This report should be accompanied by the current single assessment.

In completing this report, please referto evidence from research. [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), offers a good overview.

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| 1. CHILD/YOUNG PERSON’S DETAILS | | | |
| Name of Child/Young Person: |  | | |
| Date of Birth: |  | | |
| Gender (please tick): | Male | Female | Non-binary/other |
| Liquid Logic ID: |  | | |
| Legal Status: |  | | |
| Social Worker: |  | | |
| Social Work Team: |  | | |
| Parent/s Name/s |  | | |
| Parental Address where it is proposed child returns |  | | |
| Independent Reviewing Officer |  | | |

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| 1. Genogram before entry to care. Highlight those who were seen as protective factors and those who were assessed as presenting risks |
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| 1. Genogram now. Highlight those who are protective factors, those who present risks and any who are unknown to us. |
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| 1. What were the circumstances that led to the child’s entry to care? Summarise the key points, highlighting the risks and concerns. |
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| 1. What are the circumstances that lead to this request to agree the child lives with a parent or parents under the Placement of Children with Parents Regulations 1991? Do not include here detailed discussion of risks – this is required below. Simply identify the change in circumstances, for example a positive parenting assessment, a risky person has moved out or the child has refused to return home after a family time (contact) visit. |
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| 1. Progress. Use this section to describe the progress made in reducing the risks and concerns that let to the child’s admission to care. |
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| 1. Balance of strengths and risks | |
| Strengths/protective factors | Risks |
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| Describe how well the strengths and protective factors are likely to mitigate the risks | |
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| Using the table below, what is your assessment of risk level? | |
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| What is your recommendation? | |
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| **Low risk** | **Medium risk** | **High risk** | **Severe risk** |
| Previous risks gone. Any other risks are low | 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** |

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| 1. Court agreement. Is the agreement of the court required before the child can live at home? If so, please confirm the date it was given. |
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| 1. Child’s views. What does the child want to happen? If the child is unable to express a verbal opinion, what do their behaviours and demeanour tell us? |
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| 1. Views of parent/parents/others with PR. |
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| 1. Cafcass guardian’s view. If the child has a children’s guardian, please provide their views and the date they were obtained. |
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| 1. IRO views. Please include here the opinion of the IRO on the proposal for the child to live with a parent or parents. Include the date the opinion was obtained. |
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| 1. Education. |
| Virtual school. Please include here the opinion of the virtual head on the proposal for the child to live with a parent or parents. Include the date the opinion was obtained. |
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| How will the child’s educational needs be met? |
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| 1. Other factors. Please describe any other factors the Service Director needs to know. |
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| 1. Planning |
| Briefly describe our plan for supporting this placement with parents arrangement in the short term. |
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| What is our C-SMART plan for ending our involvement, with timescales? |
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| 1. Team/Service Manager recommendation, with reasons. | |
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| Date |  |

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| 1. Head of Service recommendation, with reasons | |
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| Date |  |

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| 1. Decision of Director of Safeguarding and Care, with reasons | |
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| Signature |  |
| Date |  |