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| **SCHEDULE 3 ASSESSMENT**  Placement of Child who is the subject of a Care Order (Full or Interim) with   * a parent or * a person who has parental responsibility for the Child or * a person who has had parental responsibility by virtue of a Residence Order |
| Care Planning, Placement and Case Review Regulations 2010 Reg. 18 & Schedule 3  THE PURPOSE OF THIS ASSESSMENT IS TO   * Enable the local authority to determine whether this care arrangement will safeguard and promote the child’s welfare and meet their needs as set out in their care plan. |

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| **COMPLETION OVERVIEW** | | | | | |
| Dates of visits |  |  | |  | |
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| SW completing this assessment |  | Service Area |  | Team |  |
| Other agencies / professionals consulted | | | | | |
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| **1. CHILD DETAILS** | | | | | |
| Family Name |  | | First Names |  | |
| Date of Birth |  | | Gender |  | |
| LCS ID |  | | Ethnicity |  | |
| Home Address |  | | | | |
|  | | | | |
|  | | | | |
| Post Code |  | |  | | |
| Current Address  (if different) |  | | | | |
|  | | | | |
|  | | | | |
| Post Code |  | | Immigration Status | |  |
| Legal Status |  | |  | |
| First language |  | | Religion | |  |
| Current School |  | | | | |
|  |  | | | | |
|  | | | | |
| Post Code |  | | | | |
| Is the child subject of an SEN |  | Name of Designated Teacher | |  | |
| Name & Address of any other educational institution that the child / young person attends | | | | | |
| Name |  | | | | |
| Address |  | | | | |
|  | | | | |
| Post Code |  | | | | |  |

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| **2. DETAILS OF PARENT WITH WHOM IT PROPOSED TO PLACE THE CHILD** | | | | | | |
|  | Parent / PR Holder (1) | | | Partner (2) | | |
| Title |  | | |  | | |
| Surname |  | | |  | | |
| Forenames |  | | |  | | |
| Gender |  | | |  | | |
| Date of Birth |  | Age |  |  | Age |  |
| LCS ID |  | | |  | | |
| Country of Birth |  | | |  | | |
| Immigration Status |  | | |  | | |
| Ethnicity |  | | |  | | |
| Religion |  | | |  | | |
| Languages |  | | |  | | |
| Interpreter Required |  | | |  | | |
| Address |  | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
| Postcode |  | | |  | | |
| Telephone No. |  | | |  | | |
| Mobile No. |  | | |  | | |

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| Detail of anyone else who holds parental responsibility for the Child |
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| **3. HOUSEHOLD COMPOSITION** (Children under 18years) Click Red button to add text fields | | | | |
| First Name(s) | None | | Family Name |  |
| Sex | Date of Birth | Ethnic Origin | | Relationship to applicants |
|  |  |  | |  |
| Current School | | | | Date(s) Interviewed |
|  | | | |  |
| First Name(s) |  | | Family Name |  |
| Sex | Date of Birth | Ethnic Origin | | Relationship to applicants |
|  |  |  | |  |
| Current School | | | | Date(s) Interviewed |
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| **4. ADULTS (INCLUDING GROWN UP CHILDREN WHO LIVE IN THE HOUSEHOLD**  **CRB disclosure must be applied for** Click Red button to add text fields | | | | |
| First Name(s) |  | | Family Name |  |
| Sex | Date of Birth | Ethnic Origin | | Relationship to applicants |
|  |  |  | |  |
| Education / Employment | | | | Date(s) Interviewed |
|  | | | |  |
| First Name(s) |  | | Family Name |  |
| Sex | Date of Birth | Ethnic Origin | | Relationship to applicants |
|  |  |  | |  |
| Education / Employment | | | | Date(s) Interviewed |
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| **5. ADULTS WHO DO NOT LIVE IN THE HOUSEHOLD BUT ARE LIKELY TO HAVE CONTACT WITH THE CHILD / YOUNG PERSON**  **\* If DBS disclosure has been applied for** (subject to the nature of the contact) Click Red button to add text fields | | | | |
| First Name(s) |  | | Family Name |  |
| Sex | Date of Birth | Ethnic Origin | | Relationship to applicants |
|  |  |  | |  |
| Education / Employment | | | | Date(s) Interviewed |
|  | | | |  |
| First Name(s) |  | | Family Name |  |
| Sex | Date of Birth | Ethnic Origin | | Relationship to applicants |
|  |  |  | |  |
| Education / Employment | | | | Date(s) Interviewed |
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| 1. **DBS CHECKS**  * Remind those subject to this assessment that they are required to undergo a DBS check and all household members over 16 years, local authority checks. This will also apply to significant others / regular visitors (living outside of the home) who are likely to have **regular unsupervised** contact with the child * Have any of the household declared past offences or cautions? What are the details? | | | |
| Name | Date DBS  Initiated | DBS Ref No. | Any declared offences |
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| 1. **LOCAL AUTHORITY** | | |
| Name | Name of Local Authority | Date of check and outcome |
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| **8.** WHAT WERE THE CIRCUMSTANCES LEADING TO CARE PROCEEDINGS? |
| **9. RELATIONSHIP OF SIGNIFICANT OTHERS IN /OUTSIDE OF THE HOUSEHOLD TO THE CHILD & THEIR PARENT(S)** Include detail of anyone in a sexual relationship with one or other parent and any current or previous incidents of domestic violence between members of the household including the parent(s). |
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| **10.** IS THERE ANYTHING IN THE HISTORY OR LIFESTYLE OF ANY MEMBER OF THE HOUSEHOLD (INCLUDING THOSE UNDER 18 YEARS) THAT MIGHT BE ADVERSELY IMPACTED AS A RESULT OF THE RECOMMENDED PLAN FOR PLACEMENT OF THE CHILD WITH THEIR PARENT(S)? For example: |

