

PLACEMENT NOTIFICATION/ TERMINATION FORM AND MISSING RISK ASSESSMENT

Section A – This constitutes a notification form to satisfy regulation 12B of the Children’s Home Regulation 2011 (as amended by the Children’s Home and looked After Children’s (Miscellaneous Amendments) (England) Regulation 2013,) as well as a missing from care risk assessment utilised by the Police and our Cohesion Teams. To be completed by the Provider for each Child/ Young Person (CYP) placed in Telford and Wrekin by another local authority and emailed to familyconnect@telford.gov.uk. The form should ideally be completed at the point of placement or in advance for planned placement because CYP can go missing on their first day in placement; however we require this information no later than 72 hours after the placement has commenced.

Section B – To be completed by the Provider for each missing episode and sent to familyconnect@telford.gov.uk as soon as possible, we recommend completing the form whilst reporting the CYP missing to the Police. Section B should be attached to Section A – please ensure that information contained within Section A is still correct; update the information with Section A if required. We suggest completing the form electronically so it can easily be kept up to date.

Section C – To be completed by the Provider as soon as a CYP, placed by another local authority within Telford and Wrekin, is terminated/ comes to an end. Please send the form to familyconnect@telford.gov.uk

Family connect will forward a copy of this form securely to the Harm assessment Unit within the police.

SECTION A

Basic Information			
Name of CYP:		Aliases/ Otherwise Known as:	
Date of Birth:		Gender:	
Ethnicity:		Date of Admission:	

Placing Local Authority:		Care Status:	
Is there a current child protection plan:		Registered disability – please provide details (if applicable):	
GP Name and Address:		Dentist name and Address:	
CYPs Mobile Number:			
Name of Social Worker allocated by Placing Authority: Phone number: Email Address:		Name of Social Worker's Team Manager/ Duty Team: Phone number: Email Address:	
Name of IRO and Contact Details:		Is a Photograph Available:	

Education Details:			
Details of SEN (if applicable):		Which LA maintains the SEN (if applicable):	
Current PEP:		Education Provision Name:	
Education Provision Address:		Is the current Education Provision to continue:	
If the Education Provision is not to continue, please provide details of alternative education arrangements. What date were the School Admissions and SEN department (if applicable) of the host authority contacted.			

Complete the relevant section below based on the relevant placement type			
Name of Fostering Agency		Name of Residential Provider:	
Name of Foster Carers		Name of Service/ Home:	
URN Number:		URN Number:	
Foster Carers Address:		Service/ Home Address:	

Missing from Care Risk Assessment

CYPs Vulnerability Rating:	<input type="checkbox"/> LOW	<input type="checkbox"/> MED	<input type="checkbox"/> HIGH
Explanation for Vulnerability Rating:			
Should the CYP be considered MISSING and never ABSENT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Explanation for MISSING/ ABSENT Classification:			
Does the CYP have a history of going missing:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Likelihood of the CYP going missing:	<input type="checkbox"/> LOW	<input type="checkbox"/> MED	<input type="checkbox"/> HIGH
Has the CYP been exposed to harm during previous missing episodes: <i>Have they been a victim of crime</i>	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Please provide a brief explanation of the above:			
The risk to the CYP should they go missing: <i>Consider self harm</i>	<input type="checkbox"/> LOW	<input type="checkbox"/> MED	<input type="checkbox"/> HIGH
Please provide a brief explanation of the above:			

Risk to others should the CYP go missing:	<input type="checkbox"/> LOW	<input type="checkbox"/> MED	<input type="checkbox"/> HIGH
Please provide a brief explanation of the above: <i>explain the nature of the risk including any criminality, is the CYP a sex offender or perpetrator of sexual exploitation.</i>			
The risk to the CYP of sexual exploitation:	<input type="checkbox"/> LOW	<input type="checkbox"/> MED	<input type="checkbox"/> HIGH
Please provide a brief explanation of the above:			
General issues of vulnerability including potential of being harmed: <i>Are they subject to bullying or harassment, racial abuse, homophobia</i>			

Potential addresses to which the CYP may gravitate towards (<i>parents, friends, previous carers</i>):					
Name:		Relationship:		Address:	
Name:		Relationship:		Address:	

Name:		Relationship:		Address:	

Individuals with whom the CYP may meet:			
Name 1:		Adult/ Child:	
Name 2:		Adult/ Child:	
Name 3:		Adult/ Child:	

Any individual that CYP should not associate with:			
Name:		Relationship:	
Address (if known):		Reason:	
Name:		Relationship:	
Address (if known):		Reason:	

SECTION B

Complete the information below giving regard the current missing episode

Date of Missing Episode:		Time Last Seen:	
Number of Previous Episodes:			

Details of clothing the CYP was last observed to be wearing:	
How would you describe the CYPs frame of mind when you last saw them/ had contact:	
Did the CYP leave with anyone else:	
What actions have been taken to locate the CYP:	
Have you had any contact with the CYP since they have been missing, if so what information have you obtained: <i>Consider background noise - have you heard other voices, male/ female, do you recognise any voices, traffic, announcements at train stations etc.</i>	
Do you believe the CYP has access to weapons:	
Does the CYP have a physical illness or other health issue:	
Does the CYP need essential medication: <i>Please provide the name of the medication and</i>	

<i>when their next dose is due</i>	
What are the effects if medication is not taken:	
Have the CYP prepared to go missing, if so, how:	
Are you aware if the CYP has money on their person or access to money, if so how much:	
Are there any family issues to be aware of:	
Date returned to placement:	
Details gathered from initial return home discussion:	

SECTION C

Placement termination

Date of Placement Termination		Reason for Placement Termination	
New Placement Type:	<input type="checkbox"/> Fostering	<input type="checkbox"/> Residential	<input type="checkbox"/> Supported accommodation <input type="checkbox"/> Other <i>please specify</i>
New Placement Address:		New Host Authority:	
Education Provision Name and Address:		Is the current Education Provision to continue:	

Form Completed by:

Name:	
Designation:	
Date:	