**Single Assessment**

**Basic Information**

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| **Service User Information** |
|  Azeus ID

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| --- | --- |
| Name         |          |
| Preferred Name         |          |
| Date of Birth         |          |
| Age         |          |
| Gender         |          |
| Home Address         |          |
| Tel. No.         |          |          |
|          |
| **Nationality, Ethnicity and Religion** |
| Nationality         |          |
| Religion         |          |
| Ethnicity         |          |
|          |
| **Language and Communication** |
| Preferred Language         |          |
| Needs an Interpreter         |          |
| Parents' Literacy         |          |
| **Communication Method** | Start Date | End Date |
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| **Other Identifiers and Person Status** |
| NHS Number         |          |
| Unique Pupil Number         |          |
| Immigration Status         |          |
| Immigration Start Date         |          |
| Legal Status         |          |
| Legal Status Start Date         |          |
|          |
| **School and Education** |
| Name of School | Address | Start Date | End Date |
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| **Disabilities** |
| Type of Disability | Start Date | End Date |
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| **Assessment Details** |
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| Assessment Type         |          | Assessment Status         |           |
| Responsible Worker         |           |
| Assessment Start Date         |          |
| Target Internal Review Date         |          | Actual Internal Review Date         |          |
| Create Date         |          | Created By         |          |

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| --- | --- | --- | --- |
| Last Update Date         |          | Last Updated By         |          |

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**CYPS Single Assessment**

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| **Contributor to the Single Assessment** |
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| Name | Role |
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| Reason for Referral         |   |
|          |
| Is this a Private Fostering Arrangement?         | Yes / No |

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| **Consent** |
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**Management Directions**

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| **Directions from Manager** |
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| Notes        **Reason for the assessment:** **Purpose of the assessment:** Assess the concerns for child x and identify taking into account history what needs to happen to reduce current and future risks. What needs to happen to achieve permanent good care for this child./Asses child x day to day experience in this placement**Planned:** Prepare an assessment plan within x days. Who will contribute, e.g. Ensure absent father with PR contributes to the assessment and the health visitor and Mothers substance misuse worker.**Focused:** Take into account the following issues……. e.g. Duration and intensity of problems. Parents own history of parenting. Impact of previous separation from father. Their impact for the children. What needs to happen to achieve permanent good care for this child.**Purposeful: Purpose of the assessment:*****Inset box******Insert box and guide text that can be typed over:*** *Describe reason for assessment: assess the concerns for this child X that include………. and their impact for the child.**To assess the risks identified and the steps needed to reduce risk to child x and his brothers and sisters and or his parents.**What needs to happen to achieve permanent safe care for this child.****Update assessment*** *to evaluate progress in risk reduction. Update assessment to evaluate impact of change in family circumstances and risks. To inform the focus of work with the child and family.**Should intervention escalate or be stepped down.**What needs to happen to achieve safe permanent care for this child. For a looked after child consider the child’s lived experience in placement. The child’s wellbeing and progress of the care plan. Progress of permanence plan for the child.* **Planned: Plan for assessment:*****Insert box and guide text that can be typed over:****Consult with both parents/carers/adults with PR/extended family/significant others on their view of concerns and what needs to happen to reduce concerns**See child/brothers and sisters to understand their day to day experience in the family/at school/ in the community and the impact of concerns**Consult professionals who know the child/family on their view of concerns and what needs to happen to reduce concerns.**For looked after child see carers and child and family members where reunification is being considered.* Proposed Timescale: |  |

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**Family Composition**

**Genogram completed: Y/N**

**Chronology Completed/updated Y/N**

**Family Network Meeting held Y/N**

**Pen Picture of the child and family**

*E.g. Billy is 14 years old and lives with his mother and two younger brothers James aged 10 years and Frank aged 6 years. Billy’s father left the family two years ago. The family get support from Mrs X’s sister and her mother who live locally. Billy and his brothers do not have regular contact with their father. Paternal grandparents are deceased. Joe Black a previous lodger does maintain regular contact with the family. Billy attends x school and his attendance is good. His brothers attend x school and have good attendance.*

