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**Parenting Assessment & Contact Team –**

**Parenting Assessment Referral Form**

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| --- | --- |
| 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** |  |  |  |
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| --- | --- | --- |
| 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 | CIN  CP  LAC 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  Dad  Mum and dad  Other..........  Does this PA require Out of Hours working (after 6pm or weekends) Yes No  If 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: