Guidance and template: Use of High-Risk Provision

This pro forma is for internal use to allow the placing authority to record actions taking in relation to managing their use of high-risk provision.

Please see guidance notes at the end of the document for further information.

# Part 1: Child’s information

|  |  |
| --- | --- |
| **For completion by the placements team** | |
| Child’s name |  |
| Child’s URN |  |
| Child’s age (year and months) |  |
| Child's gender (how they identify) |  |
| Religion and any needs relating to this |  |
| First language and any communication needs |  |
| Disability or other additional needs |  |

# Part 2A: Commissioning

|  |  |
| --- | --- |
| **For completion by the commissioning team** | |
| Date |  |
| Commissioning Officer name |  |
| Commissioning Manager name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Checks at point of placement** | | | | | | | |
| *Item* | | | *Date* | | | *Notes* | |
| Plans and intention for Ofsted registration (if unregistered) | | |  | | |  | |
| Ofsted Application reference number (if applicable) | | |  | | |  | |
| Host authority checks  (This should include an understanding of the location, the longstanding requirement for provision in this location etc) | | |  | | |  | |
| Standard of accommodation approved (on site) | | |  | | |  | |
| Out of borough notification issued | | |  | | |  | |
| **Checks within five days of placement** | | | | | | | |
| *Item* | | | *Date* | | *Analysis* | | |
| LA references | | |  | |  | | |
| Safeguarding / LADO references | | |  | |  | | |
| Contract / IPA issued | | |  | |  | | |
| Monitoring visit (on site) | | |  | |  | | |
| **Additional details** | | | | | | | |
| Details of the efforts made to identified regulated provision  *This may include a chronology of search from care planning team* | | | | | | | |
|  | | | | | | | |
| Type of provision | | | | | | | |
| Supported accommodation |  | Unregistered children’s home |  | Rented accommodation with commissioned care | | |  |
| Owner of the property | | |  | | | | |
| Person of Significant Control  (This should include checks on this individual and their suitability to be involved in delivering this service) | | |  | | | | |
| Manager of the staff team  (This should include checks on this individual, their qualifications and suitability to deliver this service) | | |  | | | | |
| Plans and intention for Ofsted registration (if unregistered) | | |  | | | | |
| Other registrations held (eg CQC) | | |  | | | | |
| Other notes or observations | | |  | | | | |

# Part 2B: Standard Due Diligence

Note this is a duplication of the North West Template: Placement Due Diligence and this may be completed as a separate document.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of provision | | | | | | | | |
| Fostering |  | Residential |  | Supported Accommodation | | | |  |
| Provider name | | |  | | | | | |
| Provider contact details | | |  | | | | | |
| Provider registered head office address | | |  | | | | | |
| Owner of the property | | |  | | | | | |
| Manager of the staff team | | |  | | | | | |
| Other registrations held (eg CQC) | | |  | | | | | |
| Provider Company number | | |  | | | | | |
| Financial viability or copy of accounts  (State how any financial risk will be managed) | | |  | | | | | |
| Health watch score | | |  | | | | | |
| Provider Ofsted URN (if applicable) | | |  | | | | | |
| Setting name | | |  | | | | | |
| Setting Ofsted URN (if applicable) | | |  | | | | | |
| Setting address | | |  | | | | | |
| Setting phone number | | |  | | | | | |
| Setting email | | |  | | | | | |
| Responsible Individual | | |  | | | | | |
| Registered Manager | | |  | | | | | |
| Ofsted registration certificate | | |  | | | | | |
| Current Ofsted judgement | | |  | | | | | |
| Statement of Purpose | | |  | | | | | |
| Ofsted reports | | |  | | | | | |
| Reg 44 reports from last 3 months | | |  | | | | | |
| Current or previous ISPs | | |  | | | | | |
| Included on NW Purchasing System?  Note, for Fostering and Supported Accommodation the provider is on the FPS, for Residential and SEND the individual setting needs to be listed. | | |  | | | | | |
| Included on sub regional framework arrangements? | | |  | | | | | |
| Reference from other placing authorities | | |  | | | | | |
| Reference from host authority | | |  | | | | | |
| Compatibility risk assessment | | |  | | | | | |
| Has this provider been used previously? | | | Yes | |  | No |  | |
| Manager experience and qualifications | | |  | | | | | |
| Staff profiles and rota (For use of separate care provision) | | |  | | | | | |
| Staff check:   * DBS numbers * Skill sets (supply, bank, therapists) * HCPC registration (if relevant) | | |  | | | | | |
| Training matrix | | |  | | | | | |
| Insurance:   * Buildings * Provider | | |  | | | | | |
| Policy check:   1. Safeguarding 2. Child Exploitation 3. Criminal Exploitation 4. Missing from Home 5. Information governance 6. Safer recruitment 7. Staff supervision 8. Whistleblowing | | |  | | | | | |
| Proposed move date | | |  | | | | | |
| Duration of placement  Emergency/short-term/long-term/permanent. If it is not possible to assess the intended duration of placement – reasons for this and when this information will be available. | | |  | | | | | |
| Name of person responsible for implementing the placement plan | | |  | | | | | |
| Contingency if the current placement does not meet outcomes | | |  | | | | | |
| Cost  Including breakdown and additional costs. For on contract placements does this match the indicative contract price? If not, why? | | |  | | | | | |
| Distance from home | | |  | | | | | |
| Rationale for placing out of area  (Focus should always be on placing within the host authority) | | |  | | | | | |
| Visit, virtual tour or photos of accommodation | | |  | | | | | |
| Welcome pack for child shared? | | |  | | | | | |
| View of Independent Reviewing Officer | | | | | | | | |
|  | | | | | | | | |
| View of Safeguarding | | | | | | | | |
|  | | | | | | | | |
| View of Commissioners | | | | | | | | |
|  | | | | | | | | |
| View of LADO | | | | | | | | |
|  | | | | | | | | |
| View of children’s social care | | | | | | | | |
|  | | | | | | | | |