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| **Assessment of Child's Development Needs & Strengths** |
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| Child's Developmental Needs & Strengths: \*         |
| Consider health, development, speech, language communication, social behavioural, emotional development, family and social relationships, progress in learning, attendance at school, risk of exclusions .         |
|     |
| Child's Wishes & Feelings: \*         |
| Please consider each child individually. Please describe the attempts made to engage if a young person has declined to meet. Describe the child's day to day experience of living in the family, at school, in the community. The child’s views and feelings about their family circumstances. Please include direct quotes of the child or attach any written comments they would like to make. If a child is non verbal please consider the range of methods available to ascertain their views including direct observation.         |
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| Has the child been seen and if age appropriate spoken to alone?Yes / No |

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| **Systemic questions:** The systemic goal during assessment is to understand the context within which the “problem behaviour” happens. Asking relational questions to understand how interactions help or hinder. What are the triggers, drivers or obstacles to the family members achieving problem solving. |
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| 1. What is the problem?How long has this problem been present?
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| 2. When is the problem less present?Think: context change [holiday/different family members/different context]; |
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| 3.What is the context? What is the history of the problem?Has it changed over time? |
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| 4. What has been done about it?What solutions have been attempted?What was the outcome?5. Why is it still a problem?Contributory factors eg mental health, poverty, housing, beliefs, lack of resources/intergenerational patterns?6. Beliefs about the problem? Family beliefs that may help or hinder problem solving?7. What will happen if there is no changeWhat do family members and professionals feel will be the consequence of no change |

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| **Views of Relevant Key Agencies** |
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| Views of relevant Key Agencies in relation to child(ren) and relevant adults including education, health, police, housing ,probation etc.:         |
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**Focused: Analysis, Risks and Recommendations**

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| **Analysis / Risks /Protective factors /Strengths** |
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| Analysis / Risks / Protective factors/Strengths?         |
| Please give an analysis of the information gathered during the Assessment. For update assessment describe what progress has been made in relation to the plan since the previous conference/review. Ensure the voice of the Child or change in day to day experience is reflected in your analysis.**Analysis should take into account significant family history including history of harm when assessing current risk**. Include risk of future harm, protective factors, areas where there is dispute or uncertainty, that contribute to greater difficulties.         |
| What are the worries for this child? History, current or concern for future harm?What are the protective factors for this child?What are the complicating factors barriers to problem solving? Reflecting on the history and current concerns and protective factors identified, what needs to happen?What needs to happen to achieve safe permanent care for this child?What will be the impact of no change? Is a contingency plan needed? |
| Please indicate if there are there concerns about:Gang affiliation?        | Yes / No |
|          |
| Recommendations         |
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|          |
| Desired Outcomes         |
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| **Draft Plan** |
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| What outcome do you want to achieve? | Measure of Progress: How to know if we are closer to our outcome? | Actions: How is it going to be done? | Who is Responsible: Who is going to do it (full name)? | Time scale: When does this need to be achieved by? | Progress Made: What has been achieved? | Tick if Achieved |
|  |  |  |  |   |  | [ ]   |
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**Services into Adulthood and the Care Act**

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| **Criteria** |
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| Is this Client likely to require services into Adulthood? (Care Act Questions)         | Yes / No |

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| **Guidance:** Practitioners need to consider whether a person who lacks capacity to consent to their care plan is being deprived of their liberty as a result of the following: person is subject to continuous supervision and control and is not free to leave, practitioners should consider all restraints for example, medication, time limited access to the community, having a GPS tracking system etc. A person can be deprived of their liberty using community services, residential care, nursing, hospital wards, supported living and even in their own home.         |

