Appendix 3

 **CHILDREN AND YOUNG PEOPLE’S SERVICE**

 **ENTRY TO CARE/PLACEMENT REQUEST FORM**

**(Please ensure Risk Assessment accompanies this form)**

|  |  |
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| **Date of Request:** | Click or tap to enter a date. |
| **Social Worker:** |  | **Ext:** |  |
| **Team:** |  |
| **Team Manager:** |  |

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| --- | --- | --- | --- | --- |
| **Name of child/children** | **D.O.B** | **Gender** | **Ethnicity**  | **Religion**  |
|  |  |  |  |  |
| **Name of parents****or persons with PR** | **D.O.B** | **Address** | **Tele No** |
|  |  |  |  |
| **Current Carer Name****(if different from above)** | **D.O.B** | **Address** | **Tele No** |
|  |  |  |  |
| **Family Composition** | **Connected People** |
|  |  |
| **School/Education****(include address/tele no of school/nursery)** |  |
|  |

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| --- | --- |
| **Legal status:****Is case subject to PLO?**  | **CIN / CP** (if child is on Child Protection Plan, since when?)Choose an item. |
| **If previously LAC, when and reason for re-referral.** |  |
| **Date and summary of last face to face discussion held between SW/Family** | Click or tap to enter a date. |
|  |
| **Date and summary of last face to face discussion held between SW/Child** | Click or tap to enter a date. |
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| **Type of Placement Requested:****(please ‘🗸’ all appropriate)** | **Planned** |  |
| **Emergency** |  |
| **Residential** |  |
| **Fostering** |  |
| **Supported Lodgings** |  |
| **Respite** |  |
| **Connected Person** |  |
| **Fostering to Adopt** |  |
| **Any other (details….** |  |
| **NB: EMERGENCY PLACEMENTS WITH CONNECTED PEOPLE - TEMP APPROVAL MUST BE GRANTED PRIOR TO THE CHILD BEING PLACED (Designated Strategic Manager approval required but does not require submission to Placement Resource Panel)** |
| **Placement Objectives:** |  |
| **Date placement is required and duration:** | Click or tap to enter a date. |
| **If referral is a result of Placement Breakdown please provide details:** |  |

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| **1. Reason for placement request including full details of presenting needs and risks:** |
|  |
| **2. Single Assessment (if not complete, date for completion):** |
| **Summary/Analysis:** |
| **3. Are there plans to progress Parenting Assessment or other assessments?****(Please provide details)** |
|  |
| **4. Outline of interventions and support that have been in place, to date:****(e.g. TAF/Family Workers/SLP/CST/Respite/Family Group Conferencing/other)** |
|  |
| **5. What action have you taken to determine which family members/connected persons are able to provide care for this child and what were the outcomes. (Provide names/ relationship)** |
|  |
| **6. Is there a need for a Viability Assessment to be progressed and on whom?** Choose an item. **- If yes have you referred to Placement & Kinship Team?**  |
|  |
| **7. What is the Care Plan for the child?** |
|  |
| **8. Date of last Planning or Strategy Meeting, objectives and recommendations.** |
| Click or tap to enter a date. |  |
| **9. What needs to happen to facilitate the child’s return home? (Provide actions/timescales)** |
|  |
| **10. Proposed Contact arrangements for the child. (Provide details of key risks)** |
|  |
| **11. What are the child’s wishes or feelings? (please provide the child’s view of being looked after, resilience factors such as strong connections with teachers/grandparents, etc., likes and dislikes, etc.)** |
|  |
| **If the child has any needs arising from health, ethnicity, disability or other diversity issues, please state how these needs can be met within a foster/residential placement.** |  |
| **Initial Health Assessment scheduled (Y/N) and date booked:** | Choose an item. |
| Click or tap to enter a date. |

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| **MANAGER’S APPROVAL OF REQUEST (to be completed by appropriate Managers)** |
|  | **Signature** | **Printed Name** |
| **Team Manager/SWC/SP:** |  |  |
| **Date Approved:** | Click or tap to enter a date. |
| **Team Manager’s Comments:** |  |
|  | **Signature** | **Printed Name** |
| **Operations Manager:** |  |  |
| **Date Screened/ Approved:** | Click or tap to enter a date. |
| **Operations Manager’s Comments:** |  |
| **EMERGENCY AND ALL REG 24 REQUESTS TO DUTY STRATEGIC MANAGER** **(form to be completed below and returned directly to SW and PAKT via** prppanel@durham.gov.uk |
|  | **Signature** | **Printed Name** |
| **Duty Strategic Manager:** |  |  |
| **Date Approved/Not Approved:** | Click or tap to enter a date. |
| **Summary of decision-making including required actions.** |  |

**SW MUST ENSURE ALL DECISIONS ARE RECORDED ACCURATELY ON THE CHILD’S ELECTRONIC CASE RECORD.**

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| **DECISIONS OF PLACEMENT AND RESOURCE PANEL**  |
| **Placement Agreed** | Choose an item. |
| **Reasons:** |  |
| **Actions/Timescales:** |  |
| **Require referral back to Panel:** | Choose an item. |
| **Reasons:** |  |
| **Recommendation to PAKT:** |  |

**Panel Chair:**

**Date**: Click or tap to enter a date.

Following Panel the decision will be recorded by Panel Administrator on the child’s electronic case record and the fully completed PRF will be forwarded back to SW/Team Manager to be placed on Child’s file immediately.