

Secure Welfare Coordination Unit Referral

Date of referral
Referring local authority Hampshire
Court applying to for S.25 Portsmouth
Primary reason for order Danger to self
Expected/requested start date of placement 19/04/2026

Social worker

Name Joe Bloggs
Telephone number 01962 811234
Additional phone number
Mobile number 07835 994455
Additional mobile number
Secure email joe.bloggs@hants.gov.uk

Team manager

Name Jane Doe
Telephone number 01962 811234
Additional phone number
Mobile number 07835 994455
Additional mobile number
Secure email jane.doe@hants.gov.uk

Placements team

Name Hampshire Placements Team
Telephone number 01962 811235
Additional phone number
Mobile number
Additional mobile number
Secure email placements@hants.gov.uk

IRO

Is there an IRO contact for this referral? Yes
Name Sam Smith
Telephone number 01962 925845
Additional phone number
Mobile number 07835 949433
Additional mobile number
Secure email sam.smith@IRO.org

YOT worker

Is there any current involvement with the Youth Offending Team (YOT)? No

Is the young person:

Currently in hospital No

Currently missing	No
Currently in Police custody/on Remand	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

Legal first name	Sharra
Legal last name	Morrison
Preferred name	Sharra
NHS number	1234567891
Social care system ID	151413
Gender	Female
Ethnicity	White - British
Date of birth	02/09/2010
Age	15
Religion	No Religion
First language	English
Interpreter required	No
Height	5'5"
Weight	8 Stone
Legal status	Full care order
Do you intent to initially place under the 72-hour agreement?	No

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

Applied for	No
Granted	No

Placement history

Current placement

Placement type	CLA - A children's home registered with Ofsted
Start date of current placement	21/10/2025
Is the young person subject to a DoL Order in this placement?	Yes
Additional staffing levels	3:1
Contact person	Florence McCarthy
Tel No/Email	01962 123456

Previous placement

Placement type	CLA - Secure Residential
Start date of previous placement	06/01/2025
End date of previous placement	20/10/2025
Additional staffing levels	2:1
Contact person	Rachel Stevenson
Tel No/Email	Rachel.Stevenson@hants.gov.uk

Placement history

Placement type	Start date	End date
CLA - Foster Care including Local Authority and Independent Foster Care agencies	13/04/2024	06/01/2025

Has the young person been in secure welfare, justice or a secure mental health placement before? Yes

Secure placement	Legal order	Start date	End date	Discharge destination
Swanwick Lodge	Welfare	06/01/2025	20/10/2025	Residential Home

At what age did the young person first become known to children's services? 4

At what age did the young person first come into care? 13

Young person overview

Pen picture

Sharra is a bright 15-year-old white British female. She has good relationships with all those around her and can be overly affectionate. She is expressive, articulate, vocal and assertive.

She enjoys being with friends, although this group dynamic is not always positive for Sharra and has led to some unhealthy outcomes for her. She keeps up with latest fashions, and her presentation is very important to her. Upkeep of her hair and doing her make up to enhance her eyes which are a piercing green, are essential to her sense of identity. Sharra has expressed an interest in becoming a hair and beauty technician, we are fully supportive of this and if any form of work experience or future college applications are made possible, we will explore this. When the pull to go missing is removed, Sharra appears stable.

Sharra has been exposed to exploitation which can lead to engagement with risk-taking behaviours that impact her safety and well-being. Sharra has been known to find it difficult when it comes to discussing her childhood, choosing to change the subject often, using avoidance due to the possibility of triggering trauma/anxiety, however, these unresolved traumas are evident in her presenting needs and in her deteriorating mental health. Sharra experiences difficulty in expressing herself with strangers which is sometimes seen through dysregulated behaviour including verbal aggression with professionals initially. Once she builds a form of rapport, she is generally chatty, coherent and aware.

Sharra's relationship with her siblings is full of love and protection. She has a brother and sister who she regularly communicates with via telephone and video calls. She has adopted a maternal instinct with her siblings and wishes to care for them in the future. Unfortunately, for someone so young, she feels she has to be a care giver. This is also a trigger for her behaviours, the feeling of loss and separation from siblings has developed a negative cycle for her. Her relationship with her grandparents continues and they see each other when grandparents are available. We believe Sharra has somewhat of a deep-rooted sense of neglect, firstly from her parents and being separated from her grandparents.

