Headings / Sections of Parenting Assessment

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15. If Assessing a Couple – Couple Relationship
16. Observations of Contact
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18. Support Networks
19. Housing – if relevant
20. Parenting Assessment Conclusions
21. Recommendations

Outline framework below – along with this I have a suggested clear format to frame the semi-structured interviews and their content, which can transfer into the report.

I would suggest that training workshops are needed to familiarise, understand and embed.

*Set up in Ariel 12; 1.15 line spacing; pages numbered (not front page) and number paragraphs.*

Case No: W0000000

In the Family Court sitting at XXX

In the matter of the Children Act 1989

Parenting Assessment Report

Date: 00 Month 2020

Child:

Child’s Name: d.o.b: 00 October 2010

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Parenting Assessment of

*Mother’s Name*, Mother

*Father’s Name*, Father (*if a couple and presenting together*)

prepared by

*Social Worker’s name*, Social Worker

This report is confidential and must not be disclosed without the consent of *Name of Authority* (*Herefordshire*) Council Children’s Services and the Court.

Report consists of xx pages.

Qualifications and Experience

I am a *(Locum)* Social Worker employed by Herefordshire Council Children's Services based in the *(Assessment or Child Protection and Court)* Team at Herefordshire Children’s Services, *Address*

I have been a qualified social worker for ?? years, [*Professional Qualifications*]*.* Insert any additional [*qualifications*]. I am Registered with Social Work England, registration number:

My experience lies in Children and Families Social Work within a Local Authority setting for \*\*\*\*\*\*\*\*\*\*\*\*\* years. I have worked as \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* *any other relevant experience and how long.*

I have worked as a (Locum) Social Worker for Herefordshire Children’s Services since *00 Month Year*. I have been the allocated social worker for *Child’s Name* since the *00 Month Year*.

I declare that the contents of this assessment are true to the best of my knowledge and belief and I know that it will be placed before the court and read by the parties within the proceedings.

Introduction

1. I have been requested to prepare a Parenting Assessment of *Parent or Parents names*, focusing upon *her/his/their* ability to provide long term, stable, safe care for *Name of Child/ren*, safeguarding and promoting *his/her/their* welfare. This includes whether *Parent or Parents* *names* can meet *child or children’s first names* physical, emotional, educational and developmental needs and so safeguarding and promoting his/her/their welfare now and in the future.
2. In order to undertake this assessment, I have conducted a range of interviews and enquiries. I have read the case records pertaining to *child’s/children’s names*, which are held by *Herefordshire* Council.
3. My report based upon these sources of information now follows.
4. The child in this matter is *child’s full name,* who was born on *00 Month 0000*. He / she is *\*\* years \*\** months old and is *White British and of English / Welsh ethnicity or Romany / Traveller ethnicity*. *Child’s name* is subject to an Interim Care Order / Child Protection Plan agreed / granted on \*\* Month \*\*\*\*. Child’s name is being cared for by *maternal / paternal aunt / uncle or local authority / independent foster carers* in (name of town or if concern of identifying location, state wider area) *Herefordshire*
5. The mother of *child’s name* is *Mother’s Name*, who was born on *00 Month 00*, she is *00* years old. *Mother’s name* is White British and of *English/Welsh or any other ethnicity*; she was born in *Hereford.* *Mother’s name* lives at *address*.
6. The father of *child’s name* is *Father’s Name*, who was born on *00 Month 00*, he is *00* years old. Father’s name is White British and of *English/Welsh or any other ethnicity;* he was born in *Hereford*. *Father’s name* and *mother’s name* have never been married to one another; *Father’s name* is or is not named on *child’s name* birth certificate, therefore he has / or has no parental responsibility for *child’s name*.
7. *Child’s name* has *??* *older sister’s / brother’s or half-sisters / brothers* from *mother’s name / father’s name* former relationship/s. *Siblings name* who was born on *00 Month 0000*, *he / she is 00* years old. *Siblings name* lives with or / at *address or town location*. List each of the siblings / half-siblings.

