**Request for a child /young person the subject of a Care Order to be placed with Parents (The Placement of Children with Parents Regulations 1991)**

**Schedule 3 Report**

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| CHILD/YOUNG PERSON’S DETAILS | | |
| Name of Child/Young Person: | Click here to enter text. | |
| Date of Birth: | Click here to enter text. | |
| Gender (please tick): | Male | Female |
| Liquid Logic ID: | Click here to enter text. | |
| Legal Status: |  | |
| Social Worker: | Click here to enter text. | |
| Social Work Team: |  | |
| Parent/s Name/s | Click here to enter text. | |
| Parental Address where it is proposed child returns | Click here to enter text. | |
| Independent Reviewing Officer | Click here to enter text. | |

**1. Purpose of Report**

This report has been completed taking into account the guidance in Tri-X regarding Placement with Parents and [02-004 - Gloucestershire Reunification Practice Guidance](https://gloucestershirechildcare.proceduresonline.com/local_resources.html), see section 2, stage 2 (b) which requires the assessment of the parent(s) capacity to change and their ability to sustain that change over time.

It has been written by the allocated social worker referenced at the end of this report and the conclusion and recommendations have been agreed jointly between the Social Worker, Team Manager and senior managers within the locality responsible for the child’s care planning. The Team Manager and senior managers have commented at the end of the report accordingly.

The report has been completed using an evidence-based framework for analyzing and classifying the needs and risks highlighted within the recent Single Assessment completed on Wednesday, March 17, 2021 which informs the decision-making process regarding reunification. This seeks to ensure that children and young people’s best interests are central to all decision-making. References have been made to the chronology and genogram which are attached at Appendices 2 and 3 respectively.

This report is exclusive to this child/young person and if s/he is part of a sibling group, additional requests will be completed for each child in recognition that impact will be different for each child.

Children should only be returned home when the risk classification is considered to be ‘Low Risk’ or ‘Medium Risk’. Where the classification is ‘High or Severe Risk’ the potential for placing children back at home with their parents should not be considered and children should remain in their placement/s.

Any plan to progress reunification [(02-004 Gloucestershire Reunification Practice Guidance)](https://gloucestershirechildcare.proceduresonline.com/local_resources.html) should be in the best interests of the child/young person and fulfil their right to have a safe, nurturing environment in which to thrive and develop. On that basis it is expected that consultations regarding the plan are carried out with the child, his/her parent/s and the current carer/s (where applicable) and that this report is shared with them and their views captured at Section 4.

In situations where young people have returned home of their own volition, or have decided they do not wish to return back to their carers after a period of contact at home, this template should still be used to seek authorization for them to remain at home. However, in these circumstances it is crucial that an immediate risk assessment is undertaken to ascertain if they are at immediate risk of harm and to determine if an application for a Recovery Order should be progressed.

In these unforeseen and unplanned situations, clear management oversight from a Head of Service must be added to the young person’s case file and the Director of Safeguarding and Care should be notified and their views sought, irrespective of the outcome of the Risk Assessment.

In the event the outcome of the Risk Assessment is that we do not need to seek immediate removal, then an updated Single Assessment must be progressed in order to determine the next course of action to be undertaken. Timescales for completion of the assessment must reflect the urgency of the situation. If the permanence plan subsequently changes to one of reunification and the plan is for the young person to remain at home, this template must be completed and submitted for approval in a timely manner, but no later than 10 working days after the completion of the Single Assessment.

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| 2. Circumstances leading to this request to place the child/young person back with parents | |
| Brief background as to why the child became looked after and date of admission: | Click here to enter text. |
| Brief summary explaining the change of the permanence plan and changes in circumstances leading to this request (as informed by the up-to-date Single Assessment): | Click here to enter text. |

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| 3. Summary of Findings: What is the Story? | | | | | |
| a) Summary of significant events including reference to any parental substance misuse, domestic violence and/or mental ill health. Include views on who was responsible for abuse or neglect with evidence as appropriate. | | | | | |
| Before and / or reason for entry to care: | Click here to enter text. | | | **Since entry to care**: | Click here to enter text. |
| b) Summary of interventions to date and related impact since the child/young person has been looked after | | | | | |
| Click here to enter text. | | | | | |
| c) Family composition within in the family home before entry to care and currently, commenting on any information obtained on child’s attachments and the impact of any newcomers into the family home since the child was in care. Also make reference to any other significant relationships *(as referenced within the genogram/ecomap attached at Appendix 2).* Please referto current research evidence [Brown and Ward, 2012](https://www.gov.uk/government/publications/decision-making-within-a-childs-timeframe-an-overview-of-current-research-evidence-for-family-justice-professionals-concerning-child-development-and) | | | | | |
| Family composition at the point of entry to care: Comment upon attachments: | Click here to enter text. | | | **Current Family Composition**: | Click here to enter text. |
| d) Risk factors identified for the child on entry to care and when considering reunification, highlighting the impact then and now, i.e. what has changed? Highlight any that should be given extra weight due to level of risk in relation to individual children and/or collectively if they return home | | | | | |
| On entering care: | Click here to enter text. | | | **When considering reunification:** | Click here to enter text. |
| e) Given the risks highlighted above what protective factors have been identified when considering reunification. Highlight any that should be given extra weight | | | | | |
| Click here to enter text. | | | | | |
| f) Overview of Parents’ current circumstances. From the Information gathered within the Single Assessment please provide a summary response against each heading below: | | | | | |
| Capacity to Care (including basic care, ensuring safety, emotional warmth, stimulation, guidance & boundaries, stability): | | | Click here to enter text. | | |
| Parental physical, emotional and mental health: | | | Click here to enter text. | | |
| Suitability of Accommodation: | | | Click here to enter text. | | |
| Employment and financial stability: | | | Click here to enter text. | | |
| Support Networks, including non-resident parent with PR and/or partner, family/friend’s support and wider social integration: | | | Click here to enter text. | | |
| Any criminal convictions or cautions: | | | Click here to enter text. | | |
| g) Evidence of parental capacity to change and sustain changes, including views on timescales | | | | | |
| Observations of parental involvement, attitude and motivation in relation to taking part in the Single Assessment: | | | Click here to enter text. | | |
| How are the concerns that initially resulted in the child coming into care acknowledged and being addressed by the parent/s? | | | Click here to enter text. | | |
| Describe whether the parent/s acknowledge and are ready and able to address any current risk factors and what actions they will take as a result, bearing in mind the child’s timescales: | | | Click here to enter text. | | |
| h) Highlight the child/young person’s expressed wishes and feelings (including worries and motivations) in respect of the following factors (taking into account their capacity to understand and relevant interpretation of how they present):  (Please attach copies of any tools used to obtain views) [Resource Library](https://gloucestershirechildcare.proceduresonline.com/local_resources.html) section 1 & 1.1. | | | | | |
| Their understanding of why they are Looked After (including views on impact of any previous unsuccessful attempts at reunification): | | Click here to enter text. | | | |
| Their awareness of changes that have taken place in the birth family whilst in care: | | Click here to enter text. | | | |
| Their understanding of what life would be like should they return home: | | Click here to enter text. | | | |
| Which relationships are important to them: | | Click here to enter text. | | | |
| Their view of parent’s new partner (if applicable): | | Click here to enter text. | | | |
| What they feel needs to change in order for them to return home: | | Click here to enter text. | | | |
| Their view about returning home: | | Click here to enter text. | | | |
| i) Parents’ views and motivation in relation to reunification (and views on any previous unsuccessful attempts) | | | | | |
| Click here to enter text. | | | | | |