Sharra's presentation is variable, she can present as determined, strong-willed and committed, then seemingly without a noticeable trigger, she goes missing due to the push/pull factors of her exploitation regarding substances and consequently can become dysregulated which is displayed through volatility and appearing argumentative.

Sharra can display positive attachments and build on strong relationships when feeling safe. CAMHS involvement has been extensive over her young life. During my time as her Social Worker, I have found her company a pleasure to be around.

ACE's

Evidence of verbal or emotional abuse	Yes
Physical abuse	Yes
Sexual abuse	Yes
Domestic abuse	Yes
Parental substance misuse	Yes
Loss of a parent (death or separation)	Yes

Parental mental illness	No
Physical or emotional neglect	Yes
Parental criminal behaviour or imprisonment	Yes
Separation from parent due to parental deportation or detention	No
Young person is a parent	No
Bereavement of a significant person	No

Background/family information

Sharra has been known to CS since aged 4 due to parent's substance misuse, neglect, and police involvement, which resulted in the children being placed with their maternal grandparents. It is unknown what trauma or impact the early years have had on Sharra, however, it is likely that she has endured physical and emotional harm and neglect.

Maternal grandparents managed the care of the children well, until schools started reporting the children presenting as unkempt and not engaging in their lessons. A visit was planned with grandparents however this was cancelled due to hospitalisation of grandmother following a domestic abuse incident within the home. Child in need plans were put in place and monitoring ensued.

The children came to the attention of the Local Authorities Children's Services again in 2013 due to non-attendance at school and non-engagement with education. A plan was devised with grandmother who appeared committed to ensuring Sharra attended school provision. However, Sharra continued to not attend school, it emerged that she had been associating with older men in their 20s who would be seen to be loitering outside the school, who appear to have been exploiting her. Sharra has been known to smoke and drink through the day as well as engaging in episodes of shoplifting. When dysregulated, Sharra has been known to engage in behaviours that are considered anti-social including aggression and verbal abuse directed at family and professionals for intervening and implementing consistent boundaries. Grandmother did not appear to be able to take responsibility and informed her focus needed to be on the other children.

Plans were put in place for all children and grandparents, these would include regular face to face check-ins, however, engagement was inconsistent. Therapeutic intervention support groups were offered to grandparents. Grandparents did not appear to see the escalation or importance of engagement. An escalation in behaviour noted that Sharra was now being exposed to further risks of sexual exploitation by older men. Sharra does not recognise the dangers she is being subjected to and disregards the concerns raised by both family and professionals. Grandparents were unable to prevent Sharra from being exposed to these exploitation risks, despite being arrested and removed from a property where they located Sharra in the company of a group of young and older men.

Following this event, Sharra was placed under the care of the local authority for her own safety (s31). She has been placed in foster, secure and residential.

Sharra was arrested for being involved in the coercion of sexual abuse on another child and enticing others into being trafficked, which further evidences the safeguarding and exploitation risks that she is being exposed to.

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

Due to being exposed to safeguarding and exploitation risks and being located in what has been described as drug haunts, as well as being suspected of being trafficked for sexual activity across the LA area, a secure referral is being made to ensure her safety. Sharra was placed in a secure home successfully and made good progress, engaging in education, life skills and presenting in a much more stabilised mental condition.

Since leaving a successful placement within secure, Sharra quickly became exposed to exploitation, which was putting her health and well-being at risk. We are unsure if this was the implementation of DoL order or another trigger associated with family or peers. Sharra has been reported as absconding from placement and been missing for periods of more than 24hrs. During this time, it is reported that Sharra has been exposed to risky behaviours in order to obtain illicit substances and has been found intoxicated and unresponsive, staff took appropriate measures. Sharra has reported she may be pregnant on various occasions; this has not been the case following testing. The local authority is unaware what the pull is for Sharra and why she places herself at risk when she herself describes not liking this lifestyle and has previously shown she would like to live what she describes "a normal life".

The local authority has exhausted all measures of protection to no avail. The DoL order is proving ineffective as Sharra continues to be able to go missing. The level of substance abuse that Sharra has been exposed to is of great concern to professionals. There are concerns that this level of substance abuse could lead to hospitalisation or misadventure. Sharra is becoming more dysregulated towards care givers, and this is increasing in frequency. Sharra

has repeatedly threatened violence and the local authority are concerned that as a result of her rapidly deteriorating presentation; there is the risk that this will escalate to physical attacks.

