**Placement with Parents Report**

**(The Care Planning, Placement and Case Review Regulations 2010)**

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| **In respect of:** |  | **DOB:** |  |
| **Address:** |  |

**Tip: Click last cell, choose ‘Table’ from Taskbar, choose ‘Insert’, choose ‘Insert Row Below’**

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| **1. Family Composition** |
| **Name** | **Relationship** | **DOB** | **Address** |
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| **2. Other Significant Family Members** |
| **Name** | **Relationship** | **DOB** | **Address** |
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| **3. Relevant Background and Chronology of Events** |
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| **4. Current Situation (including basic details of the child, proposed placement and reasons for proposed placement)** |
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| **5. Suitability of the Parents to Care for the Child**  |
| **a) Accommodation (Providing a Safe Home & Family Environment)** |
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| **b) Other Members in the Household (Over 18)**  |
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| **c) To Provide for the Child’s Physical Needs** |
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| **d) To Protect the Child from Harm or Danger** |
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| **e) To Provide for the Child’s Emotional and Behavioural Needs (including particular needs arising from racial origin, cultural and linguistic background)** |
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| **f) Any Disability the Child may have** |
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| **g) To Promote the Child’s Learning and Intellectual Development** |
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| **6. The Parents Family History** |
| **a) Childhood and Upbringing** |
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| **b) Relationship with their Parents and Siblings** |
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| **c) Educational Achievement** |
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| **d) Other Relatives and their Relationships** |
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| **e) Criminal Offences** |
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| **f) Employment/ Sources of Income** |
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| **g) Domestic Violence** |
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| **7. Parents State of Health** |
| **a) Physical, Emotional and Mental (Including Substance Misuse, Domestic Violence or Mental Health Problems)** |
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| **b) Medical History** |
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| **8. Support to the Family (Including Neighbourhood and Resources Available in the Community)** |
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| **9. Child’s Developmental Needs** |
| **a) Basic Care** |
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| **b) Ensuring Safety** |
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| **c) Emotional Warmth** |
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| **d) Stimulation** |
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| **e) Guidance and Boundaries** |
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| **f) Stability** |
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| **g) Family and Environmental Factors** |
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| **10. Information from other Agencies (including dates, progress and outcomes of checks)** |
| **a) Police** |
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| **b) School** |
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| **c) Health** |
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| **d) Other**  |
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| **11. Independent Reviewing Officers Comments** |
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| **12. Risk Assessment** |
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| **13. Plan for Monitoring the Placement (including involvement of other agencies)** |
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| **14. Contingency Plans** |
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| **15. Conclusions and Recommendations** |
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| **Signed :****(Social Worker)** |  |

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| **Manager’s Comments** |
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| **Signed :****(Manager)** |  |