# Part 2C: Children’s Social Care

|  |  |  |  |
| --- | --- | --- | --- |
| **For completion by the social work team** | | | |
| Child’s details | | | |
| Legal status |  | DoLS (yes/no and permissions) |  |
| Significant others | | | |
| Name | Date of birth | Relationship | Family time plan |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Additional information** | | | |
| Circumstances leading to the presenting situation  *What has happened? What has been tried and tested in order to prevent this situation?* | | | |
|  | | | |
| Risk and strengths in the identified provision and plan  *What are the risks posed to this young person living here? What are the strengths and areas of resilience that may mitigate any risks?* | | | |
|  | | | |
| Social work and multi-agency offer of support  *How often will social work visits be? What will the frequency of placement planning meetings be? What will the team around the child monitor and review? What is the multi-agency plan?* | | | |
|  | | | |
| Other professionals  *What are the views of the professionals involved in this young person’s care plan? What are they going to do to support them? To include CAMHs, Virtual School, LAC nurse* | | | |
|  | | | |
| Young person’s views, wishes and feelings  *What are the young person’s views, wishes and feelings and how are these balanced with what is considered to be in their best interests?* | | | |
|  | | | |
| Education, enjoyment and achievement  *How will the young person’s learning and development be supported? How will the provider ensure that the young person can safely access and benefit from a variety of activities that will enable them to enjoy and achieve? Is there an education offer and what will this look like?* | | | |
|  | | | |
| Health and wellbeing  *How will the young person’s health and wellbeing needs be met? Is there an offer from CAMHs?* | | | |
|  | | | |
| Family time  *How will family time with significant people be promoted? Who will support this?* | | | |
|  | | | |
| Views of family members  *Have significant family members been aware of this arrangement? What are their views?* | | | |
|  | | | |
| View of the Independent Reviewing Officer | | | |
|  | | | |
| View from Legal Services | | | |
|  | | | |

# PART 2D: Comments and approvals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To be completed by the social work team** | | | | |
| Team manager name |  | | Date |  |
| Team manager comments | | | | |
|  | | | | |
| Service manager name  Note, two approvals are required to include an internal check on the completed proforma. |  | | Date |  |
| Service manager comments | | | | |
|  | | | | |
| Commissioning lead name |  | | Date |  |
| Commissioning lead comments | | | | |
|  | | | | |
| DCS name (or authorised representative) |  | | Date |  |
| DCS comments | | | | |
|  | | | | |
| Approval timescale | |  | | |
| Review date | |  | | |

Notes,

This pro forma is to include the approvals from social work and commissioning and should include cross checking within the commissioning team.

DCS approval should be sought when Parts 1A, 1B and 1C are complete and before the young person moves. For Inadequate judgements notification to the DCS should be received within seven days.

Review dates may be set in line with residential panel dates set by the placing authority.

