

**ASSESSMENT PLAN**

**The outcome of the assessment will help the local authority to recommend whether the child(ren) can return home, remain at home or need to be cared for by someone else including a family member, foster carers or adopters.**

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| **Names of child(ren) young person(s):** |
| **Date Assessment Plan shared:** |
| **Cultural Requirements:** |
| **Everyone agrees:**  **To let each other know if an appointment has to be cancelled giving reason and as much notice as possible**  **Social Care will:** *(Please delete as applicable)*  **Provide public transport costs for family time**  **Provide an interpreter if required.**  **Follow the Department of Health (2007) good practice guidance on working with parents with a learning disability if needed**  **Refer you for an advocate if you require one** |

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| **Reasons why pre proceedings or care proceedings have been started.**  *Please give BRIEF reasons why pre proceedings or Care Proceedings have been started, outlining the primary risks (a bullet point list will suffice) and what has already been tried to achieve change. For example, if the children have already been subject to Child Protection plans/ PLO, or whether proceedings are in relation to children who have not previously been known to the Local Authority.*  *(Delete guidance upon completion)*  *Ensure the risks are consistent with the Legal Threshold Document (if there is one) but do not “copy and paste” as this is too long.*  Example:  The risks to the children include:  Being frightened and at risk of being injured due to Domestic Abuse – fighting and arguments between the parents.  Neglect, including dirty home conditions, children being hungry, poor school attendance.  We have not been able to make changes despite the Child protections plans for 15 months and PLO  *(Delete guidance upon completion)* |

**What we need parents to achieve during the assessment and what support will be available**

*Examples included, but make specific to case. Use target dates to prioritise some goals to avoid over loading parents, and make clear that some to start later in the process. Try not to have parents working on more than 3 goals at once. (Delete guidance on completion)*

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| **What we need parents to achieve during the assessment?** | **Support Available** | **Target Date** | **How will we know we have achieved this?** | **Worker providing support** |
| *Mum to reduce drug use and work towards abstinence from drugs* | *Weekly individual sessions with drugs service* | *First session by 2nd Sept 19.* | *Drug testing will show no drug use.* | *Drugs agency.*  *Worker* |
| *Mum will provide better boundaries for the children* | *X2 per week contact, with supervisor offering advice on boundaries.* | *Every Mon and Thurs*  *10am -11.30am. Aim to see improvement at review in 4 weeks. (30th Sept 19)* | *Contact recordings will show improved contact.* | *Contact Supervisor* |
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**Assessment Sessions with Social Worker**

*Think about what sessions are needed and what areas of assessment need to be covered. In cases where the family has been known to services for a long time, we are likely to already have a lot of information. You do not need to arrange sessions covering information that we already know, or has already been gathered in previous assessments. The primary focus of the sessions should be on reflecting and assessing capacity to change. In some cases where extensive work has taken place previously only 3 or 4 session may be required. If no previous assessment has taken place then clearly more sessions will be required*

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| **Date** | **Times** | **Venue** | **Who is to attend** | **What the session will cover** |
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| **What other information will be taken into account in the assessment?**  *Delete any that do not apply*   * Observations gained from home visits * Information gathered from other professionals and services * Information gathered from family members * Drug and alcohol testing * Family plans made through a family group conference or family network meeting * Expert reports eg Psychologist, Psychiatrist, Medical |

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| **Relationships between brothers and sisters**  *Will you be undertaking a sibling assessment – please give details and make reference to Coram BAAF guidance - Beyond together and Apart: Planning for, Assessing and Placing Sibling Groups* |

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| **How will the child(ren)’s wishes and feelings and needs be obtained and taken into account in the assessment process?**  *Points to consider:*  *How old is the child?*  *Direct work?*  *Observations*  *Information from other agencies including the foster carer*  *Who does the child feel most comfortable taking to?*  *Does the child want to see the judge or write them a letter about how they feel?*  *Have you considered that the child may feel torn in his opinions?*  *Does the child need a referral to NYAS for advocacy support?*  *(Delete Guidance on completion)* |

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| **Date of Review of Assessment Plan**  This plan will be reviewed with the family every 4 weeks from the date on this plan to discuss how plans are progressing and make amendments if required.  The IRO should also review the progress of the plan during the Children in Care reviews  *For example, have appointments, sessions, contact been attended and if not have you done all you can as the SW to support the family to succeed.* |

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| **Date outcome of parenting assessment will be shared:** |

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| Parent’s name: ……………………………………  Signed: …………………….. Date: ……………… | Social Worker………………………………………  Office address  Telephone Number  Signed:………………………Date:………………. |
| Parent’s name: ……………………………………  Signed: …………………….. Date: ……………… | Team Manager…………………………………….  Signed:……………………....Date:……………… |