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**Parenting Assessment Proposal**

This document should be completed prior to the start of the assessment. If you are in Pre-proceedings PLO this should be ready in advance of the Initial PLO meeting. If you have made an application to court this should be ready prior to the advocate meeting in advance of the Case Management Hearing.

Purpose of Assessment: INCLUDE/ DELETE AS APPROPRIATE

This will be completed as a result of decisions made at a PLO meeting/ Court Hearing DELETE AS APPROPRIATE

* The Local Authority proposes to undertake a parenting assessment of parent(s) names to assess their/his/her ability to care for and meet the child(ren) individual needs to a good enough standard (at this stage it is also important to identify if the parents would benefit from having an advocate).
* The aim of the assessment is to identify areas of strengths and difficulties in their parenting
* To offer targeted intervention in relation to identified areas of need/support
* To assess whether parent(s) names are able to consistently engage with domestic abuse practitioner / MH services./ psychologist/ substance misuse worker to effect and sustain change
* To assess if parent(s) names are able to prioritise child(ren)’s needs consistently and care for his/her/them long term
* To assess whether parent(s) names are able to keep child(ren) safe and prioritise his/her/their needs
* A decision was made at the Public Law Outline meeting/or Court Hearing held on date that parent(s) names would be subject to a parenting assessment.
* As part of the parenting assessment it will be necessary to look at all support/support networks to assist you in caring for your child/ren

The following areas form the Parenting assessment

* **Module 1 – Why we are involved**

Parents understanding of why the assessment is being undertaken

* **Module 2 – Parental/Family History**

Profile of the Parents

Relationship History

Family Relationships/Support Networks

Housing/Income/Finances/Employment

Identity

* **Module 3 – Parents understanding of the impact of their behaviour on their child/ren**
* **Module 4 – Direct work and communication with Children**

Profile of the children

Children’s wishes and feelings

What life is like for them

* **Module 5 - Parenting Capacity (Part 1)**

Basic Care & Health

Ensuring Safety

Guidance and Boundaries

* **Module 6 Parenting Capacity (Part 2)**

Emotional Warmth

Stimulation & Education

Stability

* **Module 7 – Analysis & Recommendations**
* **Module 8 – Parents/children’s comments and views on the Assessment/Intervention**

Timescale for completion:

The assessment will be completed within timescale starting on enter date and the report will be completed on date. The last week will be used to complete the write up of the assessment. The purpose of each meeting will need to be specified i.e. observation of contact; interview; observation of family other than contact such as observation in the home.

Methods of assessment:

Identify here whether if appropriate / delete/ amend as necessary

* Face to face discussions
* Use of worksheets, tools and questionnaires. Identify exactly what worksheets/ tools which will be used.
* Feedback from child(rens) primary carer / other family members. Support available from family members / use of Family Group Conference.
* If specialist worker within the Family Safeguarding Team will be involved, if so, outline their role and the difference in role from the assessing social worker
* Information gathered from other agencies / professionals e.g. school/ health/ housing/ police
* Contact Supervision notes and feedback when Contact takes place between child(ren) and his parents.
* Observation in the home or community. Confirm where and how it takes place. e.g. observing the family walking back from school; observing them doing the weekly shop; observing them at a play centre or park; observing them in the home at different times such as the morning routine or preparing the evening meal.

Assessment Plan

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| **Date of Session** | **Type of Session** | **Venue for session** | **Length of session** |
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How parent(s) will be supported during the assessment

Outline how and when feedback will be given i.e.

* Identify how feedback and intervention (support/advice/modelling/guidance) will take place alongside the assessment. Agree the best way of doing so i.e. in written guidelines, modelling, repetition, verbal feedback, visual feedback through pictures etc. It is imperative that support and resources are offered as they are identified throughout the assessment process, rather than waiting until the completion of the assessment for it to be offered.
* Specialist workers (domestic abuse practitioners/ officers / substance misuse workers/ mental health workers/ psychologist) may be introduced with the family to undertake direct pieces of work focusing on particular issues.
* Contact supervisors will offer feedback, modelling and intervention during the contact sessions.

As the lead social worker I will be responsible for gathering and compiling the information but will rely on the input from all involved professionals with the children.

Midway Review

Date and time: Enter date and time of midway review

Venue:

Who will be invited:

Purpose of the review: To identify areas of strengths and difficulties thus far; to review the parents’ ability to cooperate with the assessment; to assess whether the intervention is being implemented and whether any additional changes in intervention are require.

Specialist assessments

* Identify which specialist assessments are required (if any)
* Specialist assessments and intervention will be undertaken by the family safeguarding specialist worker (domestic abuse practitioners/ officers / substance misuse workers/ mental health workers/ psychologist) or by a partner agency (CAMHS / health services)

Child’s participation:

Consider whether the child(ren)/young person(s) should be part of the assessment and if so outline who will meet with the child, how frequently and how the child will be prepared for the participation in the assessment.

How special/cultural/identity needs will be met during the assessment:

Outline how any special needs will be met such as learning needs, language needs and the use of an interpreter, health needs or disability. Identify if the family have cultural or religious needs such as regular faith attendance.

Working arrangement with parents:

Parents are expected to attend all arranged appointments at the agreed dates and times.

In the event appointments need to be rearranged this should be done in advance through mutual agreement between the parent(s) and social worker/ professional involved.

In the event parent(s) names do not attend scheduled appointments without prior cancellation, the length of the assessment may not be extended and the assessment may have to conclude with the information available.

Non-attendance/non engagement will form part of the assessment and will contribute to the conclusion.

In agreeing to participate in this assessment the parents give their consent to the Local Authority contacting other agencies that hold information about their child(ren) as well as themselves. In some cases information may be sought about relevant family members and their consent to this will be separately sought.

This includes consent to contact, gather and share information from the following professionals:

GP/substance misuse support services/health/police/probation/voluntary sector/mental health services/adults services/housing. Delete as appropriate.

This includes contacting family members in relation to a Family Group Conference/Network Meeting

Parents will be provided with a written copy of this proposal including scheduled appointments. If the parents have legal representatives copies will be provided to their solicitors as well. This will ensure that the parents are clear about the expectations of them; what they can expect from others during the assessment and the parents will be clear about all appointments during the assessment process.

Signed:

Name.............................. Title......................... Date................................

Name.............................. Title......................... Date................................

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