**Granary Families Assessment Centre**

**Admission Information for Residential Placements**

|  |  |
| --- | --- |
| **Local Authority** |  |
| **Completed By** |  |
| **Date Completed** |  |
| **Date Placement Required** |  |

|  |  |
| --- | --- |
| **For Granary Use Only** |  |
| **Assigned to Social Worker** |  |
| **Date Placement Commenced** |  |
| **Date Form Completed** |  |

**What type of an Assessment do you require?**

At this point in time, please could you give us an indication as to what type of assessment you require, more than one can be selected.

From the list below please tick the appropriate box

⬜ 6 Week Midway Assessment

⬜ 6 Week Residential Assessment

⬜ Viability Assessment

⬜ 12 Week Residential Assessment

⬜ 16 Week Residential Assessment

⬜ Risk Assessment

⬜ Cognitive Assessment

⬜ Psychological Assessment

⬜ Community Based Assessment

**CHILDS INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** |
| Forename |  |  |  |
| Surname |  |  |  |
| Date of birth |  |  |  |
| Gender | M/F | M/F | M/F |
| Ethnic Origin |  |  |  |
| Child Status  (section 20 / ICO) |  |  |  |
| Child Protection Register / Category | Y/N | Y/N | Y/N |
| Date of birth registration |  |  |  |
| Education Plan | Y/N | Y/N | Y/N |
| SEN Statement | Current  Expired  Pending  Statutory Assessment  N/A | Current  Expired  Pending  Statutory Assessment  N/A | Current  Expired  Pending  Statutory Assessment  N/A |

**PARENTS INFORMATION**

|  |  |
| --- | --- |
| **Mother** | **In placement: Yes No** |
| Forename |  |
| Surname |  |
| Date of birth |  |
| Address |  |
| Ethnic Origin |  |
| Immigration Status |  |
| First Language |  |
| Fluent in English | Yes/No |
| Interpreter required | Yes/No |
| Religion |  |
| Mental Health Diagnosis |  |
| Disability  Learning Disability  Mobility Disability  Hearing/Visual Impairment |  |
| Criminal Convictions |  |
| History of drug/alcohol abuse? |  |
| Relationship to Child |  |
| Parental Responsibility | Yes/No |

**PARENTS INFORMATION**

|  |  |
| --- | --- |
| **Father** | **In placement: Yes No** |
| Forename |  |
| Surname |  |
| Date of birth |  |
| Address |  |
| Ethnic Origin |  |
| Immigration Status |  |
| First Language |  |
| Fluent in English | Yes/No |
| Interpreter required | Yes/No |
| Religion |  |
| Mental Health Diagnosis |  |
| Disability  Learning Disability  Mobility Disability  Hearing/Visual Impairment |  |
| Criminal Convictions |  |
| History of drug/alcohol abuse? |  |
| Relationship to Child |  |
| Parental Responsibility | Yes/No |

**PROFESSIONAL CONTACTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social Services Team For Child/Parent \*** | | | | | |
| **Local Authority** | |  | | | |
| **Address** | |  | | | |
| **Role** | **Name** | | **Tel Number** | **Fax Number** | **E Mail** |
| Social Worker |  | |  |  |  |
| Team Manager |  | |  |  |  |
| Senior Practitioner |  | |  |  |  |
| Other |  | |  |  |  |

\*Where multiple local authority staff are involved please copy this section and insert details.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Legal Team** | | | | |
| **Role** | **Name** | **Tel Number** | **Fax Number** | **E Mail** |
| Mothers Solicitor |  |  |  |  |
| Fathers Solicitor |  |  |  |  |
| LA Solicitor |  |  |  |  |
| EDT |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health Team** | | | | |
| **Role** | **Name** | **Tel Number** | **Fax Number** | **E Mail** |
| GP |  |  |  |  |
| Health Visitor |  |  |  |  |
| Psychologist/  Psychiatrist |  |  |  |  |
| Other (paediatriciandrug workers etc) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Significant Contacts** | | | | |
| **Role** | **Name** | **Tel Number** | **Fax Number** | **E Mail** |
| Childs Guardian |  |  |  |  |
| Educational contact |  |  |  |  |
| Other – Please specify |  |  |  |  |
| Other – Please specify |  |  |  |  |

