**Management Guidance Note: Out of Area Placements for Children in Care**

The legal framework for placements made outside Gloucestershire is governed by the Arrangements for Placement of Children Regulations 1991, and the [Care Planning, Placement and Case Review Regulations, 2010](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf).

**Authorisation**

Regulation 11 (Care Planning, Placement and Case Review Regulations, 2010 as amended) requires that all placements made ‘at a distance’ (at a distance means in another local authority area that is not a neighbouring authority) have Director of Children’s Service (DCS) approval. Placements made in neighbouring authorities can be authorised by a ‘nominated officer’.

The above does not apply in circumstances where the child is placed

1. with foster carers already approved by the responsible authority (Gloucestershire)
2. with family and friends

In Gloucestershire we feel that the legislative framework is too ambiguous and arbitrary. We have therefore decided to remove the ‘at a distance’ criteria and will require **all** out of area placements (except those with GCC approved foster carers or friends and family placements) to be authorised by the Director of Children’s Services.

The attached form can be used to progress requests from the Head of Service via commissioning (with the exception of placements with Independent Fostering Agencies) to the Strategic Lead for Children in Care who will forward to the DCS for approval. Requests should be sent via e-mail with the subject header “Urgent Out of Area Placement Request”.

All approvals should be in place before a child or young person is placed out of area. Exceptions will only be made if there is a same day emergency placement required.

In the event that DCS approval has been granted for a young person to be placed Out of Area and then a further Out of Area placement is required, authorisation needs to be sought again to determine the appropriateness of each placement.

**Notification of Placements**

The 1991 Regulations apply to any placement made out of area irrespective of the type of provision, and require that the placing authority (Gloucestershire County Council) notifies the host local authority (the authority in whose area the placement is located) that a placement is intended to be made. This should be done in writing using the Placement Notification Letter (PNL) process (located in Local Resources in [Tri-X](https://gloucestershirechildcare.proceduresonline.com/docs_library.html)) and where possible in advance of the placement being made. Where placements are made in an emergency, notification should be made as soon as is reasonably practicable but certainly no later than 5 working days after the child is placed.

The child’s social worker is responsible for ensuring that notifications are made to the host authority, and in doing so, notifies all relevant professionals as listed within the PNL process such as health. Depending upon the needs and assessed risks to/from the child, it may be necessary to contact the local constabulary within the host area to determine whether the planned placement is suitable and will not pose further risks, depending on known intelligence from the police. Colleagues within the Commissioning Placement Team will be able to assist with this

**Further guidance on ‘How to Commission’ placements can be found** [**here**](https://staffnet.gloucestershire.gov.uk/public-facing-departments/childrens-social-care/children-and-families-commissioning-hub/placements-guide-and-useful-forms/)

 **‘Out of County’ Director of Children’s Services (DCS) Approval Form**

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| SECTION A - CHILD/YOUNG PERSON’S DETAILS |
| Name of Child/Young Person:(also known as) | Click here to enter text. |
| Date of Birth: | Click here to enter text. |
| Gender (please tick): | Male [ ]  | Female [ ]  |
| Liquid Logic Number: | Click here to enter text. |
| Legal Status: | Choose an item. |
| Social Worker: | Click here to enter text. |
| Social Work Team: | Choose an item. |

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| SECTION B - PLACEMENT HISTORY |
| START DATE | **END DATE** | **PLACEMENT TYPE** | **LOCATION** | **REASON FOR END** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| SECTION C - PROPOSED LOCATION DETAILS |
| Proposed placement location | Click here to enter text. |
| Type of placement proposed *(seek advice from commissioning regarding status of unregulated or unregistered provision)* | Choose an item. |
| Reason for placement out of area | Click here to enter text. |
| Expected duration  | Click here to enter text. |

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| SECTION D - CYP Commissioning Team / Lead Commissioner (Placements)*(NB: Commissioning are required to comment and sign approval for all out of county placements other than independent fostering agency placements)* |
| What are the outcomes from the placement searches? | Click here to enter text. |
| What are the risks and how will these be mitigated? | Click here to enter text. |

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| SECTION E - PLACEMENT APPROPRIATENESS *(Regulation 11(2)(d)(ii)), as amended, requires the responsible authority to consult with the area authority when they are considering making a distant placement, in good time, to enable a thorough assessment of appropriateness)* |
| Child’s wishes and feelings regarding the proposed placement | Click here to enter text. |
| Describe how this placement is most appropriate and consistent with the needs identified in the Care Plan | Click here to enter text. |
| Parent / those with PR views regarding this proposed placement | Click here to enter text. |
| How will the child’s educational needs be met? | Click here to enter text. |
| How will the child’s health (including mental health) needs be met? | Click here to enter text. |
| What are the IRO’s views regarding the proposed placement?  | Click here to enter text. |
| Name of the Independent Reviewing Officer and date consulted. | Click here to enter text. |

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| SECTION F - APPROVAL AND AGREEMENT  |
| Team Manager Name: |  | **Date:** |  |
| Team Manager Signature: |  |
| Head Of Service Name: |  | **Date:** |  |
| Views regarding appropriateness of the proposed placement: |  |
| Head Of Service Signature: |  |
| Lead Commissioner (Placements) or Assistant Director CommissioningName: |  | **Date:** |  |
| Lead Commissioner (Placements) or Assistant Director CommissioningServices Signature: |  |
| Strategic Lead, Children in CareName: |  | **Date:** |  |
| Recommendation and Supporting Rationale: |  |
| Strategic Lead, Children in CareSignature:  |  |
| Director of Children’s Services Name: |  | **Date:** |  |
| Decision and Supporting Rationale: |  |
| Director of Children’s Services Signature: |  |