Or example (*Child’s name* has two older brothers, B\*\*\*\*\*\* E\*\*\*\*\*\* who was born on 00 Month 2000, he is 00 years old and T\*\*\*\*\* E\*\*\*\*\* who was born on 00 Month 2000, he is 0 years old. Both B\*\*\*\*\*\* and T\*\*\*\*\*\* E\*\*\*\*\*\* were subject to Care Proceedings during 2000, they were subsequently placed for adoption. Child’s Name has an older half-sister, from *mother’s name* former relationship; *C\*\*\*\*\*\* O\*\*\*\*\*\** who was born on *00 Month 0000, she is 00 years old*. Since the Care Proceedings in 2000, *C\*\*\*\*\*\* O\*\*\*\*\*\** has lived with her father, *G\*\*\*\*\*\* O\*\*\*\*\*\** who was granted a Residence Order in respect of *C\*\*\*\*\*\*.* Spending time between *Mother’s Name* and *C\*\*\*\*\*\* O\*\*\*\*\*\** has recently commenced, with *C\*\*\*\*\*\** visiting and spending the day with her mother and (*insert mother’s partner’s name*) on a Saturday.

Synopsis of Background Information

1. Provide a chronology synopsis here of Key significant events from the history of the case. Record dates accurately set out in chronological order. If you refer to a medical professional include name and correct title if you refer to a report include the accurate date of the report, name and correct title of the author of the report (consultant radiologist, consultant paediatrician, clinical and forensic psychologist, consultant psychiatrist).
2. Example:- *Herefordshire Children’s Services received a referral from the Community Midwife on 00 Month 2000, confirming that T\*\*\*\*\* C\*\*\*\* was 28 weeks pregnant and had stated that she was misusing heroin and crack cocaine. Following a second referral a week later, expressing concerns regarding Unborn Baby’s growth and continued heroin and crack use, a Pre-birth Assessment commenced.*
3. *On 00 Month 2000, a Review Child Protection Conference was held and C\*\*\*\*, B\*\*\*\* and T\*\*\*\* remained the subjects of Child Protection Plans under the category of Neglect.*
4. *On 00 Month 2000, a skeletal survey in respect of T\*\*\*\* clearly identified a healing ‘metaphyseal fracture’ of the left tibia. Medical professionals considered that this was a non-accidental injury and the likely cause, to be that of significant force of pulling, twisting or shearing.*
5. *Some three days later on 00 Month 2000, Dr F\*\*\*\*\*\*\*, Consultant Paediatrician, examined \*\*\*\*\* and B\*\*\*\*\*. Dr F\*\*\*\*\*\* noted that C\*\*\*\*\*\*\* was grubby and had a sour odour. She appeared tired with dark shadows under her eyes. B\*\*\*\*\*\*\* had areas of hair loss; he had a healing cigarette burn on his right scapula. There were small abrasions over his spine, considered to be accidental and small marks on his face, the cause of these was uncertain.*
6. *On 00 Month 2000, C\*\*\*\*, B\*\*\*\*\*\*\*\* and T\*\*\*\*\*\* were removed from their parents care. B\*\*\*\*\*\* and T\*\*\*\*\* were placed with foster carers and C\*\*\*\*\*\* was placed with her father. Interim Care Orders were subsequently granted on 00 Month 2000, in respect of all three children*.

Process of Assessment and Key Issues

1. This assessment has been conducted in accordance with the Framework for the Assessment of Children in Need and their Families [Department of Health, 2000]. A series of semi-structured interviews have been conducted with *Mother’s Name and or Father’s Name* or *both parents, individually and together*. *Has there been a requirement to use an interpreter?* I have observed supervised contact on ?? occasions and I have read each of the supervised contact recordings. I have also conducted an interview with *?? extended family or Addaction or Probation other relevant professionals*. I have had discussions with *Name*, maternal great aunt and *Name*, maternal aunt. I have also attended one / two Lac Reviews or Personal Education Plan Meeting at K\*\*\*\*\*\*\* Primary School.
2. The key issue within this assessment is:

* Whether *Parent/s Name* is able to provide long term, safe care for *Name of Child* and in doing so, meeting all of *his/her* developmental needs as well as safeguarding and promoting *his /her* welfare.

