**TORBAY PLACEMENT REQUEST**

**PARENT AND CHILD**

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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 family should not be placed in?** | | |  | | |
| **Can the child/YP and/or parents 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 and/or parents be placed with animals?**  Please detail why they cannot be placed with animals. | | | **Yes or No** | **Comments** | |
|  |  | |
| **Sibling Placements** | | | | | |
| **Is a sibling placement required?** | | |  | | |
| **Parents Details** *(Please only put information for parents who will be in the placement)* | | | | | |
| **Mothers Initials** |  | | **Age** | |  |
| **Fathers Initials** |  | | **Age** | |  |
| **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. This is a holistic overview of the child, including specific details around family and social relationships, identity, emotional and behavioural development, education, health*). | | | | | |
| **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)* | | | | | |
|  | | | | | |
| **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)* | | | | | |
|  | | | | | |
| **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)* | | | | | |
|  | | | | | |
| **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;**  *(If the child is too young to verbally express their views please describe the way they actively respond to situations and express emotions)* | | | | | |
| **Cultural Needs** | | | | | |
| **Ethnicity** | | |  | | |
| **First Language** | | |  | | |
| **Do the family speak any other languages?** | | |  | | |
| **Religion** | | |  | | |
| **Please detail any specific needs that relate to the family’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?** | | |  | | |
| **Does the child/YP and/or parents have a Mental Health diagnosis?** *(If yes please provide some detail.)* | | |  | | |
| **Is the child/YP known to CAMHS?**  **If yes please detail what services they currently receive.** | | |  | | |
| **Does the child/YP and/or parents have an eating disorder?** *(If yes please provide some detail.)* | | |  | | |
| **Does the child/YP and/or parents have special dietary needs?** *(If yes please provide some detail.)* | | |  | | |
| **Does the child/YP and/or parents 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 and/or parents have a learning disability?**  *(If yes please provide some detail.)* | | |  | | |
| **Do parents smoke?** | | |  | | |
| **Education *(If applicable)*** | | | | | |
| **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 relating to parents.  *(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**  (if yes please detail) |  |  |  | | |
| **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**](mailto:Placements@torbay.gov.uk)