**PLACEMENT CARE PLAN**

|  |
| --- |
| **Are you seeking a residential or community assessment?** |
|  |
| **Planned Meeting/Review Dates** |
|  |
| **When are reports due? (e.g. 2 weeks, 6 weeks, final)** |
|  |
| **What was the Risk Assessment prior to placement?** |
|  |
| **Were the child(ren) and family known to social services prior to the date of placement? Y/N** |
| **If yes, please give reasons for involvement and indicate what support was offered. Ensure all the following issues are covered where appropriate (day care, previous accommodation, social work support and help from other agencies).** |
|  |
| **Please indicate the legal basis for current work with this child/young person and provide the reasons why this work is being undertaken:**  **Please indicate what legal orders the child/children is currently subject to and from what date (if applicable)?** |
|  |

|  |
| --- |
| **Why does the child/family need an assessment by Granay Families Assessment Centre Residential/ Community now?** |
|  |
| **Please give details of which agencies, relatives and other interested people have been consulted concerning the child/ren/families situation and the formulation of this plan? (Attach any relevant written reports)** |
|  |
| **What is the local authority Care Plan for the child/ren?** |
|  |
| **Why has this particular plan been chosen?** |
|  |
| **What steps need to be taken to achieve this plan? Please identify the tasks, who is responsible for delivery, and the timescales.** |
|  |
| **What long term needs does/do the child(ren) have that the placement must meet? Please consider the following issues:** |
| * Ongoing physical and mental health conditions, illnesses or disabilities * Education * Contact with relatives * Ethnic/racial origin * Religion * Language * Culture |

|  |
| --- |
| **If it is not possible to meet all above needs, which should be the priority?** |
|  |
| **How frequently will the Social Worker visit the placement?** |
|  |
| **How frequently will other professionals visit the placement? Please provide details of which professionals this includes and their role in relation to the parent/child.** |
|  |
| **What are the child/ren’s and/or family’s routine? Please give details about bedtime, personal care, mealtimes, special comfort objects and likes and dislikes. Please ensure that care needs resulting from experience of abuse are also identified.** |
|  |
| **What is the expectation about routines and responsibilities whilst in placement? Please include expectations about issues such as bedtime, mealtimes, smoking/drinking, household chores, visitors, getting up in the morning, privacy, and school attendance. What sanctions should Granay Families Assessment Centre use if these expectations are not met?** |
|  |
| **Will the family receive any money direct from Social Services during the placement? Please include position regarding travel expenses, any allowance payable, and payment for clothes and equipment etc during the placement.** |
|  |

|  |  |
| --- | --- |
| **Please provide overview of child/ren medical history. You should include any immediate health concerns, medication, appointments, disabilities etc).** | |
|  | |
| **Please provide overview of the parent’s medical history. You should include any immediate health concerns, medication, appointments, disabilities etc).** | |
|  | |
| **Does any member of the family undergoing the assessment have any chronic condition, illness or disability including drug and alcohol dependence?** | |
|  | |
| **What arrangements will need to be made to meet the child/ren’s or parents physical and emotional requirements? Who will be responsible for carrying them out? What is the role of the parents?** | |
| **Current Medical Care** |  |
| **Dental Care** |  |
| **Eye & Hearing Tests** |  |
| **Preventative and other health care (e.g. speech therapy, physiotherapy, child/adolescent and family mental health)** |  |
| **Addiction** |  |
| **Anger Management** |  |
| **Are there any of the above needs that cannot be met at present? If so, what plans will be made to meet them in the future?** | |
|  | |

|  |
| --- |
| **Please give detailed information if the child/ren is/are subject to any orders.** |
|  |
| **Please give detailed information of any recorded offences and cautions involving the family.** |
|  |

**ADDITIONAL INFORMATION REQUIRED**

To support the information provided in the Admission Form please provide the following:

* Your core assessment.
* Family history and genogram
* Background detail about medical issues identified on the Admission Form. Including any psychiatric reports, forensic assessment, details of hospitalisations and prescribed medication.
* Information about any criminal records and pending court appearances.
* Information about Contact with family and friends.
* Information about specific cultural and/or religious needs.

