# Unregulated Placement Risk Assessment

* This risk assessment is to be used when consideration is given to place a young person in an unregulated placement.
* This risk assessment evidences the quality assurance checks taken when placing with an unregulated provider
* This risk assessment should be used in line with the unregulated guidance and Annex A check list
* An unregulated placement may be one of the following:
  + - Crisis outward bound activity placements
    - Supported accommodation for 16-17 year olds that are not regulated by a governing body eg:CQC

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| **Unregulated Placement Risk Assessment** | | | | | | |
| **Young Person Details** | | | | | | |
| **Mosaic ID:** |  | **Name of Young Person** | |  | | |
| **D.O.B:** |  | **Age:** | |  | **Legal Status:** |  |
|  | | | **To be completed by the Placement Team** | | | |
| **Name of provider:** | | |  | | | |
| **Company Registration No:** | | |  | | | |
| **Location of placement:** | | |  | | | |
| **Type of placement and staffing level**  **(e.g. 2:1 staffing, activity based placement etc.)** | | | *What type of placement (crisis- 28 day placement/unregistered) to include level of support/staffing eg 2:1,1:1* | | | |
| **Detail any regulatory body**  **involved with the provider (e.g. CQC, CIW):** | | |  | | | |
| **Providers insurances:** | | | *The provider’s insurances have been reviewed – details* | | | |
| **Providers policies & procedures:** | | | *The provider’s policies & procedures have been reviewed if required* | | | |
| **Has provider completed Appendix 6 with all relevant information** | | |  | | | |
| **Has the provider evidenced a gas**  **safety certificate dated within the last year?** | | | Yes / No | | | |
| **Has the provider confirmed that the wiring in the property has been checked within the last 5**  **years?** | | | Yes / No | | | |
| **Has the provider shared fire risk assessment?** | | | Yes/No  *Any comments from fire RA* | | | |
| **Has the provider shared their Statement of Purpose** | | | Yes / No | | | |
| **Response of references and feedback received from other LA** | | | Yes/No | | | |
| **WMQA Portal checks undertaken** | | | Yes/No  *Any comments/warnings placed on provider* | | | |

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| **Matching consideration** | ***To Be completed by Social Worker*** |
| **Outline how the identified needs of the young person can be met in this placement**: | *Guidance*  *Social worker to state what the needs of the young person are, such as health, education, self-care skills.*  *The social worker will then need to evidence how this will be supported in the current placement.* |
| **Is the Young Person at risk of exploitation?** | *Please specify what ricks and level Low/Medium/High* |

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| **Provide detail of how the risks to/from the young person will be managed within this placement.** | *Guidance*  *Social worker to state what the known risks are and how this will be managed in the proposed placement.*  *(e.g. High level of absconding behaviour – Staffing ratio is 1:1 24/7 therefore any absconding will be known immediately. If this happens the provider will update police and social worker/out of hours when young*  *person is missing.)* |
| **Has the Location risk assessment been reviewed** | *Any location concerns/areas of risk* |
| **Monitoring of the placement** | |
| The allocated Social Worker and/or Personal Advisor will undertake statutory visits to the young person in the placement. As part of these visits they will review the support and accommodation offered to the young person. | |
| **Ongoing review – Section to be completed by Social Worker** | |
| **What is the frequency of Social Worker / Personal Advisor visits:** |  |
| **When will a review of the young person’s risk assessment take**  **place:** |  |
| **State what the move on plan for the young person is:** | *Guidance*  *This could be move on to a regulated placement, move on to adult’s, move back home* |
| **What are the expected timescales for move on**: | *Guidance*  *This will either be lead by time restrictions (e.g. time limited placement, funding approved for set time period)*  *or lead by review and the ongoing plan for the young person (e.g. within 6 months they will return home)* |

Signed Date

**Social Worker**

Signed………………………………….Date

**Team Manager**