## Parenting Assessment Plan – Name of parent/s

Timetable for the child/children

There are (number of children) within the family. Name of child/ren, age and gender. The child/ren were made subject a Child Protection Plan on DATE and are currently within the Public Law Outline (PLO) pre-proceedings process.

Within this PLO process, assessments are being undertaken of Name of parent/s in order to assess their ability to care for child/ren’s names and to ensure that their needs are met, in order to determine whether child/ren’s names can remain safely in the care of Names of parent/s and what, if any support may be required to support this.

Purpose of Assessment

The purpose of the parenting assessment is to assess names of parent/s suitability to care for child/ren’s names in the long-term, by exploring their capacity to meet the children’s individual physical, emotional and developmental needs to a ‘good-enough’ standard. Throughout the assessment the Local Authority will offer targeted intervention in relation to identified areas of need/support and to assess names of parents ability to make use of the intervention to affect and sustain change within child/ren’s names timescales.

Methods of Assessment

The parenting assessment will be completed utilising a number of different models of parenting assessment, including the Assessment Framework (Framework for the Assessment of Children in Need and their Families) and Motivational Interviewing. Information will be from other specialist assessments and multi-agency professionals will used to inform the assessment. Individual and joint interview sessions will take place with names of parent/s face to face. In addition to the interviews, the assessment will involve observations of child/ren’s names in the care of their parents. Direct work will be completed with child/ren’s names to inform the parenting assessment in relation to the child’s voice. Other tools such as genogram, timeline, ecomap, strengths and difficulties questionnaire and parenting daily hassles may also be used to inform the assessment.

Specialist Assessments

Within the care proceedings a Name of specialist assessment has been requested of names of parents

Child’s Participation

Direct work will be undertaken with child/ren’s names to gain their views of names of parent/s parenting capacity and style. Session 5 of the assessment will focus on exploring the child’s voice with names of parent/s.

How special/cultural/identity needs will be met during the assessment

There are no identified cultural or identity needs identified at this time. Names of parent/s do/ do not require an interpreter during the assessment. There are no identified learning needs for names of parent/s at this stage.

Timescale for completion

The Assessment will be completed within 10 weeks, the final two weeks will be used for report writing. The assessment will be completed by DATE.

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| --- | --- | --- | --- | --- |
| Name and designation | Date, time and venue | Purpose(EXAMPLES – to be tailored to each PA) | With | Outcome of Session |
| Social Worker | Week 1DATE, TIME, VENUE | **Exploration of Local Authority’s concerns and parent’s motivation to change** |  |  |
| Social Worker | Week 1-2DATE, TIME, VENUE | **Direct work with the children** | Child/ren’s names |  |
| Social Worker | Week 2DATE, TIME, VENUE | **Family History and Functioning** – understanding of the impact of the parent’s own experiences on their parenting capacity. |  |  |
| Social Worker | Week 3DATE, TIME, VENUE | **Professional involvement and relationship history**Physical and mental health, Domestic abuse, substance misuse, offending behaviour. Current and previous relationship.  |  |  |
| Social Worker | Week 4DATE, TIME, VENUE | **Professional involvement and relationship history**Physical and mental health, Domestic abuse, substance misuse, offending behaviour. Current and previous relationship. |  |  |
| Social Worker | Week 5DATE, TIME, VENUE | **Midway Review –** Including feedback from Direct work with children. |  |  |
| Social Worker | Week 6DATE, TIME, VENUE |  **Understanding of the children’s needs and the impact of parental behaviour on the children** |  |  |
| Social Worker | Week 7DATE, TIME, VENUE | **Parenting capacity** Including; stimulation, routines, guidance and boundaries.  |  |  |
| Social Worker | Week 8DATE, TIME, VENUE | **Discussion of specialist assessments and support networks**.Hair strand testing of parents. Support networks for parents. |  |  |

There will also be observations of child/ren’s names in the care of their parents.

It is important to note that parents can vary significantly in their ability to concentrate and understand information. For some, assessment needs to be undertaken in small chunks and others can cope with longer interviews. This is something that can only be measured once the assessment begins.

Working Contract with Parents

In the event that names of parent/s do not attend the scheduled appointments without prior cancellation and without an unavoidable and legitimate reason for cancellation the length of the assessment will not be extended and the assessment will have to conclude with the information available. Acceptable reasons for cancellation include illness that can be verified through a medical practitioner or that is obvious if the parent is seen in person; unexpected travel difficulties such as a delayed train; extreme weather conditions. In the event that either names of parent/s are able to cancel in advance by given at least 24 hours notice and with a good reason alternative dates will be identified within the 8 week assessment timeframe. Should three sessions be missed then the assessment will be terminated.

Upon receipt of this parenting assessment plan should names of parent/s be unable to attend the sessions due to prior commitments they are requested to contact the assessing social worker, name of social worker to arrange an alternative appointment date.

Signed and dated:

………………………………………………………………..

Social worker

Contact Telephone Number:

Email Address

………………………………………………………………….

Parent Name

………………………………………………………………….

Parent Name