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**UNREGULATED SETTINGS – PRACTICE STANDARDS**

**STANDARD ONE – MANAGEMENT OVERSIGHT AND DECISION MAKING**

1. **Placements to notify the responsible AD for the child where there is a risk of an unregulated placement being required – immediately**
2. **The placement must be approved by the Director of Practice in advance of the placement. Out of hours this will be delegated to the on-call Senior Leader**
3. **The Unregulated Placement Decision Agreement needs to be completed and signed off by the Director of Practice before or the following day (depending on circumstances)**
4. **The Director of Commissioning, responsible AD for the child and IRO must be notified that a child has been placed in unregulated provision**
5. **For any child remaining in unregulated provision beyond 48 hours the following notifications are required:**
   1. **Directors of Practice and Commissioning**
   2. **DCS**
   3. **IRO**
   4. **Ofsted (by Placements weekly)**
6. **IROs should use the DRP (Dispute Resolution Process) to formally record concern about use of unregulated provision for a child (HofS/AD level escalation)**
7. **Risk Assessment/Action Plan to be signed off by HofS**
8. **HofS Chairs Care Planning Meetings within 24 hours and where placement continues within 7 days and at least monthly thereafter**
9. **AD led Strategic Meetings to be held fortnightly to consider all unregulated**

**placements (standing item at AD meeting)**

**STANDARD TWO - ACCOMMODATION**

1. **The property has been visited prior to the placement and the ‘Checklist’ completed**
2. **There is electricity/gas/heating to the property**
3. **There is a suitable bed with clean bedding**
4. **There are adequate toilet/washing facilities – with toilet paper/towels**
5. **There are sufficient personal items – soap/deodorant/hair products**
6. **There is sufficient equipment to provide basic entertainment – TV/Games**
7. **There are no obvious risks – e.g. broken windows/broken furniture**
8. **There is provision to access drinks/basic food supplies for the day/night**
9. **The accommodation provides a level of privacy to enable the child to retain their dignity**
10. **The accommodation is not shared with another young person**
11. **The external environment is considered with regard to its location/access to public transport and this is included in the risk assessment**
12. **A minimum of two staff are on site 24 hours**
13. **At least one member of staff should reflect the sex of the child**

**STANDARD THREE – CARE PLANNING**

1. **The Social Worker accompanies the child to the placement**
2. **A Risk Assessment/Action Plan is completed by the child’s Social Worker within 24 hours of the placement that identifies any risk factors and how these will be managed**
3. **The child is referred to the Rights and Participation Service for an advocate**
4. **A Care Planning Meeting is arranged within 48 hours of the placement – which considers and refines the risk assessment and action plan - if the young person remains in the placement – Chaired by the HoS**
5. **The child will be visited at least twice in the first week and the TM/HofS will agree and record the frequency of visits – to be co-ordinated with other visits if possible.**
6. **If the child remains in placement beyond 7 days (one week) a further Care Planning Meeting will take place and the visiting schedule reviewed. These meetings – Chaired by the HofS - will take place weekly, thereafter**
7. **Key professionals will be involved in the Care Planning Meetings that ensures the child’s overall needs are met (e.g EmpowerU)**
8. **The IRO is informed and kept updated**
9. **All visits to the child will be recorded on the child’s case file.**
10. **A Quality Assurance (QA) visit will be completed by Commissioning ideally within 24 hours but a max of 48 hours after the placement notification. Where time permits the placement may be visited prior to placement.**

**STANDARD FOUR – COMMISSIONING/PLACEMENTS**

1. **An initial verbal/email update will be provided immediately following the visit and a full report within 48 hours of the visit.**
2. **An Action Plan will be completed following the visit with agreed response times. The aim being to support the provider to provide care and home conditions as close to that of registered provision as possible**
3. **Commissioning will follow up and track progress against the Action Plan. This will be shared within the Care Planning Meetings**
4. **Any ongoing concerns will be fed back to the Area Team immediately and considered within the Care Planning Meetings**
5. **Commissioning will follow the routine process for all Providers in accordance with the commissioning/framework policy**
6. **Commissioning will provide written guidance to the Provider around key areas: recording/risk assessment/medication/missing protocol/reporting requirements/family time/key statutory processes**
7. **Commissioning will offer support to the Provider to mitigate any gaps to demonstrate any shortfalls are addressed. Placements will continue with a rigorous placement search and provide updates at the Care Planning Meetings. Please refer to the Complex Placements practice standards**
8. **All visits to the Placement by Commissioning are to be recorded on the child’s case file.**

**STANDARD FIVE – RIGHTS OF THE CHILD**

1. **Referral to RAP within 24 hours and visit to take place within 72 hours**
2. **Child seen on the day of the placement and their views recorded**
3. **Every visitor to the child should confirm that the child feels safe and that their basic needs are being met**
4. **Family Time arrangements must be agreed at the first Care Planning Meeting**
5. **Child has sufficient clothing and personal items to meet their immediate needs**
6. **Feedback to be given to the Social Worker.**

**STANDARD SIX – EXPECTATIONS OF PROVIDER**

1. **The Provider will ensure that the accommodation meets the minimum standards outlined in the Guidance**
2. **The Provider will ensure that all safeguarding issues/concerns are reported to the Social Worker immediately (EDT if out of hours)**
3. **The Provider ensures that staffing is maintained at 2:1 as stipulated in the contract**
4. **The Provider will ensure that the basic needs of the child are met**
5. **The Provider will maintain regular, open communication with the Trust with regard to any concerns, issues or challenges and maintain accurate records**