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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
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| Care Planning, Placement and Case Review Regulations 2010 Reg. 18 & Schedule 3THE 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 DBSInitiated |  DBS Ref No. | Any declared offences |
|  |       |  |   |
|       |       |       |       |
|       |       |       |       |
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| 1. **LOCAL AUTHORITY**
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| 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?
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| **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
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| 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:**