Presenting behaviours

Violent/challenging behaviours including fire setting

Aggression has been shown to professionals including the police.

Sharra displays behaviours that exhibit symptoms of Oppositional Defiant disorder, however, it is not known if this is purely how she presents to professionals as she has not been witnessed displaying this behaviour to peers.

Sharra does not often display verbal aggression, however, can be known to swear and curse people when she feels she is being attacked or singled out. Her verbal abuse has escalated of late with threats of violence "I will stab you", "watch your step" "you can't touch me" which is a new behaviour from Sharra, her usual pattern of verbal aggression would be to curse or rebel.

Professionals are concerned as there appears to be a new darker undertone to her aggression. No fire setting behaviours to note.

De-escalation techniques include giving her space, whilst remaining present. Physical holds have not been necessary.

Self-harm & suicide attempts

Sharra has been noted to have said that she would be "better off dead" a few times. However, no specific self-harm incidents have been reported. Sharra's substance misuse and exploitation could be considered self-harm.

Substance misuse

Cannabis and vaping/cigarettes as often as daily. Alcohol consumption, namely whatever she is given or can get others to buy for her, we believe her preference is Vodka. Local Authority feel this is being used to suppress her thoughts and emotions. This has been ongoing however, there was a gap in use when previously in a secure residential home, therefore the cycle can be broken. Triggers include speaking with family or confrontation. There have been incidences where there has been no identifiable trigger.

Sexually harmful behaviour

Sharra was arrested for coercion of sexual abuse on another child and enticing others to be trafficked, however, the local authority is not in agreement with this outcome as it is felt that all the children involved, including Sharra have been manipulated, exploited and coerced.

Sexualised behaviour and/or child sexual exploitation

Sharra continues to be exposed to the risk of sexual exploitation and has been found on various occasions in a house with other girls and grown men engaging in sexually exploitative activities in return for alcohol and cigarettes and as the local authority suspects, Cannabis. It is alleged that Sharra has been travelling all over the county being trafficked to engage with men, being she does not have the financial means to do this, the local authority is of the opinion that she may be being trafficked and a victim of modern-day slavery. Sharra reports receiving lifts to properties. Young men in cars have been seen by staff members both picking up and dropping of Sharra at placement, staff have reported this to the Police.

Sharra has shared images of herself to others (staff member found evidence on phone), Sharra was very angry that her privacy had been invaded.

The Local authority has made a referral to NRM due to the above.

Absconding	<p>Sharra has been known to send explicit pictures of herself to older men she has met online.</p> <p>Triggers we believe relate to possible attachment need, feeling loved. Partly the drive for substances, we have also felt that boredom has been a trigger, however, we have tried to keep her fully engaged and occupied.</p> <p>Sharra is known to regularly go missing from placement and has done so overnight, often being brought back to placement by Police presenting intoxicated and dysregulated. The pull factor to abscond appears to be to obtain illicit substances, leading to sexual exploitation involving older persons in order to obtain drugs/alcohol.</p> <p>Unfortunately, the frequency and regularity in which Sharra has gone missing has made it unmanageable to keep Sharra contained and in a place of safety even with a DoL order in place.</p>
Gang affiliation/criminal exploitation	<p>The local authority is unsure if Sharra is being criminally exploited but intelligence has reported that she has been dealing Cannabis in the local community as well as smoking it herself. Snap chat photos indicate she has been involved in the preparation of Cannabis for sale. We do not have concerns regarding gang affiliation following her recent arrests.</p> <p>It is likely a trigger for this behaviour is coercion and to be in receipt of substances.</p>
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?	Yes

Care planning

Summary of present care plan

Sharra is currently on a DoL order which is proving ineffective in keeping her safe in the community. The local authority feels the most appropriate outcome is for Sharra to be placed within a secure environment to enable her safety and restrict her ability to go missing and be further exposed to wider safeguarding and exploitation risks. The local authority has exhausted all options.

Previous secure placement was successful in stabilising Sharra's behaviours, we are looking to achieve this again. It may be essential that a longer stay in residential would be required to achieve a change in behaviours, mindset and outcomes. A different approach will be needed to ensure continuation of good work completed in secure is followed through to return to residential living.

The long-term plan of care will be to consider a placement with therapeutic interventions to enable further structured work with Sharra to allow her to make safe decisions and reintegrate within the community. The local authority is keen to provide stability, one suitable placement and ensure we have a successful transition which will in turn provide better outcomes for Sharra.

