To be used for requests for Internal and External Foster Placements, Residential, Supported Accommodation, Supported Lodgings, Independent Flats, Crash Pad and Staying Put Arrangements

Section A - Childs / Young person’s details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child/young person name |  | | Mosaic number |  |
| UPN |  | | Disability |  |
| UASC |  | | Care Leaver status (if applicable) |  |
| Date of birth and age |  | | Gender |  |
| Ethnicity |  | | Current legal status of child |  |
| Presented as Homeless Y/N |  | | Date Presented as Homeless |  |
| No of time presented Homeless previous |  | | Who made the initial referral /request |  |
| Social worker  Team manager  Service manager  IRO |  | | Team |  |
| Current placement type / Living arrangements.  (If unregulated / unregistered please indicate attach copy of notification form) |  | | Current placement cost |  |
| Current placement  Address |  | | Date of accommodation at current placement |  |
| What is the reason for requesting a placement search? Including why current placement (if applicable) can no longer meet need. |  | | | |
| How many previous placements has the child had? Please provide details of type and length of each previous placement |  | | | |
| What type of placement is being requested and how will this meet the child/ young person’s needs? |  | | | |
| If supported accommodation / semi-independent living is required, please state how many hours of support is needed with reasons. | Hours | Reason | | |
| 5 |  | | |
| 10 |  | | |
| 15 |  | | |
| Other |  | | |
| What is the expected duration of the placement? |  | | | |
| What are the expected outcomes of the placement? |  | | | |
| What has been tried to prevent the need for a placement - including Waypoint involvement/ family network meeting? What has or hasn’t worked? |  | | | |
| Will the placement involve a school move? Have the Virtual School been consulted? Is there a transition plan in place |  | | | |
| Is the school move during Key Stage 4? *If so then view of the Virtual school must be recorded below* |  | | | |
| Assessment of Child Young Person’s needs (with reference to why an out of county placement is required) |  | | | |

|  |  |
| --- | --- |
| What planning has been done for post-18 accommodation? |  |
| Has any transition to adults been planned? |  |

Section B – Views

|  |  |  |
| --- | --- | --- |
| Child/young person  (Please state if an advocate has been offered / accepted) |  | |
| Parent |  | |
| Health |  | |
| Nursery/school/college |  | |
| Virtual school |  | |
| Other agencies |  | |
| IRO |  | |
| Team manager comments |  | |
| Team manager signature and date |  | |
| Service manager comments |  | |
| Service manager signature and date |  | |
| Head of Service |  | |
| Head of Service signature and date |  | |
| Section C – Placement Forum Decision | |  |
| LA Decision for example Offer Care under section 20 / support under 17 |  | |
| Placement search decisions*. Include type of placement, support, legal threshold where appropriate* |  | |
| Further agreed actions include any further assessments required etc. |  | |
| Forum members: |  | |
| Date of panel: |  | |
| Case presented by |  | |
| Head of Service signature & date |  | |
| Placement search authorised | |  |  | | --- | --- | | **Type** | **Please choose one (x)** | | Search |  | | Accommodate |  | | Both |  | | Additional supported accom / supported living hours agreed (if applicable) | Please indicate how many hours agreed. | | |