**CASE NUMBER: \*\***

**IN THE FAMILY COURT AT BRISTOL**

**IN THE MATTER OF THE CHILDREN ACT 1989**

**AND IN THE MATTER OF \*\*\* (D.O.B: \*\*\*)**

Delete above if matter is in Pre-Proceedings

**PARENTING ASSESSMENT OF INSERT PARENT/S NAMES**

**IN RESPECT OF INSERT NAME/S & DATE/S OF BIRTH**

Name:

Occupation:

Professional Address:

I undertake this assessment on behalf of North Somerset Council Children’s Social Care Services and I do so from facts within my knowledge, information obtained from my colleagues and/or from Children’s Social Care records.

This assessment is confidential and must not be disclosed without the consent of the court, unless Rule 12.72-12.75 of the Family Procedure Rules 2010 and Practice Direction 12G of those Rules apply.

1. **INTRODUCTION**
   1. I am a qualified social worker employed by North Somerset Council within its Children’s Social Care department. I obtained my social work qualification in ………. and have been employed by North Somerset Council since……….
   2. I have been asked to complete a Parenting Assessment in respect of the ability of [*insert parent’s name]* to provide good enough care to *[insert children’s name/s]*. In so doing, I have considered the following material:
   3. This report focusses primarily on the following key issues and how they impact on Insert’s ability to provide care sufficient to meet Insert’s needs:
2. **BACKGROUND**
3. **METHOD OF ASSESSMENT**
4. **IDENTIFIED BARRIERS TO AND FACILITATORS OF CHANGE**
   1. **Priority and Relevance**
   2. **Knowledge and Skills**
   3. **Motivation and Intentions**
   4. **Habits and Automatic Responses**
   5. **Contextual Factors**
   6. **Facilitators of Change**
5. **CHILD’S DEVELOPMENTAL NEEDS**
   1. **Health**
   2. **Education**
   3. **Emotional and Behavioural Development**
   4. **Identity**
   5. **Family and Social Relationships**
   6. **Social Presentation**
   7. **Self Care Skills**
6. **FAMILY AND ENVIRONMENTAL FACTORS**
   1. **Family History and Functioning**
   2. **Wider Family**
   3. **Housing**
   4. **Employment**
   5. **Income**
   6. **Family’s Social Integration**
   7. **Community Resources**
7. **PARENTING CAPACITY**
   1. **Basic Care**
   2. **Ensuring Safety**
   3. **Emotional Warmth**
   4. **Stimulation**
   5. **Guidance and Boundaries**
   6. **Stability**
8. **CHILD/REN’S WISHES AND FEELINGS**
   1. **Child 1 [Insert Child’s Name)**
   2. **Child 2 [Insert Child’s Name)**
9. **SUPPORT**
   1. **Available Supports**
   2. **Effectiveness of Supports**
10. **ASSESSMENT OF CAPACITY TO CHANGE**
    1. **Impact of Identified Barriers to Change**
       1. **Priority and Relevance**
       2. **Knowledge and Skills**
       3. **Motivation and Intentions**
       4. **Habits and Automatic Responses**
       5. **Contextual Factors**
    2. **Impact of Identified Facilitators to Change**
    3. **Observations**
    4. **Conclusions**
11. **ANALYSIS AND RECOMMENDATIONS**
12. **STATEMENT OF TRUTH**

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

Signed ………………………………………. Dated …………………………..

Name:

Social Worker