Profile of the Child/ren, *Child’s Name*

1. *Child’s name* is ? years ? months old at the time of writing this report. He is White British and of English ethnicity. *Child’s name* is subject of an Interim Care Order, which was granted on 00 Month 2000. Some three days earlier on 00 Month 2000, *Childs name* was the subject of Police Powers of Protection. This was due to significant concerns regarding *Mother’s Name* emotional wellbeing, inconsistent engagement with children’s services, drug misuse and homelessness. *Child’s name* was placed with his maternal great aunt, R\*\*\*\*\*\* D\*\*\*\*\* in Summertown, where he remained until 00 Month 2000, when he moved to live with L\*\*\*\*\*\* and P\*\*\*\*\*\* T\*\*\*\*\*\*, maternal aunt and uncle. At the time of writing this report, *Child’s name* has been living with L\*\*\*\*\*\* and P\*\*\*\*\*\* T\*\*\*\*\*\* for a period of two weeks.
2. *Child’s name* appears to be generally healthy and to be growing and developing well, this was confirmed by Dr P\*\*\*\*\*\*, Community Paediatrician who completed the Looked after Children Medical on 00 August 2000. *Child’s name* has recently had an optician appointment and he is required to wear glasses for reading. *Child’s name* has a very limited diet, choosing only to eat processed food such as chips, sausages and Macdonald’s. Since living with *Name/s, Child’s name* has been encouraged to try new foods. Currently, *name of carer* has introduced a sticker chart to encourage *child’s name* to try a wider and healthier choice of foods.

**Comment:** (Your Analysis)

1. Examples:- *Child’s name* has experienced significant change following his discharge from hospital and placement in foster care at eight days old. Despite this change, *Child’s name* appears to have settled well within his placement, where all of his physical health and developmental needs are met within a consistent and nurturing environment. *Child’s Name* is a delightful and contented baby who is alert, growing and developing well. Research suggests that the earliest years of a child’s life are critical for later physical, intellectual and emotional development. “The child’s earliest attachments become the template for subsequent interpersonal relationships. Children securely attached as infants are more resilient, independent, compliant, empathic and socially competent as children and later as adults”. [Fahlberg, V. 1991].
2. *Child’s name* has suffered significant harm and has experienced considerable change as a result of his mother’s poor emotional health, drug misuse, inconsistent engagement with services and subsequent homelessness. A number of episodes have been noted whereby *Mother’s name* has responded erratically and angrily towards family members and professionals, whereby *Child’s name* has been present. In addition, *Child’s name* has experienced disruption and severance of relationships as a consequence of his mother’s perceived challenge or differing opinions.
3. Research suggests that *“parental substance misuse can invoke fears and anxiety in children. Fears about a parent ‘disappearing’ unexpectedly – going out and never coming back – and the insecurity and uncertainty generated by these fears (‘Will I be picked up from school? Will she be there when I get home? Will she be ok?) When a parents’ main attachment appears to be a substance, this impacts upon a child’s sense of worth and self-esteem. Children of drug misusing parents may suffer from limited parental involvement with schooling, which has been shown to affect performance adversely. Although often committed in principle, such parents often have difficulty in maintaining contact with teachers and following through with strategies to implement consistent attendance, completion and involvement in homework and boundary setting for behaviour. Children are more likely to experience problems at school (difficulties with learning and concentration, disruptive behaviour, poor peer relationships) and high rates of absenteeism. Children of parents who misuse drugs, alcohol and experience depression are themselves at significant risk of substance misuse in the future”.* [Kroll, B & Taylor, A. 2003].

