim of placement

Work around substance misuse as a high priority as this is one of our main areas of concern. Minnie reports a high amount of cannabis intake and regularly returns to placement intoxicated. The LA do not anticipate a high level of withdrawal upon placement, but this opinion is largely guided by the number of substances reported to have been used by Minnie herself. We would therefore advise observations to make sure she is not too badly affected by withdrawal.

### Third aim of placement

Minnie's grandmother has been the one constant relationship in her life. She has a complicated relationship with her grandmother, but it is of importance to her. Too much or sudden contact with her grandmother in the past has resulted in arguments and ultimately aggressive confrontation. The local authority would like the secure unit to work on this relationship with Minnie, to slowly reintroduce contact.

### What is your proposed exit and transition plan from a secure placement?

The LA hope to put in a robust transition plan for Minnie as soon as she is placed in a secure home. We are already in talks with the therapeutic residential home she stayed at before and hope to finalise a plan with them over the coming weeks.

We will, of course, allow Minnie the time to settle and become accustomed to her new surroundings. We believe it is important for Minnie to establish a new and healthy routine in placement that is not punctuated with disruptive absconsion involving substance misuse. Once settled we hope to start work with the secure home and keep Minnie involved as well, as much as is possible. In the lead up to her discharge we hope to introduce her to her new placement and the people she will be working with, so that the change will come as less of a shock for her. Minnie will be aware that a secure placement is not a long-term home and she will need to be reassured that it is still a safe place for her, despite this. We hope that Minnie will be supervised in this transition by whatever is deemed appropriate in terms of mental health support.

### Interaction techniques

Although her relationship with her Grandmother is complicated, it is also very important to her. She is very loyal to her and describes her as the only family she has. Minnie has also built a trusting relationship with her social worker and some members of residential staff. She is able to work with professionals to complete small pieces of work.

At times of high emotion or stress Minnie can lash out verbally at those that are around her. However, she has never physically attacked anyone. If allowed time to calm down or offered some form of distraction (i.e., craft activity) she will calm down in her own time and show remorse for her actions.

**What are the young person’s views/wishes/feelings regarding being in secure?**

Minnie is not in favour of this plan and may abscond when she hears of her new placement.

**Approved contacts for young person**

Name	Relationship	PR	Preferred contact number	Phone	Letter	Visit	Address
Mrs Jingles	Grandmother	No	077712 456789	Supervised	Supervised	Supervised	123 Maple Grove, Winchester

**Health**

**Medical information**

Current illness/injury	None
Current medication/treatment	Blue inhaler for asthma
Current tobacco use	Smokes approx. 5 a day
Current drug use	Minnie is a regular cannabis user however states that she has been given substances such as MDMA/ecstasy/ speed, Xanax, Valium, spice and Cocaine.
Current alcohol use	1-2 times a week she is intoxicated. She has been known to drink vodka, cider, lager, rum.
Is a detox from substances required?	The LA does not anticipate a detox is required; however, Minnie will need to be monitored upon admission to make sure that she does not present with symptoms.
Medical conditions	None
Physical conditions	Asthma
Treatment in the last 12 months	Treatment for an overdose 14/08/22 and 25/10/22 Treatment for cuts to arms requiring A&E attention on 3 separate occasions within the last 12 months, stitches required on one of these occasions, but this has since healed.
Special dietary requirements	None.
Undiagnosed/suspected physical conditions	None.
Encopresis	No.
Enuretic	No.
Visually impaired	No.
Hearing impaired	No.
Vaccinations	All up to date with NHS recommended vaccinations, including Covid-19 and boosters.
Allergies	No.
Asthma	Yes.
Epilepsy	No.
Diabetes	No.
Dental requirements/orthodontics	Is overdue a check up.

**Has the young person been diagnosed with the following:**

A learning disability	No
Autism	Yes



## Is the young person suspected to have the following:

A learning disability No  
Autism No  
If yes, provide details

## Mental health & neurodiversity

Assessment status Completed  
When (date) 25/10/2022  
Who (professional role) Clinical Child Psychologist  
Where Hospital  
Outcome and follow up treatment 24/10/22 - Minnie was taken to hospital in a distressed state after she had made her way to a motorway bridge and was attempting to jump. She had with her a shard of glass from a broken window. The Police detained her under 136 of the mental health act and she was taken to hospital. There were cuts on her arms. Minnie said that she did want to kill herself after she had an argument with a peer however after she got to the bridge, she realised that she didn't want to do it. She was treated then released back into the care of the residential staff with a follow up CAMHS appointment.  
  
The assessment concluded that her issues were behavioural, and trauma based and that there was no need for further in-house treatment

Does the young person have any diagnosed mental health or neurodivergent conditions? Yes

Condition	Professional	Date
PTSD	Clinical Child Psychologist	14/08/2020
ASD	Clinical Child Psychologist	14/08/2020
Attachment Disorder	Clinical Child Psychologist	14/08/2020

Does the young person have any suspected mental health or neurodivergent conditions? Yes

Condition	Suspected by
Issue related to trauma, loss and neglect	Social Worker

## Previous/current mental health service involvement

Inpatient CAMHS (e.g. Tier 4) Yes  
Community CAMHS offered Yes  
Community CAMHS engaged Yes  
Eating disorder service No  
Other mental health input N/A

## Youth justice

### Summary of all offences

N/A

## Education

Known to the local authority's virtual school	Yes
Virtual school head name	Penelope Piggs
Virtual school head contact details	01234 567891
Currently on roll at school	Yes
Current school	Evergreen School
Designated Safeguard Lead (DSL) name	Mr Dumbledore
DSL contact details	07723 456789
Currently educated other than school	Yes
Education setting	Tutor
Contact name	Mr Potatohead
Contact details	01234 567894
Currently excluded	Yes
Exclusion history	Minnie was excluded for fighting 12/12/22
EHCP (previously SEN Statement)	Yes
Current SEN status	EHCP
Primary need	Autistic spectrum disorder
Secondary needs	Social, emotional and mental health
Any other relevant information	N/A

## Religious/cultural needs

Are there any specific cultural, religious, or ethnic considerations to take into account? Follows Christian Calendar.

## Assessments

N/A

## Any other relevant information

N/A