**Professionals and Parent/Person with Parental Responsibility**

**Signatures**

|  |  |
| --- | --- |
| **Social Worker/**  **Duty Social Worker** | The above information is correct to the best of my knowledge and belief and I confirm that I have seen Granay Families Assessment Centre’s Fee Schedule:  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_/\_\_/\_\_**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_/\_\_/\_\_** |
| **Case Co-ordinator/**  **Service Manager** | Granay Families Assessment Centre agrees to facilitate a Parenting Assessment at the placement address:  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_/\_\_/\_\_**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_/\_\_/\_\_** |
| **Parent/Person**  **with parental responsibility** | I understand that this is a voluntary arrangement under Section 20 of the Children Act 1989:  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_/\_\_/\_\_**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_/\_\_/\_\_**  I understand that my child/ren is/are on Interim Care Order/s under Section 31 of the Children Act 1989:  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_/\_\_/\_\_**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_/\_\_/\_\_** |

**Financial Agreement between**

**Granary Families and the Local Authority**

This agreement is between the Local Authority and Granary Families Assessment Centre (The Provider) in respect to the referred family.

Granary Families Assessment Centre have agreed to provide a residential assessment for a

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to assess them in accordance to the Letter of Instruction supplied by the Local Authorities Social Worker.

**Please complete the admissions form in full signed and returned prior to the family’s arrival.**

The financial contract must be signed by the authorised officer for funding for the placement to commence and by signing this document you are in agreement to the assessment and the fees that occur.

If changes or additional services are to be incurred during the assessment authorisation must be sent to the Granay Families Assessment Centre Centre.

Please keep one copy for your records and return one signed copy to:

Granary Care Limited

PO Box 1129

Uxbridge

Middlesex UB8 9XW

Or email to motherandbaby@granarycare.com

**Residential parenting assessment of**

|  |
| --- |
| **One parent and one child £3150.00 per week** |
| **Two parents and one child/one parent and two children £3500.00 per week** |
| **Additional Child £1770.00 per week** |

**Timescales of the assessment**

|  |  |
| --- | --- |
| **Start:** | 12-week parenting assessment |

**Agreed Additional Services**

*Any additional services agreed during the assessment must be agreed between Granay Families Assessment Centre’s allocated Social Worker and the authorized funding officer. Please note there is an additional charge for an interim report of £500.00.*

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Costs | Start | End |
| **1:1 support/monitoring throughout each 24-hour period** | **£25 per hour** |  |  |
| **Additional Waking Night** | **£25 per hour** |  |  |
| **Child care [while parents attend activities, meetings, court]** | **£25 per hour** |  |  |
| **Escorting [Initial two weeks included in the assessment package]** | **£35 per hour** |  |  |
| **Court Attendance** | **£330.00** |  |  |
| **Interpreting Services** | **To be sourced and commissioned by the LA directly** |  |  |
| **Interim Report [one-off payment]** | **£ 700** |  |  |
| **Any Other** |  |  |  |

**Financial agreement requiring signatures**

The provider and the Local Authority are in agreement to this contract for the named family above. The contract in its entirety are not affected or altered in any way by the actual date of the signature of this agreement. At no time can social workers authorise placements or additional services.

|  |  |
| --- | --- |
| **Provider Officer - Signature**  **Name:**  **Signature:**  **Date:** | **Local Authority Authorised Officer - Signature**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_/\_\_\_\_/\_\_\_** |
| **Authorisation for Funding**  **(the Authorised Officer)**  **Name: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_\_/\_\_\_** | |

**FINANCE AND OTHER DEPARTMENTS**

Please list below where our invoice should be sent and contact details.

|  |  |
| --- | --- |
| Finance Department |  |
| Telephone Number |  |
| Email address |  |
| Fax Number |  |

|  |  |
| --- | --- |
| Resource Team Officer |  |
| Telephone Number |  |
| Email address |  |
| Fax Number |  |

|  |  |
| --- | --- |
| Commissioning Officer |  |
| Telephone Number |  |
| Email address |  |
| Fax Number |  |

**PURCHASE ORDER NUMBER**

If a Purchase Order Number is required, please provide the Purchase Order number and for the amount this has been agreed for. *We cannot accept the placement without a Purchase order number.*

|  |  |  |
| --- | --- | --- |
| Contact Name |  | |
| Telephone Number |  | |
| Email address |  | |
| PO Number | PO: | Agreed costs at £ |

**Terms of Placement**

**Standard Assessment Cost**

Please note that from the date the assessment commences, an invoice will be issued at the end of each month and will be sent to the email address provided for processing.