Assessment of *Mother’s Name*, Mother

Basic Details and Individual Functioning

1. *Mother’s name* was born on 00 Month 0000; she is 00 years of age. *Mother’s name* is White British and English ethnicity. *Mother’s name* told me that she is of non-practising Church of England faith. *Mother’s name* lives at *00 Address, Herefordshire*, a two bedroom, recently built terraced property, which is rented from *Herefordshire* Housing. *Mother’s name and or father’s name* moved into this property on 00 Month 2000. *Mother’s name* is not employed; *she or both parents include names* are in receipt of employment and support allowance benefits as well as housing benefits.
2. *Mother’s name* clearly understood the basis for the assessment. She attended each of the pre-arranged appointments. \*\*\* Do identify if any pre-arranged appointments are not attended or requirement to re-arrange. *Mother’s name* was fully cooperative with all of my enquiries, participating and engaging in discussions. On each occasion *Mother’s name* was casually dressed, clean and tidily presented. She remained attentive throughout each of the appointments. *Mother’s name* told me that her hope for the future was for “us (*Mother’s name and partner / father’s name*) to be a family with *Child’s name*”. I note from the Clinical Psychology Report prepared by Dr \*\*\*\* E\*\*\*\*\*\*, Clinical Psychologist that *Mother’s name* functions within the Borderline to Low Average Range of cognitive functioning. [*Clinical Psychology Report, dated 00 Month 2000. P29*].
3. *Mother’s name* told me that she is feeling well and is generally active. She told me that she suffers from Type 2, Diabetes, which she manages herself. *Mother’s name* told me that she is currently prescribed Labetalol, 200mg twice per day for high blood pressure. *Mother’s name* told me that she generally sleeps well.
4. *Mother’s name* told me that she had suffered from anxiety and agoraphobia from around the age of 13 years up until approximately two years ago. She told me that she was prescribed anti-depressant medication by her GP in 2007/2008, which she took for some months, however she has not taken anti-depressant medication since. *Mother’s name* told me that when she was approximately 13 years old, she suffered bullying at school. She told me that during this period, she felt very unhappy and she superficially cut her arms. *Mother’s name* told me that she has not engaged in self-injurious behaviour since.

**Comment**: (analysis examples)

1. I note from the GP Records in respect of Mother’s name, that she has provided a generally accurate account in respect of her general health. I note that she reported stressful life events in January 2016, anxiety and depression being confirmed in February 2016, antidepressant medication was prescribed in June 2016. *Mother’s name* was also in contact with drug services during May and June 2016.
2. Or: I have not seen *Mother’s name* medical records, therefore I am unable to confirm or dispute the above information. I note however, that Dr \*\*\*\*\* E\*\*\*\*\*\* Clinical Psychologist has identified in the Clinical Psychology Report that *Mother’s name* has experienced a number of difficulties in respect of her physical health. In respect of emotional and mental wellbeing, Dr E\*\*\*\*\*\* notes that given *Mother’s name* childhood experiences “it is not surprising that she has experienced mental health problems of depression and anxiety. Her mental health problems had a direct impact upon her parenting of her children. In this assessment, *Mother’s name* minimised any current mental health symptoms or problems, presenting herself as having overcome all previous difficulties”. [Clinical Psychology Report written by Dr \*\*\*\*\*\* E\*\*\*\*\*\*\*, Clinical Psychologist in respect of *Mother’s name* and *Father’s name*, dated 00 July 2000, p46-47].

Individual History

1. Gather in your interviews a detailed history exploring the parenting they received including childhood, relationships with parents and significant others, education, college, higher education, beginning employment. Before you begin your report pull out the key issues stating that *Mother’s name* told me…. highlighting quality / deficits / disruptions within relationships. This does not need to be a lengthy running narrative. Break it down using **Basic Details of Family, Childhood, Adolescence.** Ask the question / exploreanyabusive or other adverse experiences. Include any other sources of information from relatives, professionals or reports – this must be referenced. Provide **Comment** at the end of this section – Analysis: analyse and comment upon this mother’s experiences – how have their experiences, particularly attachment history and experience of adverse events, impacted upon their functioning as an individual. Were there protective factors in their childhood, have they been able to reflect, learn and resolve early adverse experiences. In this section you can reference research related to attachment theory, if you are confident and can reference mainstream and trusted research. Research suggests……

Employment

1. Provide a chronological account of employment history. Length of time within employment, reasons for leaving, changing employment. Provide **Comment** at the end of this section.
2. *Mother’s name* appears to have enjoyed a consistent employment history working within the catering industry. It appears however, that on at least one occasion, she experienced employment disruption due to substance misuse.

