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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 |
| Care Planning, Placement and Case Review Regulations 2010 Reg. 18 & Schedule 3  THE 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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| The person undertaking the assessment will undertake a series of home visits to assess the potential placement; undertake relevant checks: interview all other people in the household, and significant others living outside of the parental home, but whom will come into regular contact with the child / young person.  PLACEMENT WITH PARENTS  Usually the decision to consider returning a child to the day-to-day care of a parent on a permanent basis should be made at a formal review meeting and a full assessment process should be completed prior to the decision being finalised and the child returned home. A decision to place a child with parents must first be approved by the Looked After Children Strategic manager.  ASSESSMENTS DURING INTERIM CARE PROCEEDINGS  The Local Authority may initiate care proceedings and obtain an Interim Care Order but take the decision to allow the child to continue to reside with parents whilst a full assessment is undertaken. The child will then remain in placement whilst the assessment is completed. Urgent written approval should be sought from the Strategic manager for Looked After Service and discussed with the IRO prior to the plan being presented to the Court  RISK ASSESSMENT  A key factor in deciding whether a child should be returned home under these regulations is the level of risk to the child; an assessment of risk should be considered within this Schedule 3 assessment  MINIMUM STANDARDS FOR COMPLETION OF PCP (Placement of Child with Parent)  Completion of a Disclosure and Barring Service (DBS)  Checks (CareFirst / Police Records / Medical )  Evidence of consultation with other key people including IRO, other statutory agencies etc.  Schedule 3 Assessment  Placement Plan  VISITING  If a child / young person subject of an Interim Care Order is placed with a parent, the child / young person must be visited at least once a week until the first review and thereafter at intervals of not more than 4 weeks.  If a child / young person subject of a full Care Order is placed with a parent, visits must be made within 1 week of the making of the Care Order and thereafter at intervals of no more than 6 weeks. |

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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 |  | |
| CareFirst 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 |  |
| CareFirst 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) |  | | 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 DBS  Initiated | DBS Ref No. | Any declared offences |
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| Manager’s decision on the significance of any information from self declaration and from DBS disclosure | | | |
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| 1. **LOCAL AUTHORITY**  * If the relevant parent lives outside of the Northamptonshire area then checks must be done with their Local Authority in respect of all adults within the household | | |
| Name | Name of Local Authority | Date of check and outcome |
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| **8.** WHAT WERE THE CIRCUMSTANCES LEADING TO CARE PROCEEDINGS?   * How have those issues been resolved? * Have any further issues arisen relevant to the child’s welfare? |
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| **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).   * How well do the adults and children in the household know the child? * What is the strength and quality of the relationship between the child and significant others and frequency of the current contact? * Are there any concerns regarding the relationship between the child and any significant other identified in this report |
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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:   * Is there anyone terminally or chronically ill who is receiving a significant level of care from the parent(s)? * Is the parent currently providing care to a disabled child / adult? |
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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**   * Identify what the child’s physical and developmental needs are * Does the parent understand what these are? * Describe and evaluate the parents ability to meet the child’s developmental 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 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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| Name of Team Manager | |  | | Date |  |
| Signature of Team 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. | |  |

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