Request for Placement and Matching

# Child / young person's details

**This form should only be used as a group form when the children are to be placed together.**

**Personal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** | **Disability** | **Address** | **Ethnicity** | **CIC Legal Status** |
|  |  |  |  |  |  |  |

Who has/shares Parental Responsibility?

Any information regarding legal status / immigration status

**Type of Placement Request (please specify in box) e.g.**

**IFA, Residential, Semi Independence,**

**Support living**

**Placement Request Details Placement Requirements**

Please include if

brothers and sisters

to be placed together, preferred locality, carer age group, gender, single or couple (fostering), other children/young people in placement, child/young person’s cultural and identity needs, if specific experience is required

i.e. with learning disabilities, sexualised behaviour, CSE/CCE, missing episodes

and any specifically identified risks associated etc, travel requirements and what if any therapeutic support is required. Family Time Requirements

- include frequency and if supervised, do the carers need to transport or supervise - for residential requests please also include if single or mixed gender provisions are preferred and size of home

Placement Outcomes What are the expected outcomes of the placement?)

What is the exit plan from this placement? (including timescales)

Date Placement Required

## Child/young person's views, wishes and feelings

Please describe how the child/young person feels about this placement

request, what sort of family/home would they like to live in?

Parental Views

# All about the child / young person

## All about - 0

Give a pen picture of the child/young person (please ensure that this is a true balanced reflection of the child/young person with both positive and negative attributes. Include likes, dislikes, hobbies and activities and if these need to continue within this placement, favourite foods and toys and any aspirations the child/young person may have to ensure the full sense of who the child/young person really is, is conveyed)

What immediate information do the carers/care team require to be able to look after the child/ young person? (Consider the child/young person’s routines, triggers for inappropriate behaviours and the best way to manage/de-escalate these)

Details of the child/young person’s identity, religious persuasion, cultural and linguistic background, and racial origin

Details of the child/young person’s social/leisure activities that need to continue within the placement

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# Child / young person's needs

## Needs of - 0

**Emotional and behavioural development and self-care needs**

Emotional and behavioural issues

Management strategies (including roles and responsibilities and support in place / required, mitigation of any impact on other children in the placement). Detail which action will be carried out by whom and by when

Details of the child/young person’s self-care skills programme

Assessment of any risk as identified

**Health**



**Does the child/young person have complex health needs?**

Yes No

Please give details of all conditions; medications and how the carer will be expected to manage these:

Summary of child/young person's health (please specify if they attend dentist, optician or other health service)

**Education/Training/Employment**

**Establishment Detail (Name and Address)**

Does the child have an EHCP or SEN support in School Yes/No

Summary of child / young person's education

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# Child/young person's background and additional needs

## Child/young person's background - 0

Summary of child/ young person’s background (including reasons for reception into care, current circumstances

and any relevant placement history)

## Child/young person's additional needs - 0

Please note whether there is any

Youth Offending involvement, the reasons for this and what this looks like, have/are EPIC

involved, is the young person a parent and do they have any direct dependents that need to be considered?

**Details of involved professional(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Role** | **Agency** | **Telephone number(s)** | **E-Mail** | **Person working with** |
|  |  |  |  |  |  |

# Family Time and Social Relationships

**Contact for child / young person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subjects** | **Name of contact** | **Frequency** | **Type** | **Arrangements** |
|  |  |  |  |  |

**People with whom the contact is restricted / forbidden**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subjects** | **Name of restricted contact** | **Relationship** | **Reason** | **Authority** |
|  |  |  |  |  |

# Behaviour and Risks

Needs and risks are any that are greater than would be expected for an average child/young person of that age who is entering a new home. It is understood that all children/young people will require support to feel safe and secure. Each section have a heading which is underlined followed by examples of risks which may fall under that section. These examples are NOT exclusive and it is important that all known risks are identified, please also include any positive or protective factors which may be of use in the management of risk.

## Behaviour and Risks - 0

Physical health (indicate if complex health plan)

Emotional health and well-being (self-harm; suicidal ideology; eating disorder; bed wetting; self-neglect)

Risk from others (family, peers, previous abusers, vulnerable to abuse)

Risk from Contact/ Family Time

Risks with the home environment

(allergies, disabilities, pets)

Support needs outside the home (road awareness, stranger danger)

Risk taking behaviour (alcohol or substance misuse, criminal activity, sexual health, missing from home)

Health Risks (moving & handling, infection, sleep deprivation

Behaviour Support Needs (aggression, abusing others, bullying, offending, risk to pets) - consider triggers and what works to de-escalate

Criminal Risks (theft, fire-starting, gangs)

Risk of Allegations

Risk from Family/ Friends

Other risks not specified above

# Management Views and Comments

Team Manager's Views and Comments

AD/ Head of Service's Views and Comments

Director of Children Services Views and Comments