

North West Template: Pre-Placement Checks

This pro forma is for internal use to allow the placing authority to record actions taking in relation to making a children’s social care placement.

**Part 1: Child’s Information**

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| --- | --- |
| 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 2: Commissioning**

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| --- | --- |
| Commissioning Officer name |  |
| Commissioning Manager name |  |
| Proposed start date  |  |
| Date referral received |  |
| Date of placement offer  |   |
| Anticipated duration of placement |  |
| Contract.  i.e. North West Flexible Purchasing System (FPS) for Residential, North West Supported and Independent Living Dynamic Purchasing System Agreement, Fostered Children |  |
| Included on sub regional framework arrangements? |  |
| Off framework (spot purchase) |  |
| Placement type; Fostering, residential, supported accommodation; SEND, AP, other. |  |
| Cost of placement Including rationale for any additional costs/discounts i.e. transport, enhanced, solo fees etc. For on contract placements does this match the indicative contract price? If not, why? |  |
| Are there separate health and/or education costs? If so, has funding been agreed? |  |
| Distance of placement from home Placements beyond adjoining LA’s require DCS approval and reason for distance to be detailed here. |  |

**Part 3: Childrens Social Care**

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| --- | --- |
| Name of social worker  |   |
| Legal status  |   |
| DoLS (yes/no and permissions) |  |
| Brief historyIncluding reference to any previous care episodes  |   |
| Reason for placement request  |   |
| Are there separate health and/or education costs? If so has funding been agreed?  |   |
| Name of person responsible for implementing the placement plan |  |
| Contingency if the current placement does not meet outcomes |  |
| How will family time needs be met? (delete if not appropriate) |   |

**Part 4: Provider Information**

|  |  |
| --- | --- |
| Provider Name  |  |
| Company registered head office address For Official Notices including data protection notices |  |
| Company telephone number  |  |
| Company email address |  |
| Company Ofsted URN (if applicable) |  |
| Companies House registration number |  |
| Confirmation of company ownership  |  |
| Has this provider been used previously?If yes, provide comment on previous use |  |
| Information Commissioners Office registration Including date and number |  |
| Confirmation that the provision is compliant with GDPR  |  |
| Information Sharing Agreement in place with provider  |  |
| Financial viability or copy of accountsState how any financial risk will be managed   |  |
| Confirmation of Insurance At the correct levels and categories for this placement type.  |  |

**Part 4b: Placement setting**

|  |  |
| --- | --- |
| Setting name |  |
| Address |  |
| Phone number  |  |
| Email address |  |
| Owner of property |  |
| Responsible Individual name and contact  |  |
| Registered Manager name and contact |  |
| Ofsted registration certificate  |  |
| Date of registration |  |
| Ofsted Unique Reference Number:   |  |
| Category of registration:   |  |
| Number of beds:  |  |
| Any dual/additional regulator registration i.e. CQC, DfE, Care Inspectorate Wales or Scotland.  |  |
| Current Ofsted (or equivalent) judgement  |  |
| Details of last 3 Ofsted (or equivalent) regulatory inspectionKey points to be considered. If home requires improvement to be Good – copy of Ofsted Action Plan |  |
| Dates of last three Reg 44 visits and any relevant comments/concernsResidential placements only |  |
| Location risk assessment |  |
| Impact risk assessment  |  |
| Compatibility risk assessment  |  |
| Latest Regulation 45 report (residential)6 monthly review of the quality of care given to children |  |
| Copy of Statement of Purpose (residential) |  |
| Received carer profile (fostering) |  |
| Received Form F (fostering) |  |
| Received annual review of carers (fostering) |  |
| PNW Transitional Monitoring Arrangement completed? (Supported Accommodation only) |  |
| Information Sharing Protocols (current or previous) |  |
| Arrangements for missing/return interview (within and beyond 15 miles) |  |
| Visit, virtual tour or photos of accommodation provided |  |
| Children’s guide shared? |  |
| Date of last quality / compliance visit Any relevant comment  |  |
| Self-assessment sent to provider (date sent) |  |
| Self-assessment received from provider (date received)  |  |

**Part 5:** **Views of child and professionals on placement offer**

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| --- | --- |
| Views of the child, |   |
| Where applicable, views of family members, current/previous carers  |   |
| Views of IRO Include date of discussion / requests |  |
| View of children’s social care |  |
| View of SEN |   |
| View of Virtual School |  |
| View of Safeguarding  |  |
| View of health practitionersLAC nurse informed and consulted on how best to support in the new placement. Including a clinical view regarding the suitability of any proposed therapy. |   |
| View of health commissioner Regarding any request for Continuing Health Care Funding including date paperwork sent to SW (include dates of discussion/email/telephone calls).  |   |
| View of any other relevant partner agency i.e. CAMHS, YoS.  |   |
| Reference from host LA Include date of discussion or date email sent to request info. If no response detail other attempts such as telephone calls |  |
| References obtained from other placing LA’s |  |
| Issues identified through a pre-placement consultation with the host LA? |   |
| View of host LADOAny allegations in the last 12 months |  |

**Part 6: Policy Documents**

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| --- | --- |
| Anti-Bullying Policy  |   |
| Behaviour Management Policy How are staff and YP made aware of this?  |   |
| Data Protection / Information Governance Policy  |   |
| E Safety Policy  |   |
| Managing Allegations Policy  |   |
| Medication Policy & Non dispensing Policy |   |
| Missing from Care Policy  |   |
| Safeguarding Policy including sexual and criminal exploitationProcess for managing missing/CSE and where necessary self-harm, and any measures taken by the home to manage safeguarding concerns arising from the neighbourhood where the home is located. |   |
| Supervision & Appraisal Policy  |   |
| Fire Risk Assessment  |   |
| Complaints Policy |  |
| Whistleblowing Policy |   |
| CCTV policy (if applicable)  |   |
| Business Continuity Plan   |   |
| Safer Recruitment Policy Including organisational chart, staff profiles and rotas, pre-employment checks (references, employment history, experience, competencies, HCPC registration (if relevant), staff matrix with DBS Numbers, relevant qualifications, training matrix aligned to staffing rota, supervision frequency and evidence, staff to child ratios, manager's experience and qualifications, starters/leavers in last 12 months, process for agency staff, performance management.  |  |
| During ‘Out of Hours times what is the 24-hour ‘On Call’ system?  |   |
| What procedure is followed in emergency or crisis? LA EDT/and/or Police?  |   |

**Part 7: Approval**

|  |  |  |
| --- | --- | --- |
| Accept placement offer | Require further information  | Decline placement offer |
|  |  |  |
| Officer name  |   | Date  |   |
| Officer comments  |