History of Relationships

1. Provide an account of all the significant relationships, chronological order, differentiate using headings with names or initials for example:- C\*\*\*\*\*\*: *Mother’s name* told me that when she was 18/19 years old, she developed a relationship with C\*\*\*\*\*\* 31 years, who lived in Walsall and whom she had met through a friend. She told me that C\*\*\*\*\*\* was frequently involved in criminal activity such as burglary and theft. *Mother’s name* told me that she ended their relationship of six months as she had discovered that C\*\*\*\*\*\* was conducting a relationship with another female. Having covered all of the relationships then provide **Comment** – an opinion and analysis about the manner in which the parent has approached relationships, patterns and has this impacted on individual functioning and parenting capacity. Can use research if applicable (domestic violence) or research suggests that, “there is clear evidence that warm, reciprocal relationships and our ability to form such relationships is often affected by the quality of relationship that we had with our own parents… [Howe, D. 1995].

History of Alcohol and Drug Misuse

Alcohol

1. Address alcohol and substance misuse separately. How long has alcohol or substances been used. Have previous attempts to abstain been tried previously – circumstances of previous attempts.

Drug Misuse

1. Clearly differentiate substances, use correct name – (cannabis, powder cocaine, amphetamines, crack cocaine, heroin). Refer to Subutex and chemical name of Buprenorphine also refer to Methadone programme of prescription – NOT Script. Make reference to any specialist test / assessments, recent tests, evidence and engagement with any services that the person has been involved with, it is essential to cross reference information.
2. **Comment** – analysis give an opinion on how alcohol / drug misuse has and will impact upon parental capacity and family functioning. Can bring in research – again know your research and use mainstream example:-
3. *Mother’s name* has misused mood altering substances since her mid to late teens, having initially established a dependence upon cannabis, a period of some 17 years. She stated that she misused heron and crack cocaine over a substantial period of approximately 10 years. This ceased during her pregnancy and some weeks prior to the birth of *Child’s name*. Despite the use of heroin, crack cocaine and cannabis during pregnancy it is fortuitous that *Child’s name* was not showing signs of neonatal abstinence effect following birth. Throughout his life, *Child’s name* has been exposed to drug misuse. Following his birth up until his placement away from his mother in Month 2000, *Mother’s name* smoked cannabis daily.
4. Orford suggests a model of attachment to drugs, which is essentially developmental. “attachments develop as a result of psychological and sociological influences rather than due to the addictive nature *per se*. Freedom of choice is not completely taken away at a particular point by the ‘dependence’, but the ability to control use is diminished, as attachment to the substance increases. Such models of ‘attachment’ allow for the complex processes engendered by the unpredictability of internal psychological states and external social pressures. There is always a point where a decision is made to consume the drug. However, the individual’s perception and the combination of psychological and social pressures can influence and limit the perception of choice in a fundamental way”. [Kroll, B & Taylor, A. 2003].
5. Whilst in the very early stages of her recovery, it is to be acknowledged that *Mother’s name* appears to be engaging with drug services to address long standing drug misuse.

Criminal Convictions

1. What account is given by the parent? What is confirmed / recorded in CRB / PNC – this needs to be available to you.
2. **Comment** – your view of the criminal history and implications on past, also current and future parenting. Example: I have not seen any police disclosures pertaining to *parent’s name*, however I note that her offences are clearly listed in the Clinical Psychology Report prepared by Dr \*\*\*\*\*\* E\*\*\*\*\*\*, Clinical Psychologist dated 00 Month 2000, on page 17.
3. Example: *Mother’s Name* has been convicted of a number of serious acquisitive offences, some of which she committed along with *Partner’s Name* and some she committed alone. I note from the Police Logs that *Mother’s Name* has dishonestly acquired money over a period from 2000 to 2000, from elderly and vulnerable adults totalling £2570.