The parallel plan will be to consider a referral to mental health services, substance misuse services and try to encourage engagement into education for Sharra. She is in need of therapeutic support regularly to allow her to regulate and provide some stability.

Family interactions provide some joy to Sharra, we will therefore encourage virtual contact regularly so she can engage with her siblings.

First aim of placement

CSE focussed work. To educate on the risks of others who abuse her vulnerability and provide her with illicit substances in order to exploit her. Exploitation work to be carried out in a secure setting and for Sharra to learn to value her self-worth. Containment is needed to allow for therapeutic interventions to commence. Educational work to

be given on exploitation, healthy relationships and valuing oneself via counselling or one to one sessions. This will align with the NRM referral.

Second aim of placement

Sharra to re-engage in psychotherapy/CBT to address any underlying issues contributing to her presenting needs. A referral will be started as part of parallel placement planning; however, the expectation would be that any interventions or work should be continued within a secure setting. The local authority knows this child has endured trauma and abuse, this needs to be worked on with Sharra. This would include key work/counselling sessions. Possible referral to CAMHS or specialist services to be considered in parallel with transition plan from secure back to community placement.

Third aim of placement

Substance Misuse: Sharra appears to use substances and alcohol as a coping mechanism, and this puts her at risk in the community with recent presentations of intoxication. Progressive work on alternative coping methods would be useful to allow Sharra to express herself without causing harm or risk. It is not envisaged a detox is necessary, however, education and therapy may help Sharra to seek alternative forms of addressing her difficulties which may prove beneficial for her future care management. The LA will be committed to continuing this work post secure placement.

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

Sharra will transition back to a placement in the community, a DoL order will be considered but we are hopeful this will not be required initially. She will have support staffing night and day to ensure she transitions from secure to being back in the community with diversionary activities in place to reduce the risk of being exposed to exploitation. Sharra will be supported to re-engage in education and learning whilst continuing to receive appropriate medical and mental health assessments or follow on care from secure.

The long-term aspiration for the future is for Sharra to be reunited with her family and siblings when it is considered safe to do so. We will ensure Sharra maintains regular contact with her siblings via telecommunications.

All planning will be in unison with the secure home and any other agencies/organisations. Sharra to be kept fully informed of all transition planning.

Substance Misuse support will be ongoing within the community.

Transition planning will include supporting Sharra with her aspirations in respect of hair and beauty education.

The local authority is keen to establish placement stability for Sharra when she leaves secure care. The LA are aspirational for Sharra and will support her to be the best she can be, we will take each step with Sharra at her pace to ensure that progress is consistent, communication is key and all agencies are in unison with her care plan.

Interaction techniques

Sharra is known to adore her family, however these relationships have also brought trauma and turmoil. Sharra would like to be able to show her love for her family but is not yet able to display healthy relationship behaviours.

Sharra likes to know what is happening, she prefers a straight approach whilst maintaining age-appropriate vocabulary.

Sharra has experienced attachment difficulties, which makes her vulnerable to becoming involved in unhealthy relationships believing they are healthy and that she will receive the love she craves. Therefore, an approach which includes PACE has been proven successful previously.

Sharra can present as quite dysregulated initially however, with familiar faces she is engaging. Arts and crafts are a good ice breaker and can engage Sharra initially.

Sharra generally mixes well with peers, there were no highlighted concerns within her previous secure placement in relation to interactions. Staff felt she was engaging and although she can on occasions be verbally abusive, this is indicative of the adverse childhood experiences and trauma that Sharra has been exposed to.

As previously noted, she has displayed aggressive behaviours towards professionals, this is generally when dysregulated and in the form of verbal abuse. This can be managed generally without use of restraint, clear communication and patience and perseverance. This could be related to her perception of authority figures or testing boundaries.

Sharra likes current trends, fashion, hair and beauty and has been on occasion open to playing board games and PlayStation. These topics are good subjects to initially engage Sharra in conversation.

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

Sharra is unaware that the local authority is seeking a referral for secure, it is the belief of the local authority that she should not be advised due to risk of going missing as this could be detrimental.

