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|  | Action/Date |
| Title/Status- | Desk Top Quality Review of Placement Form |
| New document or revised | Revised |
| Responsible Head of Service | Liz Perfect |
| Date review | July 2020 |
| Date SMT approved. |  |

# Desk Top Quality Review of Placement Form

**Desk Top Quality Review of Placement Form**

**As part of our quality review of the outcomes of the child/young person’s placement we request feedback from social workers, independent reviewing officers and the child/young person placed. This will form part of the process for reviewing placements.**

**We would appreciate this form to be completed with details below to inform the case management.**

**NAME OF CHILD:**

**DOB:**

**MOSAIC NO:**

**CURRENT PLACEMENT:**

**PLACEMENT TYPE:**

**ADMISSION DATE OF CURRENT PLACEMENT:**

**SOCIAL WORKER:**

**IRO:**

|  |  |  |  |
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| **Breakdown of Costs as per Individual Placement Agreement** | | | |
| **Type** | **Services Received** | **Cost** | **Funding Approval & Agreed Time** |
| **Social Care** |  |  |  |
| **Health** |  |  |  |
| **Education** |  |  |  |
| **Other** |  |  |  |

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| **CSW to verify if any additional support services are required – ( childs social worker to see k any additional funding approval they may be required)** |
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| **Outcomes that have been identified at the time of the placement being made for the child/ young person to achieve.** |
| **Health Needs: (Be Healthy/Stay safe) Original outcomes identified** |
|  |
| **Health Needs: update on outcomes to be achieved** |
| Please complete |
| **Education Needs: (Enjoy and Achieve/Make a Positive Contribution) Original outcomes** |
|  |
| **Education Needs: update on outcomes to be achieved** |
| Please complete |
| **Identity: (Make a positive contribution/Achieve Economic Wellbeing)Original outcomes** |
|  |
| **Identity: update on outcomes to be achieved** |
| Please complete |
| **Emotional/Behavioural Needs: (Be Healthy/Stay Safe) original outcomes** |
|  |
| **Emotional/Behavioural: update on outcomes to be achieved** |
| Please complete |

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| **SW’s Views of the Placement** |  |
| **Are the child’s/young person’s needs being met (please refer to above table for outcomes specified in the IPA)** |  |
| **What is the care plan/pathway plan for the young person over the next 6 months?** |  |
| **Have you raised any concerns with the provider/provision in the last 3 – 6 months?** |  |
| **Have these been addressed appropriately? If not have you raised these with commissioning?** |  |
| **Is the placement stable?** |  |

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| **Childs/YP’s Views of the Placement** | Where appropriate please ascertain the child’s/yp’s thoughts on their placement. This could include thoughts on the following:  If you have a child’s wish and feelings form please attach a long with this form |
| **Are you happy with your placement?** |  |
| **Does the home support your needs?** |  |
| **Do you get on with your carers/family?** |  |
| **Is there anything that you don’t like or would like to change with your placement?** |  |
| **Any other information** |  |

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| **IRO’s Views of the Placement** | Please detail outcomes from the LAC review for the child/young person |
| **Actions that have been put in place for the provider/provision/carers and if they have co-operated with these.** |  |
| **Further actions and outcomes which should be reviewed as part of the individual agreement.** |  |

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| **Actions raised from last Quality Assurance Visit to ensure actions completed.** | |
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| **Any concerns / Issues and Compliments to ensure thorough oversight of placement.** | |
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Quality Assurer and Auditor sign off

Signature and name of Auditor Date signed off

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