# PART 2E: Extensions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For completion by the commissioning team | | | | |
| Date extension requested | |  | | |
| Reasons for the extension | | | | |
|  | | | | |
| Progress made for the young person | | | | |
|  | | | | |
| Quality of care planning arrangements  To include visits, placement planning meetings, review of risk assessments and plans, muti agency contributions | | | | |
|  | | | | |
| Commissioning update | | | | |
|  | | | | |
| Independent Reviewing Officer comments | | | | |
|  | | | | |
| DCS (or authorised deputy) name |  | | Date |  |
| DCS comments | | | | |
|  | | | | |
| Approval timescale | |  | | |

This pro forma is to be completed each time an extension to the arrangement is requested. These may be required until:

⏺ A setting becomes Ofsted registered

⏺ A setting with an Inadequate judgement receives a judgement of Requires Improvement or above

⏺ A young person in an unregulated setting turns 16

⏺ A young person in an unregulated setting no longer requires or is receiving care

# PART 3: Quality Assurance

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For completion by team carrying out monitoring visits | | | | | | | | | | | |
| Theme 1: Safety | | | | | | | | | | | |
| 1.1 | What is the current staff team structure? Is this in line with the shared rota? | | | | |  | | | | | |
| 1.2 | Have there been changes to the rota or the staff team? | | | | |  | | | | | |
| 1.3 | Do the staff understand the needs of the young person and are they delivering care in accordance with the high needs risk assessment and care plan? | | | | |  | | | | | |
| 1.4 | Have the staff developed a positive relationship with the young person? | | | | |  | | | | | |
| 1.5 | Is there a shift leader on site? | | | | |  | | | | | |
| 1.6 | Is medication on site and is it secured safely? | | | | |  | | | | | |
| Theme 2: Delivery of care | | | | | | | | | | | |
| 2.1 | Are the high risk assessment and care plans available on site? | | | | |  | | | | | |
| 2.2 | Do staff understand the high risk assessment and care plans and are they delivering care in accordance with these? | | | | |  | | | | | |
| 2.3 | Has the placement had a positive impact on the young person? | | | | |  | | | | | |
| 2.4 | Have there been any incidents?   * Missing from Home * Safe holds * Verbal or physical aggression * Damage to the property | | | | |  | | | | | |
| 2.5 | Have weekly reports been provided to social workers and commissioners?  Do they reflect any incidents? | | | | |  | | | | | |
| Theme 3: Young person’s views, wishes and feelings | | | | | | | | | | | |
| 3.1 | Does the young person report that they feel safe? | | | | |  | | | | | |
| 3.2 | Does the young person know who the staff team is and who will be caring for them? | | | | |  | | | | | |
| 3.3 | Does the young person report that they like the staff and that they are caring for them appropriately? | | | | |  | | | | | |
| 3.4 | What is the young person’s lived experience in the home? | | | | |  | | | | | |
| 3.5 | Does the young person express any wishes or feelings? | | | | |  | | | | | |
| Theme 4: Education (formal, informal and non-formal) | | | | | | | | | | | |
| 4.1 | Is the child accessing their education? | | | | |  | | | | | |
| 4.2 | Are the staff completing educational activities, positive activities and activities that will support independence skills?  (If there is no education provision) | | | | |  | | | | | |
| Theme 5: Happiness, health and wellbeing | | | | | | | | | | | |
| 5.1 | Are the young person’s health and wellbeing needs being met? | | | | |  | | | | | |
| 5.2 | Does the young person have access to a healthy diet? Is there food available in the home and appropriate cooking facilities? | | | | |  | | | | | |
| 5.3 | Is family time being delivered in accordance with the plan? | | | | |  | | | | | |
| 5.4 | Is the young person being supported to access appropriate community activities? | | | | |  | | | | | |
| 5.5 | Does the young person have access to a first aid kit? | | | | |  | | | | | |
| Theme 6: Quality of the environment and accommodation | | | | | | | | | | | |
| 6.1 | Is the accommodation furnished to a reasonable standard? | | | | |  | | | | | |
| 6.2 | Is the accommodation furnished to include equipment necessary to encourage daily independent activity and to support the young person to develop their independence? (this might include bedding, kitchenware, vacuum cleaner, and washing facilities) | | | | |  | | | | | |
| 6.3 | Are there any significant plans to change or improve the environment of the home? | | | | |  | | | | | |
| 6.4 | Was the building check completed? | | | | |  | | | | | |
| Area | | Good | | | | Satisfactory | | Unsatisfactory | | |
| Dining room | |  | | | |  | |  | | |
| Lounge | |  | | | |  | |  | | |
| Bedroom | |  | | | |  | |  | | |
| Kitchen | |  | | | |  | |  | | |
| Toilet/bathroom | |  | | | |  | |  | | |
| Corridor/stairs | |  | | | |  | |  | | |
| Communal areas | |  | | | |  | |  | | |
| Staff room | |  | | | |  | |  | | |
| Store rooms | |  | | | |  | |  | | |
| Outside space | |  | | | |  | |  | | |
| 6.5 | Does the building meet fire safety standards? Is there an evacuation route? | | | | |  | | | | | |
| 6.6 | Are any rooms or parts of the building not in use? | | | | |  | | | | | |
| 6.7 | Are any rooms or areas locked? Why? | | | | |  | | | | | |
| 6.8 | Are the windows and doors safe and secure? | | | | |  | | | | | |
| Summary of the visit  To include areas of good practice and areas of concern | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Action plan  Note:   * For placements in Ofsted registered provision with an Inadequate judgement this may be replaced by or used alongside the Ofsted action plan. * The action plan may be continued after a setting has had a further judgement and is no longer rated Inadequate or a provision becomes Ofsted registered. | | | | | | | | | | | |
|  | Action | | | Who | Date to be completed | | | Progress update | | | RAG |
| 1 |  | | |  |  | | |  | | |  |
| 2 |  | | |  |  | | |  | | |  |
| 3 |  | | |  |  | | |  | | |  |
| 4 |  | | |  |  | | |  | | |  |
| 5 |  | | |  |  | | |  | | |  |
| 6 |  | | |  |  | | |  | | |  |
| 7 |  | | |  |  | | |  | | |  |
| etc |  | | |  |  | | |  | | |  |
| Commissioner name | |  | | | Commissioner signature | | | | |  | |
| Provider rep name | |  | | | Date shared with provider | | | | |  | |

