**TORBAY PLACEMENT REQUEST**

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| **Young Persons Details**  - |
| **Initials:** | **PARIS ID:**  |
| **Age:**  | **Gender:**  |
| **Type of placement required.****(e.g. Fostering, Residential or Respite)** |  |
| **Legal Status** |  |
| **Anticipated start date of placement** |  |
| **Preferred location of placement** |  |
| **Are there any locations that the child should not be placed in?** |  |
| **Can the child/YP be placed with other children?** Please detail what age and gender the child/YP can be paced with.  | **Yes or No** | **Comments** |
|  |  |
| **Can the child/YP be placed with animals?**Please detail why they cannot be placed with animals.  | **Yes or No** | **Comments** |
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| **Sibling Placements** |
| **Is a sibling placement required?**  |  |
| **Do the children /YP need to be placed together?** |  |
| **Can they share a bedroom?** |  |
| **Contact Arrangements**  |
|  |
| **Reason for Request** |
| **Please provide details as to the reason why you are making a request for placement:** |
| **Pen Picture of the Individual –** (*This summary should present a pen picture of the individual which give potential placement providers a fuller and more round appreciation of the individual*). |
| **What’s going well?** *(Details of the individual’s achievements, aspirations and personality. What has previously worked well for this child/YP and things that they have responded positively to. Existing strengths and safety. Please include current placement details)* |
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| **What are we worried about?** *(Details of the individual’s complicating factors and support needs, professional concerns, past and future danger. Please include current placement details)* |
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| **What needs to happen next?***(Details of the next steps envisioned for the child/YP in the next 6 months and future safety. Please include placement plan and any extra support available to carers)* |
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| **Outcomes to be achieved for child/young person**Please detail any specific outcomes which are to be prioritised for this child/young person. |
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| **Views of the child/YP** |
| **Have the views of the child/YP been sought?****If not please explain why** |  |
| **Please include any wishes, feelings or opinions that the child has expressed about their placement and future plans;** |
| **Cultural Needs** |
| **Ethnicity** |  |
| **First Language** |  |
| **Does the child/YP speak any other languages?** |  |
| **Religion**  |  |
| **Please detail any specific needs that relate to the child’s culture or religious beliefs.***(Place of worship, routine, dietary requirements etc.)* |  |
| **Health** |
| **Current GP Location** |  |
| **Any medical conditions / allergies / medication or any on-going medical treatment?** |  |
| **Is the child/YP known to CAMHS?****If yes please detail what services they currently receive.**  |  |
| **Does the child/YP have a Mental Health diagnosis?** *(If yes please provide some detail.)* |  |
| **Does the child/YP have an eating disorder?** *(If yes please provide some detail.)* |  |
| **Does the child/YP have special dietary needs?** *(If yes please provide some detail.)* |  |
| **Does the child/YP have any disabilities?** (Please give specific details including any additional services/aids etc. that will be required of a placement provider.) |  |
| **Does the child/YP have a learning disability?***(If yes please provide some detail.)* |  |
| **Does the Young Person smoke?** |  |
| **Education**  |
| **Location** |  |
| **Type of provision** |  |
| **Year group / Phase** |  |
| **Does the child/YP have an EHCP?***(If yes please note main areas of support.)* |  |
| **Arrangements for transport.** *(Please include expectations of carers)* |  |
| **Can this child/YP travel independently?** |  |
| **Does the child/YP receive additional education support?** |  |
| **Give details of any issues regarding this child /YP’s education e.g. engagement / attendance levels / exclusions:** |
| **Record anything else the placement providers need to know about this child/YP’s educational needs:** |
| **Matching Considerations**Risk Assessment of Specific incidents *(Please provide brief and specific details of each incident. Any points raised can be discussed in more detail at the matching meeting.)* |
|  | **Incident**  | **Date**  | **Outcome**  |
| **Aggression** |  |  |  |
| **Violence** |  |  |  |
| **Suicidal Ideation** |  |  |  |
| **Self-Harm** |  |  |  |
| **Awareness of own safety** |  |  |  |
| **Arson / Fire Setting** |  |  |  |
| **Theft / Stealing from placement** |  |  |  |
| **Known Criminal Offences** |  |  |  |
| **Sexually Harmful Behaviour** |  |  |  |
| **Schedule 1 Offences** |  |  |  |
| **Sexual Exploitation** |  |  |  |
| **Risk of Absconding / Missing Episodes** |  |  |  |
| **Bullying** |  |  |  |
| **Discriminative Behaviour e.g. Racism** |  |  |  |
| **Substance / Alcohol Misuse** |  |  |  |
| **Domestic Violence** |  |  |  |
| **Allegations made towards carers**  |  |  |  |
| **Any notable incidents relating to the well-being of the Carers and household.** Please detail specific events i.e. damage to property / theft. |  |  |  |
| **Any known concerns from Child’s Network (to both child and / or carers)** |  |  |  |
| **Case Management Details**  |
| **Social Worker Name:** |  | **Social Worker Contact Number:** |  |
| **Team Manager Name:** |  | **Team Manager Contact Number** |  |
| **Head of Service Name:** |  | **Date approved by Head of Service** |  |
| **Date Form Completed:** |  | **Completed by:** |  |

**For all residential and fostering placements:**

**Once complete please send to:** **Placements@torbay.gov.uk**