Approved contacts for young person

Name	Relationship	PR	Preferred contact number	Phone	Letter	Visit	Address
April Smith	Previous Foster Care	No	07401234567	Yes	Yes	Yes	Elizabeth II Court, The Castle, WinchesterSO238UG

Health

Medical information

Current illness/injury	None currently
Current medication/treatment	Asthma Inhalers Over counter antihistamines
Current tobacco use	Vaping/cigarettes
Current drug use	Cannabis daily
Current alcohol use	LA aware of Vodka consumption
Is a detox from substances required?	No medical detox required
Medical conditions	None known
Physical conditions	None to note
Treatment in the last 12 months	Not applicable
Special dietary requirements	None, she has good appetite, doesn't like some vegetables, but will tell you that
Undiagnosed/suspected physical conditions	None
Encopresis	None
Enuretic	None
Visually impaired	Should wear glasses, often forgets
Hearing impaired	Sometimes she claims to not hear, unsure if this is selective.
Vaccinations	Vaccinations up to date
Allergies	Hay fever, over counter antihistamines
Asthma	Yes – Blue and brown inhalers prescribed
Epilepsy	No
Diabetes	No
Dental requirements/orthodontics	Requires a dental appointment, filling fell out

Has the young person been diagnosed with the following:

A learning disability	No
Autism	No

Is the young person suspected to have the following:

A learning disability	Yes
Autism	Yes

If yes, provide details

CAMHS have tried to progress an assessment, however, due to Sharra's absconding this has not been completed in its entirety, she has attended one session.

Mental health & neurodiversity

Assessment status	Started
When (date)	13/11/2025
Does the young person have any diagnosed mental health or neurodivergent conditions?	No
Does the young person have any suspected mental health or neurodivergent conditions?	Yes

Condition	Suspected by
ASD	Mental Health Practitioner and Local authority care givers
ADHD	Mental Health Practitioner
Dyslexia	Education Nurse Practitioner
Conduct Disorder	Local Authority
Attachment Difficulties	Local Authority

Previous/current mental health service involvement

Inpatient CAMHS (e.g. Tier 4)	No
Community CAMHS offered	Yes
Community CAMHS engaged	No
Eating disorder service	No
Other mental health input	Other mental health input: CAMHS involvement has been on and off throughout Sharra's young life. She doesn't appear to engage long enough for any form of intervention or assessment to be completed. She will sit for an initial assessment and then refuse further engagement.

Youth justice

Summary of all offences

Date	Offence	Outcome
11/11/2025	Possession of Class B (Cannabis)	Community Resolution
21/12/2025	Assault of an emergency worker	No Further Action
08/01/2026	Coercion of sexual abuse on a peer	Pending Investigation
30/01/2026	Possession with intent to supply Class B (Cannabis)	Community order for 12 months

Education

Known to the local authority's virtual school	No
Currently on roll at school	Yes
Current school	Millwall Seniors
Designated Safeguard Lead (DSL) name	Martin Feathers
DSL contact details	Martin.Feathers@millwall.gov.uk
Currently educated other than school	No
Currently excluded	No
EHCP (previously SEN Statement)	In progress

If in progress, elaborate

The draft has been done and we are waiting for it to be signed off.

Current SEN status

SEN Support

Any other relevant information

Sharra has not engaged in education. The LA would like to see Sharra commit herself. EHCP is in progress and should support the education needs she requires in order to achieve her full potential.

Sharra can focus on arts and crafts, picture books and learning which encompasses illustration. She struggles with numerical and science related subjects. One to one education settings would be more suitable for Sharra to enable her to engage. Virtual work proved difficult as she requires hands on tuition. She can struggle in a classroom setting, isolating herself due to her low self-esteem, however, with encouragement and praise she has the potential to excel.

Religious/cultural needs

Are there any specific cultural, religious, or ethnic considerations to take into account?

Celebrates Easter/Christmas, Sharra has not voiced any religious preferences/needs

Assessments

Date of assessment	Type of assessment	Assessed by
12/01/2026	Care Plan Review	LA
13/11/2025	Mental Health	CAMHS

Any other relevant information

During Sharra's previous secure placement, she engaged with both peers and staff alike, she appeared to make good progress. She engaged well with the structure and boundaries in place, and no specific incidents occurred to note. There were a couple of incidences with peers that were quickly de-escalated by staff intervention. Sharra fulfilled her education, counselling, social work and group activities without resistance.

We feel secure is required again to keep Sharra safe and enable further work to be completed on healthy relationships and a more intensive support for Sharra's mental health.