Part 2: Quality Assurance is designed to be completed each month for the duration of placements in high-risk provision. The associated action plan should be reviewed and updated between visits.

This is intended to be in addition to weekly visits by a social worker.

## Guidance

# Aim

This guidance note sets out an outline approach and templates for authorities using high risk provision. It is intended to be used in conjunction with the internal policies and procedures in each authority.

In this context high risk provision includes:

* Children living in Ofsted registered homes graded Inadequate
* Under 16s living in unregulated supported accommodation
* Over 16s living in unregulated supported accommodation who are receiving care
* Children living in unregistered childrens homes

# Context

There are increasing pressures sufficiency of all types of homes for children. This is resulting in some of the young people with the most complex needs being placed in high-risk settings. These are a last resort for young people for whom no suitable regulated provision can be found.

Whilst there is some risk to these young people from living in these types of settings there are few, if any, options available for alternative provision and increasingly court direction unregistered provision, often referred to as ‘bespoke arrangements’ to be made. In addition to this lack of alternatives the high-risk nature of the placement may not be impacting on outcomes or the young person’s experience and in some situations disrupting a placement is not beneficial for the young person.

There has been an increase in the number of Inadequate homes in the North West between September 2021 and September 2022 from 3.6% to 4.5%, 34 homes with 125 registered places. Eight of these homes are run by local authority.

# Considerations

Safeguarding and wellbeing of the young person remain central to this guidance and the key consideration is the risk to young people of not managing these types of provision effectively, the aim of this guidance is to keep young people safe in these placements.

However, there are additional considerations for the placing authority:

* Using this guidance will require resource for each young person living in this provision.
* The courts play a role in much of this provision being set up when children have a DoLs in place.
* Not managing the shared risk around this provision may impact on an authority’s own Ofsted judgement.
* Consequences of new settings becoming established against the wishes of the host authority.
* Creation of reliance by providers on commissioning teams to support new registrations.
* How these homes and any resulting new settings can contribute to sufficiency aims.
* Ongoing work with existing providers to develop skills and willingness to take young people with more complex needs.
* National shortage of quality residential staff available to work in this provision resulting in providers often having to use untrained or newly recruited staff.

# Use of guidance

The templates included in these appendices are designed to support the effective management of high-risk provision by the placing authority. They are based on a series of templates provided by Manchester who have a robust approval and monitoring process in place for these homes.

These templates:

* Should be used alongside or to compliment any existing policies and procedures to form a robust approach to managing high risk provision.
* Can be applied when internal homes become Inadequate.
* Are intended as a guide and may be adapted by local authorities as they see fit.

# Timeline

There are five parts to this pro formas that outline the process for managing each placement:

* Part 1: Child’s information –be completed at the point of placement
* Part 2A: Commissioning – to be completed at the point of placement with some items to be completed within five days of placing as indicated on the template.
* Part 2B: Due Diligence – to be completed at the point of placement
* Part 2C: Children’s social care – to be completed at the point of placement.
* Part 2D: Comments and approvals – to be completed at the point of placement
* Part 2E: Extensions – to be completed at the review date when extension is requested.
* Part 3: Quality Assurance – to be completed at each quality assurance visit.