****

**Parenting Assessment & Contact Team –**

**Parenting Assessment Referral Form**

|  |  |
| --- | --- |
| Name of Lead Professional / Social Worker  |  |
| Referral approved by *(Name of Manager – Children’s Social Care Only)* |  |
| Establishment / Team  |  |
| Telephone Number |  |
| E-mail address  |  |
| **PLEASE COMPLETE** - Date report required by: |  |

Please complete the children & family details below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of Children** | **Date of Birth** | **Age** | **Mosaic number** |
| **First Name** | **Surname** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Home Address of children | Foster Carer’s Name and Address | Name and address of person being assessed |
|  |  |  |
| Post Code  | Post Code  | Post Code  |
| Landline No.  | Landline No.  | Landline No.  |
| Mobile No.  | Mobile No.  | Mobile No.  |
| E-mail  | E-mail  | E-mail  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent’s Name |  | Relationship to child |  | Parental Responsibility | [ ]  |
| Parent’s Name |  | Relationship to child |  | Parental Responsibility |  [ ]  |

|  |  |
| --- | --- |
| Child’s first language  | Parent’s first language:  |

|  |  |
| --- | --- |
| Does it need a translator? |  Yes No |

|  |  |
| --- | --- |
| Does the child or young person have a physical disability, diagnosis or additional needs? *For example behavioural, social, emotional or learning, difficulties.*  |  |

|  |  |
| --- | --- |
| Does the parent/carer have physical disability, diagnosis or additional needs?*For example mental health or learning difficulties.* *Has a psychological report been carried out?* |  |

|  |  |
| --- | --- |
| Type of referral  | *PAMS Do they have a diagnosed learning disability or IQ score? ……..* *PA**PA addendum* *Reunification* *Support, Advice and guidance**Parent and Child*  |

|  |  |
| --- | --- |
| Status | CINCPLAC Date of next LAC Review: PLO |

|  |  |
| --- | --- |
| Needed for |  CIN plan Date of next CIN Review: ………………… CP plan Date of next Conference: …………………Court Date of next hearing: …………………PLO process Date of PLO Meeting: …………………Other.......... |

|  |  |
| --- | --- |
| Does this need more than one worker? |  Yes No   |
| Is this piece of work URGENT (to start by………………) Yes or No**PA required on :**Mum DadMum and dadOther..........Does this PA require Out of Hours working (after 6pm or weekends) Yes NoIf Yes, please provide details:  |
| Pets/ Medical needs in the home  |  Yes No  | **DETAILS**:   |
| **Reason why PA is required:** **Overview of the situation -** **Danger Statements & Safety Goals -** **Have you spoken to the family about referring for a Parenting Assessment? Yes / No** **Are the family in agreement to have a Parenting Assessment? Yes / No**  |
| **Risk assessment info** |  Low Medium High  |
| Risks from Whom  |  |
| What are the Risks, if any: |  |

Date Completed: