**Parenting Assessment Plan**

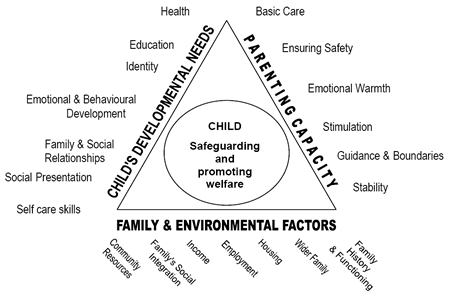
**For ….. in Respect of …..**

The schedule below outlines the work that will be completed by the Local Authority with ….. to assess her ability to meet …...'s physical, social and emotional needs. The parenting assessment is structured around the Framework for the Assessment of Children in Need (Department of Health).

There will be a particular focus on ….

Key to this assessment is …..'s ability to reflect on her previous parenting as a way to understand what CYPS concerns have been and what changes the parent needs to make. In particular the assessment will focus on … needs as they have been the key areas of concern.

It is expected that ….. will work closely and openly and honestly with the social worker and other professionals throughout the assessment period. The social worker and other professionals will work closely with each other to ensure that information is shared appropriately and support is provided consistently.



**….. working with other Agencies and Professionals**

It is expected that ….. will engage with the following support services agencies:

On ….. there is a professionals meeting to ensure all professional involved with ….. are fully informed about the parenting assessment and their role in it.

There will be a review of progress on … at …...

There will be a further review on ….. (with professionals).

These meetings will include;

*[School / HV / Social Workers / Contact Scheme / Drug and alcohol workers etc]*

**Work with** …..(child)

The social worker will continue to carry out announced and unannounced statutory visits to ….. at home. This will be a minimum of monthly and may include visits out of normal office hours. The social worker will visit ….. at school for a minimum of four sessions to direct work with the child to ensure the voice of the child is heard in the parenting assessment.

**Other work prior to start of assessment**

PNC checks will be ordered, GPs to be contacted for health information for …... Historical social work files in relation to (…..s children may be retrieved).

…..**s contact with …** (child)

This is outlined in the Partnership Agreement with parents. Initially contact will be twice per week for one hour supervised by …... ….. has agreed not to come to the family home. Contact sessions will be observed by the social worker for the purpose of assessing … 's parenting.

**Possible Outcomes of the parenting assessment**

a) The parenting capacity is good enough and there are no recommendations for further parenting work. There may be other issues that require assessment/attention.

b) The parenting capacity is not far short of being good enough and there are recommendations for further parenting work with a timescale.

c) The parenting capacity is not good enough and there is a detailed plan of recommendations that could reduce the risk to an acceptable level, with an opinion as to how far this programme is feasible given the motivation and capability of the parent within available resources, and the timescales of the child.

d) The parenting capacity is not good enough and the assessor recommends that legal action is taken.

**Parenting Assessment Schedule**

Week 1 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus:

Week 2 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus:

Week 3 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus:

Week 4 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus:

Week 5 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus:

Week 6 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus:

Week 7 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus:

Week 8 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus: Keep this session free for issues that come up / Review

Week 9 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus: Keep this session free for issues that come up / Review

Week 10 – Week commencing: [date]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **a.m** |  |  |  |  |  |  |  |
| **p.m** |  |  |  |  |  |  |  |

Area of focus: Keep this session free for issues that come up / Review

I understand and agree to take part in the Parenting Assessment detailed above

Name:

Signed:

Date:

Name:

Signed:

Date: