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| **Planned Placement of Child/Young Person with Parents** | SGCLogoSwoosh (2) |

**This assessment form should be completed for all planned and unplanned Placements and submitted to the Service Manager for approval. The assessment should be completed in line with the Policy and Procedure for Placement of Children with Parents**

**CHILD/YOUNG PERSON’S DETAILS**

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| **Family Name:** |  |
| **Child/Young Person’s Given Name(s):** |  |
| **Address:** |  |
| **Date of Birth:**  | **Gender:** Not Specified |

**PARENTAL DETAILS**

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| **Family Name:****Given Name(s):****Home Address:****Date of Birth:** **Gender:**  | Not Specified |

**LEGAL STATUS**

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| **Current Legal Status:**  | **Proposed Date of Placement with Parent:**   |

**VISIT DETAILS**

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| **Details and frequency of any visits by Social Worker or social care staff to the placement, including unannounced visits:**  |
| **Dates of Home Visits since Placement:** |

**REQUIRED ELEMENTS OF THE PLACEMENT WITH PARENT ASSESSMENT**

**The required elements of the Placement with Parent Assessment are as follows:**

**In Respect of Parent (a): The parent’s capacity to care for children and in particular in relation to child to:**

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| **Provide for the Child/Young Persons physical needs and appropriate medical and dental care:** |

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| **Protect the Child/Young Person adequately from harm or danger, including from any person who presents a risk of harm to the child:** |

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| **Ensure that the home environment is safe for the Child/Young Person:** |

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| **Ensure that the Child/Young Persons emotional needs are met and they are provided with a positive sense of self, including any particular needs arising from their religious persuasion, racial origin and cultural and linguistic background, and any disability they may have:** |

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| **Promote the Child/Young Person learning and intellectual development through encouragement, cognitive stimulation and the promotion of educational success and social opportunities:** |

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| **Enable the Child/Young Person to regulate his/her emotions and behaviour, including by modelling appropriate behaviour and interactions with others:** |

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| **Provide a stable family environment to enable the Child/Young Person to develop and maintain secure attachments to parent and other persons who provide care for the Child/Young Person :** |

**In Respect of Parent (b): Parent’s Health**

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| **Parent’s state of health, including physical, emotional and mental health and medical history, including any current or past issues of domestic violence, substance misuse or mental health problems:** |

**In Respect of Parent (c): Parent’s family relationships and the composition of parent’s household, including particulars of:**

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| **The Identity of all other members of the household, including their age and the nature of their relationship with parent and with each other, including any sexual relationship:** |

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| **Any relationship with any person who is a Parent of Child/Young Person :** |

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| **Other adults not being members of the household who are likely to have regular contact with the Child/Young Person:** |

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| **Any current or previous domestic violence between members of the household, including parent:** |

**In Respect of Parent (d): Parents History, including**

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| **Particulars of parent’s childhood and upbringing including the strengths and difficulties of parent’s parents or other persons who care for the parent:** |

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| **Parent’s relationships with parent’s parents and siblings, and their relationships with each other:** |

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| **Parent’s educational achievement and any specific learning difficulty or disability:** |

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| **A Chronology of significant life events:** |

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| **Particulars of other relatives and their relationships with Child/Young Person and parent’s:** |

**In Respect of Parent (e): Criminal Offences**

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| **Particulars of any criminal offences of which parent(s) has/have been convicted or in respect of which parent has been cautioned:** |

**In Respect of Parent (f): Employment**

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| **Parent(s) past and present employment and other sources of income:** |

**In Respect of Parent (g): Neighbourhood/Community Support**

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| **The nature of the neighbourhood in which parent’s home is situated and resources available in the community to support Child/Young Person and parent:** |

**Information Relating to New Partners and other Household Members over the age of 18**

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Many Children/Young People who are placed back home with parents are returning to a household where there may be a new parental partner and children. The assessment must take account of parental and family history and wider family functioning of the new partner as well as the relationship between the Child/Young Person and the new partner.

**In respect of members of Parent’s household aged 18 and over**. So far as is practicable all the particulars specified above except sub-paragraphs (d), (f) and (g).

**Consultation/Enquiries**

It is essential that the proposal has been discussed with the relevant professionals who have knowledge of the Child/Young Person and parent. Record the views of the following professionals:

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| **The Child/Young Person GP and Health Visitor:** |

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| **School:** |

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| **Existing Carers:** |

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| **Police and Probation Services:** |

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| **Any relevant Council Department or Organisations including Voluntary Organisations:** |

**CHILD/YOUNG PERSONS VIEWS**

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| **The Child/Young Person wishes and feelings regarding the proposed placement with their parent:** |

**PARENTAL VIEWS**

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| **The Parent(s) wishes and feelings regarding the proposed placement of the child with them:** |

**VIEWS OF INDEPENDENT REVIEWING OFFICER**

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| **The Independent Reviewing Officer’s view regarding the proposed placement with parent(s):** |

**CHECKS**

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| **A CRB check should be undertaken for all members of the household over the age of 18. This must be with the permission of the subject(s). Record here whether this has been done and the results of these checks:** |

**REVIEW**

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| **Please confirm that a LAC review has been booked for a date within 20 days of the placement starting:** |

**SERVICE MANAGER’S DETAILS**

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| **Service Manager:**  | **Has the Service Manager read this completed report and authorised the placement?:**  |

**SIGNATURES**

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| **Case Owner’s Signature:**   | **Date:**  |
| **Team Manager’s Signature:**   | **Date:**  |