**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Placement of Children Subject to a Care Order with Parents**

**Appendix A**

Assessment of Parent as Carer Report Format (Schedule 3 of the Regulations)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Relationship** | **PR** | **Ethnicity** | **Address** |
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|  |
| --- |
| **The parent`s family history.** |
|  |

Placement of Children Subject to a Care Order with Parents – consider;

The parents' current family relationships including housing, who lives in the home, neighbours.

Risk Factors affecting parenting capacity: Learning Difficulty, Disability Mental Health, Domestic Violence, Substance & Alcohol Misuse, Sexual Abuse.

Environmental Factors: housing, community, employment, finances, benefits, support network.

Cultural aspects: religion, extended family, language, diet.

Parents’ relationship

**Appendix B: Agreement with Parents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child** |  | **Date of Birth** |  |

|  |  |
| --- | --- |
| **Address** |  |

|  |
| --- |
| **Name & contact details of parent/s with whom child will reside/visit** |
|  |

|  |  |
| --- | --- |
| **Local Authority** |  |

|  |
| --- |
| **Date from which placement or arrangement will start** |
|  |

|  |  |
| --- | --- |
| **Name of Social Worker** |  |

|  |  |
| --- | --- |
| **Parties to the Agreement:** | **Comments/Actions;** |
| Birth Parent: |  |
| Social Worker: |  |
| Practice Manager: |  |
| Group Manager: |  |
| IRO: |  |
| Other (title): |  |

|  |
| --- |
| **Birth Parent(s) placing with:** |
|  |

|  |
| --- |
| **Childs Current Circumstances – brief explanation** |
|  |

|  |
| --- |
| **Reasons for proposed placement Goals and Conditions of Agreement - clear expectations and timescales.** |
|  |

|  |
| --- |
| **Contact by other parent/family or friends - any contact arrangements including permission for child stay elsewhere** |
|  |

|  |
| --- |
| **Responsibility to notify any Change in Circumstances** |
|  |

|  |
| --- |
| **Support to be provided** |
|  |

|  |
| --- |
| **Supervision arrangements, frequency of social worker, family aide visits, etc.** |
|  |

|  |
| --- |
| **Contingencies/alternative care arrangements–if parent is not able to care for child.** |
|  |

Signed: Parent/s

Signed: Social Worker

Signed: Practice Manager

Signed: Group Manager

Date:……………………………………………………………………………………………………………………….

|  |  |
| --- | --- |
| **Approved by;** |  |
| **Comments;** |  |
| **Date;** |  |

**Appendix C Application to Nominated Officer for Agreement for Placement With Parents under the Care Planning, Placement and Case Review Regulations 2010**

|  |
| --- |
| **Name of Child:** |
|  |

|  |
| --- |
| **Date of Birth:** |
|  |

|  |
| --- |
| **Date of care order** |
|  |

|  |
| --- |
| **Reason for child coming into care and the plan for the child at the time** |
|  |

|  |
| --- |
| **Name and Address of Proposed Carer** |
|  |

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| --- |
| **Proposed Date of Placement** |
|  |

|  |
| --- |
| **Child's wishes and feelings** |
|  |

|  |
| --- |
| **The Assessment of Parents' Suitability to Care for the Child:** |
|  |

|  |
| --- |
| **Consultation with Key People:** |
| **(a) Others with Parental Responsibility**  **(b) Views of IRO and date summary of last review**  **(c) Synopsis of Views of other Professionals e.g. School/ Health/Specialist /Police services/ Probation** |

|  |
| --- |
| **Risk Analysis and management:** |
| **a) What is working well / Strengths**  **b) What are we worried about**  **c) What needs to happen to ensure the placement will safeguard and promote the child's welfare; Is this in the Placement Agreement** |

|  |  |
| --- | --- |
| **Recommendation by Practice Manager** |  |
| **Name of Practice Manager** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Endorsement by Group Manager** |  |
| **Name of Group Manager** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Endorsement by Service Lead** |  |
| **Name of Service Lead** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Approved by Designated Officer** |  |
| **Comments** |  |
| **Date** |  |

**Reference Points;**

[The Care Planning, Placement and Case Review Regulations (2010)](http://www.legislation.gov.uk/uksi/2010/959/part/2/made)