# 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**