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| 4. Views of other Professionals | | | |
| j) Views of Head of the Virtual School about the child’s educational needs if reunification goes ahead: | | | |
| Date of Consultation: | Click here to enter text. | **Outcome of**  **Consultation**: | Click here to enter text. |
| k) Views of the child/young person’s Independent Reviewing Officer regarding reunification: | | | |
| Date of Consultation: | Click here to enter text. | **Outcome of**  **Consultation**: | Click here to enter text. |
| l) Views of Guardian (if applicable) when in Care Proceedings: | | | |
| Date of Consultation: | Click here to enter text. | **Outcome of Consultation:** | Click here to enter text. |

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| 5. Conclusion and Analysis |
| m) Summary of ongoing and any additional changes that would need to be made for reunification to occur and how these will be maintained, including timescales Please refer as necessary to the [Essentials C-SMART planning principles](https://gloucestershirechildcare.proceduresonline.com/local_resources.html) section 08 document 011 |
| Click here to enter text. |
| n) Professional analysis of child/young person’s best interests in relation to reunification, taking into account the information gathered within this report and the additional factors as follows:   * *Analysis which weighs up the relevant vulnerability and protective factors* * *Risks in terms of significance, likelihood and imminence* * *Impact on the child/young person*   Please refer as necessary to the [Essentials Cards](https://gloucestershirechildcare.proceduresonline.com/local_resources.html) section 08 documents 012-015 |
| Click here to enter text. |

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| 6. Consultations Regarding this Assessment Report and Analysis |
| a) Child’s views (where appropriate given their age and level of understanding) on the analysis within this report and any comments |
| Click here to enter text. |
| b) Parents’ views on the analysis within this report and any comments |
| Click here to enter text. |
| c) Current caregivers’ views on the analysis within this report and comments (if applicable) |
| Click here to enter text. |

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| 7. Risk Assessment |
| Classification of risk for reunification: Medium or Low (See Appendix 1 for criteria).  Rationale for how this assessment and analysis demonstrate the identified risk as low or medium. |
| Click here to enter text. |

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| 8. Decision-making, planning and monitoring |
| Recommendation on reunification (including legal or protective actions required to sustain the arrangement and move towards revocation of the Care Order). Please confirm actions required, including timescales within which the Care Plan will be updated and the statutory review brought forward (if it is not imminently due) to ratify this plan. |
| Click here to enter text. |

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| 9. APPROVAL AND AGREEMENT | | | |
| Name: Team Manager | Click here to enter text. | **Date:** | Click here to enter text. |
| Team Manager Signature: |  | | |
| Name: Head of Service | Click here to enter text. | **Date:** | Click here to enter text. |
| Head of Service views regarding appropriateness of the plan: | Click here to enter text. | | |
| Head Of Service Signature: |  | | |
| Name: Director for Children’s Safeguarding & Care | Click here to enter text. | **Date:** | Click here to enter text. |
| Director’s decision and supporting rationale: | Click here to enter text. | | |
| Director of Children’s Safeguarding & Care: Signature: |  | | |

**Appendix 1**

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| **Low risk** | **Medium risk** | **High risk** | **Severe risk** |
| No risks | Some risks | Lots of risks | Lots of risks |
| Lots of protection | Lots of protection | Some protection | No protection |
| Parents have made lots of changes | Parents have made lots of changes | Parents have not made any changes | Parents have not made any changes |
| Child & parents want return home to happen | Child & parents want return home to happen | Child or parents may not want return home to happen | Child or parents may not want return home to happen |
| **It will be safe to go home** | **It will be safe to go home with some support** | **It will not be safe to go home** | **It will not be safe to go home** |

**Appendix 2:**

*Attach Chronology*

**Appendix 3:**

*Attach Genogram*