**Flexibility of Placement**

We understand that flexibility is a vital requirement in any work commissioned by a Local Authority. There is scope at any stage of the assessment for termination to be considered or for a move into the community with work continuing in the family’s home or the family going into a different specialist resource eg.,drug rehab, therapeutic foster care.

**Termination of Placement**

At any stage the placement can be terminated by the Local Authority or Granay Families Assessment Centre. There will be a two-week cancellation fee should the Local Authority terminate. There will be a one-week cancellation fee should Granay Families Assessment Centre terminate. In an emergency that constitutes serious child protection or safeguarding concerns, the placement will be suspended until there is a disruption meeting: this may be in person, via email or phone depending on the circumstances. A placement termination eviction notice may also be served giving the service user 24 hours to vacate. In some instances, notice can be given in advance to avoid a cancellation fee.

**Extension of Placement**

If requested, planned and unplanned extensions of placement would be generally be available to families already in the assessment and would be agreed by the Registered Manager. Any extensions requested beyond the agreed placement end date are charged a minimum of one week’s cancellation fee.

**Authorisation of Additional Services**

Where a service is not included within the basic fee, we will discuss the request with the Local Authority and email the appropriate professional an authorisation form. We will not introduce services without written authorisation, but we do request that it is dealt with as a matter of urgency in order for the continuation of the assessment.

**Reports and Minutes**

Our standard assessment cost includes:

Minutes from the planning meeting and each review and professionals meeting within five working days of the meeting.

Weekly Updates within three days after the seven-day period. Weekly Updates are based on

‘Signs of Safety’.

Report within two weeks of the completion of a viability phase where there is a negative outcome.

A final report within two weeks after the assessment is completed.

There may be instances whereby the date of the final report is negotiated.

Other reports, including a midway report, can be requested by the local authority and would be charged at £700.00.

**Statutory Requirements**

Granay Families Assessment Centre works in partnership with the Local Authority to fulfil statutory requirements. We will therefore assist families to attend LAC medicals, attending CP conferences, placement reviews, LAC Reviews and Core Group meetings etc,.

**Child Protection**

Safeguarding children is paramount to Granay Families Assessment Centre. Ensuring the welfare of the child and their safety is our first priority. Granay Families Assessment Centre has a duty of care to pass on any information that may constitute a child protection matter and potentially trigger a s.47 investigation. This will be done verbally as a matter of urgency and in writing within 24 hours.

Granary Families Assessment Centre safeguarding procedures are based on the London Child Protection Procedures 4th Ed 10.

**Invoicing Information**

**Holding a Placement**

Granay Families Assessment Centre has limited availability. Therefore, if the referring agency agrees a placement but requires it at a later date, a ‘holding fee’ will be required to secure the placement with immediate effect.

**Payment Terms**

The assessment fees contract must be signed and returned confirming the agreed costings. Granay Families Assessment Centre requires all invoice payments to be made to Granary Care Limited within 30 days of the invoice date. Failure to make payment within the agreed timescale will attract daily interest at 8% plus the BOE base rate.

**Finance Contract**

This finance contract outlines the assessment required to ensure that all families (depending on the number of family members in the assessment) are assessed in an open and honest procedure.

This finance contract must be completed and signed by an authorised party and returned to: [accounts@granarycare.com](mailto:accounts@granarycare.com) prior to the family’s arrival.

Letter of Instruction/Legal Bundle

The Letter of Instruction must be sent at the beginning of the assessment, so Granay Families Assessment Centre has clarity as to what is required within the assessment process for each resident.

**Purchase Order Numbers**

If the referring agency requires Granay Families Assessment Centre to use a Purchase Order Number for invoicing, please provide as soon as possible to avoid delayed payment.