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| **Care & Support Needs** |
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| Nutrition         |
| Do you have any concerns about how you currently manage and maintain your nutrition?         | Yes / No |
| Guidance: Consider whether the adult has access to food and drink to maintain nutrition, and that the adult is able to prepare and consume the food and drink. **This question includes medication prompting**         |
| Answer         |
| What can the customer help themselves with?         |   |
| What can the customers family/community assist with?         |   |
| What would they like Adult Social Care services to help with?         |   |
|          |
| Practitioner's assessment of the customer's ability to meet this outcome         |  |
| *Guidance: What could help achieve independence? (Equipment, enablement, training, short term intervention, rehabilitation, telecare). How is this affecting the customer's wellbeing?*         |
|          |
| Can the customer meet this outcome independently? \*         | Yes / No |
|          |
| Personal Hygiene         |
| Do you have any concerns about how you currently maintain your personal hygiene?:         | Yes / No |
| *Guidance: consider the adult’s ability to wash themselves and launder their clothes.*         |
| Answer         |
| What can the customer help themselves with?         |   |
| What can the customers family/community assist with?         |   |
| What would they like Adult Social Care services to help with?         |   |
|          |
| Practitioner's assessment of the customer's ability to meet this outcome         |   |
| *Guidance: What could help achieve independence? (Equipment, enablement, training, short term intervention, rehabilitation, telecare). How is this affecting the customer's wellbeing?*         |
|          |
| Can the customer meet this outcome independently?         | Yes / No |
|          |
| Toilet Needs         |
| Do you have any concerns about how you currently manage your toilet needs?         | Yes / No |
| *Guidance: Consider the adult’s ability to access and use a toilet and manage their toilet needs.*         |
| Answer         |
| What can the customer help themselves with?         |   |
| What can the customers family/community assist with?         |   |
| What would they like Adult Social Care services to help with?         |   |
|          |
| Practitioner's assessment of the customer's ability to meet this outcome         |   |
| *Guidance: What could help achieve independence? (Equipment, enablement, training, short term intervention, rehabilitation, telecare). How is this affecting the customer's wellbeing?*         |
|          |
| Can the customer meet this outcome independently?         | Yes / No |
|          |
| Appropriately Clothed         |
| Do you have any concerns about how you currently manage being appropriately clothed?         | Yes / No |
| *Guidance: Consider the adult’s ability to dress themselves and to be appropriately dressed, for instance in relation to the weather to maintain their health*         |
| Answer         |
| What can the customer help themselves with?         |   |
| What can the customers family/community assist with?         |   |
| What would they like Adult Social Care services to help with?         |   |
|          |
| Practitioner's assessment of the customer's ability to meet this outcome         |   |
| *Guidance: What could help achieve independence? (Equipment, enablement, training, short term intervention, rehabilitation, telecare). How is this affecting the customer's wellbeing?*         |
|          |
| Can the customer meet this outcome independently?         | Yes / No |
|          |
| Family and Friends or Making New Relationships         |
| Do you have any concerns about keeping in touch with family and friends or making new relationships?         | Yes / No |
| *Guidance: Consider whether the adult is lonely or isolated, either because their needs prevent them from maintaining the personal relationships they have or because their needs prevent them from developing new relationships.*         |
| Answer         |
| What can the customer help themselves with?         |   |
| What can the customers family/community assist with?         |   |
| What would they like Adult Social Care services to help with?         |   |
|          |
| Practitioner's assessment of the customer to meet this outcome independently         |   |
| *Guidance: What could help achieve independence? (Equipment, enablement, training, short term intervention, rehabilitation, telecare). How is this affecting the customer's wellbeing?*         |
|          |
| Can the customer meet this outcome independently?         |   |
|          |
| Local Community or Public Transport         |
| Do you have any concerns about making use of your local community or using public transport?         | Yes / No |
| *Guidance: including public transport and recreational facilities or services. Local authorities should consider the adult’s ability to get around in the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing. Local authorities do not have responsibility for the provision of NHS services such as patient transport, however they should consider needs for support when the adult is attending healthcare appointments.*         |
| Answer         |
| What can the customer help themselves with?         |   |
| What can the customers family/community assist with?         |   |
| What would they like Adult Social Care services to help with?         |   |
|          |
| Practitioner's assessment of the customer's ability to meet this outcome         |   |
| *Guidance: What could help achieve independence? (Equipment, enablement, training, short term intervention, rehabilitation, telecare). How is this affecting the customer's wellbeing?*         |
|          |
| Can the customer meet this outcome independently?         | Yes / No |