If it is a single assessment, include the following headings, if not, include the following headings after you have completed each of the above sections for the second parent.

Understanding of the Local Authority Concerns

1. This is exploration of parent’s understanding and their account of what the concerns are, why professionals have raised concerns, reasons for a CP Plan, application for proceedings. *Mother’s Name* told me that the Local Authority have concerns for *Child’s Name* safety, welfare and wellbeing because of “what has happened with *name of partner*… he’s violent… he got done for rape of a young kid”.
2. **Comment:** include analysis of the degree of acknowledgement and insight that the parent has. Example: *Mother’s Name* appears to have a very basic understanding of the Local Authority’s concerns. She appears to lack insight into her own contribution to the problem: impulsive behaviour, externalising responsibility, perpetuation within a cycle of domestic violence, alcohol, drug misuse, chaotic lifestyle and criminality. Example: I consider that *Mother’s Name* has a basic understanding of the Local Authority’s concerns, appearing to have some insight, acknowledging some responsibility for misusing drugs and making impulsive and inappropriate decisions. I do consider however, that *Mother’s Name* appears to struggle to fully understand *Child’s Name* perspective and the impact of behaving impulsively, which subsequently impacts upon *Child’s Name*.

If you are assessing a couple then Father or Stepfather’s Section will come here.

Assessment of *Father’s Name*, Father or Stepfather

Basic Details and Individual Functioning

1. Then this is a repeat of each of the headings identified above in the same way.
2. Include: Couple relationship before Understanding Local Authority Concerns.

Couple Relationship

1. Include an account from each partner about the relationship as well as comment or reference from any other source, family members, child, reports from police, health visitor, school, nursery or other professional.
2. **Comment**: This allows for critical analysis and examination of the parent / partner relationship, in particular the impact to date on the child and likely impact in future. Include consideration of both partners ability to communicate, make decisions, resolve conflicts, insight into strengths, difficulties and needs. Include comment on nature and form of any domestic violence. Can bring in research – again know your research.
3. *Mother’s Name* and *Father’s Name* relationship was characterised by domestic violence, alcohol misuse and offending behaviour. On several occasions during her pregnancy with her son, *Mother’s Name* stated that she wished to end the relationship with *Father’s Name* and move into a Refuge. This was arranged, however, *Mother’s Name* changed her mind and continued in the dysfunctional, enmeshed and co-dependent relationship. Research suggests that, “the co-dependent person is described as someone who gets locked into relationships with people who are very needy and troubled – misusers of alcohol, depressives, addicts and abusers – people with a history of failed relationships. From childhood and into adulthood, co-dependent personalities spend all of their emotional energy ‘dancing to someone else’s tune’, in the hope of being loved and valued”. [Howe, D. 1995].

Understanding of Local Authority Concerns

1. As noted above.

Observations of Contact

1. Summary of contact observations and make clear in what context, supervised at a contact centre or supported by family member. How do your observations compare with those of others, contact supervisor, contact recordings. Patterns and themes within contact with examples rather than a lengthy narrative.
2. Example: Supervised contact takes place three times a week at *Name of* Contact Centre, Tuesday and Thursday afternoon 3:30 – 5pm and Sunday 10am – 12pm. During supervised contact sessions it has been observed that parents provide physical affection, emotional warmth, praise and encouragement. However, there are a number of occasions whereby it has been observed and recorded that *Child/ren’s Name* test the boundaries with parents. It has also been noted that both boys on occasions display exaggerated behaviour in response to a minor event, crying loudly, appearing to be inconsolable, becoming upset if they lose in a game. It is evident that often *Child/ren’s Name* become boisterous within the sessions. It has also been noted that their father, *Father’s Name* has engaged in quite physical and boisterous play, such as giving the boys a bear hug and allowing the boys to punch and hit him.