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| 1. **SAFEGUARDING**  * What remaining issues in the household might pose a risk to the child’s welfare? * Evidence parental ability to understand safeguarding issues and their capacity to protect the child adequately from harm or danger |
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| **NAME OF CHILD / YOUNG PERSONS GP OR GP PRACTICE** | | | |
| Name |  | | |
| Address |  | | |
|  |  | | |
|  |  | | |
| Postcode |  | Telephone No. |  |

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| **12. CHILD’S PHYSICAL AND DEVELOPMENTAL NEEDS** |
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| * 1. **WHAT ARE THE CHILD’S EMOTIONAL & IDENTITY NEEDS?** * Identify what the child’s emotional and identity needs are * Does the parent understand what these are? * Describe and evaluate the parents ability to meet the emotional and identity needs * Comment on the implications of the presence of any other adults in the household |
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| 1. **WHAT ARE THE CHILD’S EDUCATIONAL NEEDS**  * Identify what the child’s educational needs are * Does the parent understand what these are? * Describe and evaluate the parents ability to meet the educational needs * Comment on the implications of the presence of any other adults in the household |
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| 1. **WISHES AND FEELINGS**  * Of the child, taking into account their age and understanding * Of the parents, those holding parental responsibility and * Of other relevant persons * Give due consideration to the child’s religious persuasion, racial origin, cultural and linguistic background |
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| 1. **FAMILY ENVIRONMENT**  * Parents ability to provide a stable family environment to enable the child to develop and maintain secure attachments to those providing care for them |
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| 1. **ACCOMODATION**  * Type of property: Is it adequately furnished and decorated, warm and maintained to a reasonable standard of cleanliness and hygiene? * Can it comfortably accommodate all who live there? Will the child need to share a room and if sharing, are arrangements age and gender appropriate in meeting the child’s assessed need for privacy and space? * If the child has a sibling for whom the local authority is also providing accommodation, is there a plan to reunite the sibling(s)? |
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| **18. DETAILS OF PARENTAL HEALTH** |
| * Consider their physical, emotional, mental health and medical history including any current or past issues of domestic violence, substance misuse or mental health problems * If smokers, what arrangements do they make about this at home when children are present? * What are the levels of alcohol consumed by them? * Comment on the health of other adults within the household? |
| **19. PARENT(S) FAMILY HISTORY**   * Particulars of the parents childhood and upbringing including any strengths and difficulties of their own parents / carers * Strength of the parent’s relationship with their parents and any siblings and their relationship with the other parent * Educational achievements and any specific learning difficulty or disability * Chronology of significant life events * Particulars of other relatives and their relationships with the child and with the parent | |
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| **20. PARENTS OCCUPATION AND WORK COMMITMENTS – CURRENT AND PROPOSED**   * Past and present employment and other sources of income * What childcare arrangements will they need to make if they are working? |
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| 1. **THE NEIGHBOURHOOD / LOCALITY OF THE CARER’S HOME**  * Look at local services and resources available in the community to support the child and the parent |
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| 1. **RECOMMENDATION – REGARDING PLACEMENT OF CHILD WITH PARENT(S)**  * Does this assessment indicate that the child is likely to receive an adequate level of care if s/he were to be placed with the parent? * How will this placement safeguard and promote the child’s welfare and meet their needs as identified in their care plan? * Are there any support services required to support the placement of the child? * Social Workers recommendation about the proposed placement? | | | | | |
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| Signature of Social Worker | |  | | Date |  |
| Location |  | | Telephone No. | |  |

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| 1. **TEAM MANAGER’S COMMENTS**  * The Team Manager is satisfied that at this stage this is a thorough assessment and the proposed recommendation of the social worker will safeguard and promote the child’s welfare and meet all of their needs * Any other comments or observations * Please confirm recommendation for placement of the child with their parent | | | |
| 1. **SERVICE MANAGER’S COMMENTS**  * The Service Manager is satisfied that at this stage this is a thorough assessment and the proposed recommendation of the social worker will safeguard and promote the child’s welfare and meet all of their needs * Any other comments or observations  1. Please confirm recommendation for placement of the child with their parent | | | |
| Name of Team Manager |  |  |  |
| Signature of Team Manager |  | Date |  |
| Location |  | Telephone No |  |
| Name of Service Manager |  | Date |  |
| Signature of Service Manager |  |
| Location |  | Telephone No. |  |

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| **29. STRATEGIC MANAGER’S COMMENTS**  The Assessment must be endorsed by the Strategic manager. This will need to be completed  before the child is placed. | | | | | |
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| Name of Strategic Manager | |  | | Date |  |
| Signature of Strategic Manager | |  | |
| Location |  | | Telephone No. | |  |

**Comments:**