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| **Home** |
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| Use of Home Safely         |
| Do you have any concerns about making use of your home safely?         | Yes / No |
| *Guidance: Consider the adult’s ability to move around the home safely, which could for example include getting up steps, using kitchen facilities or accessing the bathroom. This should also include the immediate environment around the home such as access to the property, for example steps leading up to the home*         |
| Answer         |
| What can the customer help themselves with?         |   |
| What can the customers family/community assist with?         |   |
| What would they like Adult Social Care services to help with?         |   |
|          |
| Practitioner's assessment of the customer's ability to meet this outcome         |   |
| *Guidance: What could help achieve independence? (Equipment, enablement, training, short term intervention, rehabilitation, telecare). How is this affecting the customer's wellbeing?*         |
|          |
| Can the customer meet this outcome independently?         | Yes / No |
|          |
| Home Environment         |
| Do you have any concerns about your home environment?         | Yes / No |
| *Guidance: Consider whether the condition of the adult’s home is sufficiently clean and maintained to be safe. A habitable home is safe and has essential amenities. An adult may require support to sustain their occupancy of the home and to maintain amenities, such as water, electricity and gas.****Consider HRS:*** *Would provision of housing related support:* *1) Reduce the risk of the individual losing their home and having to move to less independent accommodation?* *2) Enable the individual to move to more independent housing*         |
| Answer         |
| What can the customer help themselves with?         |   |
| What can the customers family/community assist with?         |   |
| What would they like Adult Social Care services to help with?         |   |
|          |
| Practitioner's assessment of the customer's ability to meet this outcome         |   |
|          |
| Can the customer meet this outcome independently?         |   |

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| **Accessing & Engaging in Work, Training, Education or Volunteering** |
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| --- | --- | --- |
| Employment Status | Start Date | End Date |
|   |   |   |
|   |   |   |
|  |  |  |
| Work, training, education or volunteering         |
| Do you have any concerns about being able to work or take part in training, education or volunteering?         | Yes / No/ NA |
| *Guidance: consider whether the adult has an opportunity to apply themselves and contribute to society through work, training, education or volunteering, subject to their own wishes in this regard. This includes the physical access to any facility and support with the participation in the relevant activity.*         |
|          |
| *Guidance: What could help achieve independence? (Equipment, enablement, training, short term intervention, rehabilitation, telecare). How is this affecting the customer's wellbeing?*         |
|          |
| Can the customer meet this outcome independently?         | Yes / No/ NA |
|          |
| Referral to Supported Employment Team required?         | Yes / No |

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| **Dependants** |
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| Details of any dependants         |   |
|          |
| Parental Responsibilities for a Child         |
| Do you have any concerns about being able to carry out parental responsibilities for a child or children?         | Yes / No/ NA |
| *Guidance: Consider any parenting or other caring responsibilities the person has. The adult may for example be a step-parent with caring responsibilities for their spouse’s children.*         |
| Can the customer meet this outcome independently?         | Yes / No/ NA |

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| **Mental Capacity/Deprivation of Liberty** |
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| Is a Mental Capacity Assessment required?         | Yes / No |
| *MCA Guidance: If yes, select 'For mental capacity assessment' at the end of this form, under Actions, in order to access this form*         |
|          |
| *DOLS Guidance: Practitioners need to consider whether a person who lacks capacity to consent to their care plan is being deprived of their liberty as a result of the following: person is subject to continuous supervision and control and is not free to leave, practitioners should consider all restraints for example, medication, time limited access to the community, having a GPS tracking system etc. A person can be deprived of their liberty using community services, residential care, nursing, hospital wards, supported living and even in their own home.*         |
|          |
| Key information, including reasons for proceeding or not proceeding with further consideration of mental capacity or deprivation of liberty         |   |
|          |
| Does the customer manage their own finances         | Yes / No |
|          |
| Who manages your finances: \*         |
| Name | Tel No. | Address | Basis on which customer's finances are being managed | Property and Financial Affairs | Health and Welfare |
|   |   |   |   | [ ]   | [ ]   |
|   |   |   |   | [ ]   | [ ]   |
|  |  |  |   | [ ]   | [ ]   |

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| If the customer lacks the mental capacity to manage their finances and a third party is acting on their behalf without legal authority, what advice has been given to the third party?         | Apply for Court/ Apply for DWP/ None |

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**Manager's Review**

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| **Manager's Review** |
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| Review Date | Purpose (10-day review, etc.) | Manager's Review | Feedback Provided | Next Review Date |
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FORM COMPLETED BY

TEAM

DATE