

Location Risk Assessment Regulation 46

Telford & Wrekin Provider Feedback

Provider:	
Service:	
Location:	
Status of Assessment:	
e.g. Initial/ review	
Date Risk Assessment	
Received:	
Date Feedback Sent to	
Provider:	
Summary of registration and	
specialism:	
e.g. CSE, SHB, ASD, EBSD, LD, CWD	

Considerations	Included	Comments: Refer to actions/ recommendations
Universal Services: GP, dentist, opticians, hospitals, sexual health		
Targeted Services:		
CAMHS, LAC Nurse, NACRO, safeguarding advisory service		
Education: Local provision referencing publically available information in respect of academic attainment and pupil cohort		
Transport links: To assist with developing independence skills (dependent upon demographic of CYP the home is registered to accommodate)		
Places of worship including ethnic and religious identity:		
Leisure, sporting and recreational activities:		
Consultation with CYP in Placement:		



Actions:

Reference:	Action:	Timescale:	Providers Response/ Action:

Recommendations:

Reference:	Action:	Timescale:	Providers Response/ Action:

General Comments:		

Next annual risk assessment is due to be submitted to CYPContracts@telford.gov.uk on DATE

Risk Consider risks relative to the demographic of CYP the home accommodates e.g. CSE, SHB, ASD	Risk Considered	Control Measure Identified	Risk Sufficiently Controlled	Comments: Refer to actions/ recommendati ons
Immediate location/ premises: e.g. level crossings, busy roads, railway lines, construction sites/building works nearby, water sources, relationship with neighbours, transport links				
Crime Statistics: e.g. violent and sexual offences, drug related activity, anti social behaviour, gang activity				
Indices of Deprivation: e.g. crime, barriers to employment, education, skill training, housing and homelessness				
Safeguarding Concerns: Reference to any themes within the local safeguarding children's board annual report such as child sexual exploitation, missing from care, involvement in anti social behaviour/ crime.				