**CHILDREN, FAMILIES & EDUCATION**

**Parenting Assessment Plan and Agreement**

**In Respect of:**

**[Parent(s) names and relevant children’s names ]**

**Completed by:**

**Name:**

**Team:**

**Address:**

***Qualifications :***

## Date started:

## Date completed:

The purpose of this plan an agreement is to outline Children’s Services expectations of (parents’ names) whilst undertaking a Parenting Assessment in respect of their child (name and DOB)

|  |
| --- |
| **It is expected that: (Parents’ names) will**   * Contribute in all sessions in an open and honest way. * Answer all questions posed to them. * Be available for all pre-arranged sessions. * If they have to cancel a session for exceptional reasons then they should contact (*Worker’s name and contact details*) at the earliest opportunity. * Act respectfully to all workers involved within the assessment. Any aggressive behaviour will result in the sessions being ended. * *Please feel free to add any of your own…* * . * .   **Children’s Services will:**   * Listen to you and ensure your rights are known and upheld * Work with you in an open and honest manner * Inform you as soon as possible if for any exceptional reason a session needs to be cancelled. * Support you during the assessment. * Work in a respectful and non-judgemental manner * Respect confidentiality and only share information gained during the assessment with those professionals it is deemed appropriate. * *Please feel free to add any of your own…* * . * . |
| On signing you are agreeing to the above expectations as noted, and any you feel should be added to the list. |
| **Signature:** |
| **Parents**  Name ……..…………………….. Relationship…………………….  Signature……………………………Date ……………… |
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| **Social Worker on behalf of the LA**  Name ……..…………………….. Signature……………………………  Date ……………… |

## Parenting Assessment Plan and Agreement

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| PARENTING ASSESSMENT PLAN | | | | |
| Date | Venue | Focus of Session | Worker/s | Review/notes |
| Introductory Visit | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE** | Introductory Visit  **Introductory session to explain purpose of the assessment**  What are the parents understanding of Local Authority concerns. Why are we worried about CHILDS NAME?  Utilise and discuss the Danger Statements and Safety Goals with the family |  | *Please adapt each session if using a combined tailored parenting assessment such as Parents Assess or PAMS approach for parents with learning difficulties/vulnerability.* |
| Week 1  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE** | **Family Support Network and Structure**  What support is available from immediate family members and is available to support with the parents with the care of CHILDS NAME?  Completion of Ecomap/genogram  Hold Family Network meeting if not already in place and finalise Safety Planning |  |  |
| Week 2  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE** | **Experiences of Childhood and Previous relationships and Perception of Partner.**  What are the parent’s experiences of being parented? Their Life History / Experiences and understanding of how these of impact on their own parenting.  **Current Relationship**  Insight into how parents function in a relationship and the impact they’re relationship can have on him. |  |  |
| Week 3  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE** | **Self-Identity and Perception and perception of Parenting**  Exploration into the parents Identify, self-esteem and perception of themselves.  What is the parents understanding of their role as a parent. Exploration of their strengths, weaknesses and experiences of parenting so far. |  |  |
| Week 4  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE** | **Drugs, Alcohol, violence and Criminal History**  Session seeks to gain information into any substance misuse or criminal history.  **Parental Mental Health**  To explore the parent current mental health, support services involved and the impact this could have on meeting CHILDS NAME needs. |  |  |
| Week 5  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE** | **Perception of Children**  How is CHILDS NAME perceived by parents; an exploration into the parents relationship with them.  **Parenting and the needs of Children**  What is the parents understanding of CHILDS NAME physical, emotional and developmental needs both now and into the future? |  |  |
| Week 6  Date:  Time: | **Session needs to take place within the home where there are concerns in relation to neglectful home conditions.** | **Finances and Home Conditions**  Is the home environment suitable for the safe care of CHILDS NAME?  Do parents understand the concept of neglect?  Are parents able to appropriately identify neglectful home conditions and risk?  Undertake Graded Care Profile assessment |  |  |
| Week 6  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE** | Midway Review meeting with parents |  |  |
| Week 7  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE**  **COMMUNITY** | Observation of parenting  For pre-births or in households where there is a child under 1 year - Safe Sleeping arrangements  Direct work with child to establish their wishes and feelings. |  |  |
| Week 8  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE**  **COMMUNITY** | Observation of parenting  *(skip to week 11 if prebirth with no other children present)* |  |  |
| Week 9  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE**  **COMMUNITY** | Observation of parenting  Direct work with child to establish their wishes and feelings. |  |  |
| Week 10  Date:  Time: | **HOME**  **CHILDREN’S SERVICES VENUE**  **COMMUNITY** | At this stage there needs to have been an observation of parenting that has been in person, the home needs to have been seen and the child needs to have been spoken to alone if age appropriate.  Observation of parenting |  |  |
| Week 11  Date:  Time: | **Insert here whether**  **VIRTUAL**  **HOME**  **CHILDREN’S SERVICES VENUE** | **Overview of Assessment**  Review any potential gaps, or clarify understanding and Identify any areas of ongoing need.  Any issues within observations that need to be re-visited.  Use of signs of safety to establish   * What has been working well * What we are worried about * What needs to happen |  |  |
| Week 12  Date:  Time: |  | Final Review Meeting *– to be attended by SW and parents* |  |  |

This plan may need to be flexible to take into account any unforeseen circumstances.

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