Either:

*Mother’s Name* Parenting Competencies

or

Parenting Competencies if a couple

Basic Care

1. In the Department of Health, ‘Framework for the Assessment of Children in Need and their Families’, this dimension is defined as *‘providing for the child’s physical needs and appropriate medical and dental care’*. *Mother’s Name* identified the need for children to have appropriate hygiene such as washing, bathing and a regular routine of teeth cleaning…..
2. **Comment**: *Mother’s Name* appears to have an understanding of meeting and providing for a child’s basic care needs. I observed *Mother’s Name* bringing food to contact for *Child’s name* and also prompt him to attend the toilet and to wash his hands.

Ensuring Safety

1. In the ‘Framework for the Assessment’ document, this dimension states:- *‘includes protection from significant harm or danger, and from contact with unsafe adults and from self-harm. The recognition of hazards and dangers, both within the home and elsewhere’*. *Mother’s Name* identified the importance of supervising children within the family home and ensuring that the front door is locked. She identified that all medication should be placed out of reach of children…...
2. **Comment**: *Mother’s Name* has a basic, practical understanding of ensuring a child’s safety within the home and in the local community. However, she has in the past failed to recognise and has blatantly disregarded, the working agreement and concerns regarding her brother, *Name* visiting and spending time within the family home as well as providing sole care for *Child’s Name* on a several occasions, when she was at work.
3. Continue to address:

Emotional Warmth

Stimulation

Guidance and Boundaries

Stability

1. Further headings:

Support Networks

Relationships with Children’s Services and other Professionals

Housing

1. Concluding and completion:

Parenting Assessment Conclusions

1. Here I include key points from Pertinent sections above using the Comment – Analysis
2. For example:-

*Child’s Name*

* *Child’s name* is 5 years 11 months old.
* *Child’s name* appears to have settled with extended family and he is responding well to a consistent, family routine where all of his developmental needs are met.
* *Child’s name* has suffered significant harm and has experienced considerable change as a result of his mother’s poor emotional health, drug misuse, inconsistent engagement with services and subsequent homelessness.
* *Child’s name* …..

*Mother’s Name* Childhood

* During childhood, *Mother’s Name* and her siblings witnessed significant domestic violence and were exposed to parental alcohol misuse.
* *Mother’s Name* suffered physical, emotional, sexual abuse and neglect.
* It is clear from *Mother’s Name* account that her mother failed to protect *Mother’s Name* and her siblings, clearly exposing the children to significant trauma and harm.
* It is evidently clear that not only did the children suffer significant trauma and abuse, they also experienced rejection and abandonment by their mother, who chose the perpetrator over them.

1. Include what you consider to be the KEY Points from your Comment – Analysis’ to support your recommendations

Recommendations

1. I often include a reference here:-
2. Reder and Lucey, Assessment of Parenting [Assessing Treatability, Geraldine Fitzpatrick, 1995] describe the factors relevant to significant parental change and optimum outcomes for children:-

a) Acknowledgement that caretaker problems have occurred

b) Ownership of the adult’s contribution to the problems

c) Internal motivation rather than external coercion

d) Ability to see professionals as potentially helpful

1. It is my opinion that until *Mother’s Name* begins to acknowledge and accept individual responsibility for her own contribution to the problem: impulsive behaviour, perpetuation of externalising responsibility and apparent lack of insight and ability to consider *Child’s Name* needs for consistent relationships with significant others; very little or nothing will change.
2. Address all of your key points leading to your final comment / recommendation
3. It is my opinion therefore, that on the basis of this parenting assessment, I do not consider that *Mother’s Name* is able to prioritise and meet the developmental needs of *Child’s Name*, demonstrate significant change in promoting his best interests within a timescale, which is appropriate and commensurate for *Children’s Name*.

Your Name Dated: 00 Month 0000

Social Worker

References and Background Reading – list your references on final page.