

**Placement Outside of Regulations**

**Needs and Risk Assessment**

Date of publication: 12th October 2020

Date of review: 12th October 2021

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| **Child’s Name** |  |
| **Azeus Number** |  |

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| **Date of Birth** |  | **Age** |  |

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| **Child’s History Summary** |
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| **Reason for Placement Outside of Regulations** |
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| **Name of Placement** |  |
| **Address of Placement** |  |

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| **Child’s Legal Status** |  |
| **Proposed Placement Date** | **From** |  | **To** |  |

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| **Previous Placement** |  |
| **Child’s Social Worker** |  |
| **Child’s IRO** |  |
| **Placement Officer** |  |
| **Contract Monitoring Officer** |  |

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| **Placement Planning** |
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| **Needs Assessment** |
| **Need (Care and/or Support)** | **Level of Need and Analysis** | **SMART Action in place to Manage/Mitigate** | **SMART Action required to Manage/Mitigate** |
| **Health***Are they in charge of all of their own health needs, including arranging GP/healthcare appointments and having full control of their medication, if any?**What are the expected outcomes from any health input?* |  |  |  |
| **Education, Training and Employment***What is their level of attendance and support needs?* |  |  |  |
| **Independent Living Skills***Do they have full control over their own finances?* *Do they have control over what they wear and the resources to buy clothes?**What is their ability to carry out specific independent living skills?* |  |  |  |
| **Family and Social Relationships***Are they permitted to leave the establishment without permission* |  |  |  |

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| **Risk Assessment** |
| **Risk** | **Level of Risk (High/Medium/Low) and Analysis** | **SMART Action in place to Manage/Mitigate Risk** | **SMART Action required to Manage/Mitigate Risk** |
| **Risks linked to self or others***What is the level of risk? ( existing controls or safeguards to reduce the risk – what is the safety plan?) What is the likelihood of harm occurring? What is the consequence?* *What level of supervision does the child require? Can the child go out alone? What safeguards need to be put in place? How far can the child travel from the residence? How long can the child be away from the residence? Is the child vulnerable to abuse or exploitation?* |  |  |  |
| **Risk, Facilities and Services of the Unregulated Placement*** *The respective safeguarding responsibilities of the provider and local authority*
* *The frequency of visits the young person can expect from Newham*
* *Communication arrangements between the provider and the local authority*
* *Arrangements for giving notice of intention to terminate the placement (along with the authority’s responsibilities for convening a review of the young person’s care and pathway plan where there is a risk of the placement being terminated*

*The following need to be taken into account:** *State of Repair*
* *Continuity of staffing*
* *Safety*
* *Location*
* *Education, training or employment*
* *Support*
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| **View of IRO**  |  |
| **Date:** |  |

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| **View of Head of Service / Service**  |  |
| **Date:** |  |

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| **Director of Operations’ Approval**  |
| As the Director - I agree for this young person to be cared for in the above placement outside of Regulations for the following reasons | **Comments** |
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| **Date of review of placement outside of regulations:** |  |
| **Director’s Signature:** |  |
| **Date:** |  |

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| **Director of Children’s Services Approval where a child is under 16**  |
| As the DCS - I agree for this young person to be cared for in the above placement outside of Regulations for the following reasons | **Comments** |
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| **Date of extension of placement outside of regulations due to end:** |  |
| **DCS Signature:** |  |
| **Date:** |  |