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| --- | --- | --- |
| Director of Children & Young People | Date: |  |
| My ref: |  |
| Your ref: |  |
| Contact: | Maria Hunt |
| Phone: | 0116 305 3058 |
| Email: | notifications@leics.gcsx.gov.uk  |

Dear Sir/Madam

 CHILDREN ACT 1989

NOTIFICATION OF A PLACEMENT IN A CHILDREN' S ESTABLISHMENT

In accordance with the Children Act, 1989, this is to inform you that Leicestershire County Council has placed the following young person in an establishment / fostering agency within your area. It would be appreciated if you could inform the relevant Health and Education departments on our behalf, if this is not possible please let us know.

The Manager of the Establishment has agreed to Leicestershire's terms and conditions and this Authority will be responsible for the payment of all care fees in respect of the placement.

Enquiries regarding Leicestershire's contract and / or other details relating to the placement should be made to the Placements & Commissioning Team at the address shown at the foot of this letter.

Yours sincerely



Maria Hunt

Team Manager

# **NOTIFICATION OF PLACEMENT OR CHANGE OF PLACEMENT OF LOOKED AFTER CHILDREN WITHIN THE AREA OF ANOTHER LOCAL AUTHORITY**

|  |  |
| --- | --- |
| Name of Local Authority child is being placed with (host authority) |  |
| **CHILD / YOUNG PERSON DETAILS** |
| Family Name of Child |  | First Name/s of Child |  |
| Date of Birth |  | Gender |  | Religion |  |
| Ethnicity |  | Nationality |  | First language |  |
| Country of birth |  | Other Language |  | Fluency |  |
| GP details |  |
| Child’s Legal Status | S20 |  |
| S21 |  |
| Care Order under S31 |  |
| Remand to LA |  |
| Other (please specify) |  |
| Name and address [inc. postcode] of Parent / Person with Parental Responsibility |  |
| Name and contact details of child’s IRO |  |
| **ORIGINATING LOCAL AUTHORITY DETAILS** |
| Originating local authority - Name and Address and Contact Person details | Leicestershire County Council, County Hall, Glenfield, Leicestershire,LE3 8RA0116 305 3058notifications@leics.gcsx.gov.uk  |
| Name, address [inc. postcode], email and telephone number of Team Manager | Maria Hunt, Commissioning and Placements Team, Leicestershire County Council, County Hall, Glenfield, Leicestershire, LE3 8RA0116 305 3058 |
| Name, address, email and telephonenumber of Social Worker |  |
| Out of hours service contact details | 0116 305 0005 |
| **PLACEMENT DETAILS (in host authority)** |
| Placed with (establishment / foster carer / organisation |  |
| Name, address [inc. postcode] and telephone number of placement |  |
| If your authority has local knowledge of the placement which it would be appropriate to share with the originating local authority, please contact [add local details] e.g. notifications@leics.gcsx.gov.uk;  |
| Start date of placement |  |
| Is this a series of planned short breaks | YES | NO | Details |
| Expected end date of placement, if known |  |
| Placement type | Foster home – LA |  |
| Foster home - IFA |  |
| Registered children’s home |  |
| Registered boarding school |  |
| Other – please give details |  |
|  |  |  |
| **SAFEGUARDING AND SOCIAL CARE INFORMATION** |
|  | **Yes** | **No** | **Details** |
| Is the child subject to a child protection plan? |  |  |  |
| Is the child subject to MAPPA? |  |  |  |
| Does the child have a history of running away or missing from home? |  |  |  |
| Are there any concerns around CSE? |  |  |  |
| Are there any other significant concerns or risks? |  |  |  |
| Has a risk assessment been completed? Please specify what type of risk assessment |  |  |  |
| Should the Police be informed of any risks? |  |  |  |
| **EDUCATION INFORMATION** |
| Name, address [inc. postcode] and telephone number of school or educational provision  |  |  |  |
| Does the child have a statement of Special Educational Needs? |  |  |  |
| Which Local Authority will maintain the statement of Special Educational Needs? |  |
| **HEALTH AND RESPONSIBLE COMMISSIONER INFORMATION** |
| Does the child have additional needs arising from a physical or learning disability or mental ill-health? |  |  |  |
| Has the health service in the receiving authority been notified? |  |  |  |
| Date of last Health Assessment |  |  |  |
| Contact details of person who completed the assessment |  |  |  |
| **YOUTH OFFENDER INFORMATION** |
| Is the child subject to any Court order or YOS intervention as a young offender? |  |  |  |
| If YES, which is the supervising Youth Offending Service? |  |  |  |
| Has the Youth Offending Service in the host authority been notified? |  |  |  |
| **HAS THE PLACEMENT HAD THE FOLLOWING INFORMATION?** |
| Current Risk Assessment |  |  |  |
| Current Pathway Plan |  |  |  |
| Police – risk assessment |  |  |  |
| Other – please give details |  |  |  |

**End of Placement Notification Form**

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| **END OF PLACEMENT** |
| When the placement ends and the child moves out of that area, the Originating local authority must notify the nominated point of contact person where the child was, that the placement has ended: |
| Reason the placement ended |  |
| End date of placement |  |
| Name of Person notified |  |
| Date notified |  |