

LCS

Tel:  
Fax:

## Single Assessment

### Details of Child: Xyz Xyz

|             |                |                  |         |
|-------------|----------------|------------------|---------|
| Family Name | Xyz            | Given Names      | Xyz     |
| Actual DOB  | 01-Sep-2008    | Gender           | Male    |
| Ethnicity   | C2 - Pakistani | Primary Language | English |
| Case Number | 518989         |                  |         |

### Assessment

|                                   |                      |
|-----------------------------------|----------------------|
| Date the referral was received    | 01-May-2018          |
| Date the assessment was started   | 10-Aug-2020          |
| Date the assessment is due        | 28-Sep-2020          |
| Date the assessment was completed | 08-Oct-2020          |
| What type of Assessment is this?  | Pre-Birth Assessment |

## Involvements

### Other Household Members

| Relationship | Name | Date of Birth | Gender | Ethnicity | Language | CSSR | Referral | School | Start/End Date |
|--------------|------|---------------|--------|-----------|----------|------|----------|--------|----------------|
|--------------|------|---------------|--------|-----------|----------|------|----------|--------|----------------|

### Non-Household Significant Family Members & Other Related Persons

| Relationship | Name      | Date of Birth | Gender | Ethnicity | Language | Address              | Start/End Date             |
|--------------|-----------|---------------|--------|-----------|----------|----------------------|----------------------------|
| Foster Carer | Harry Dad | 01-Sep-1984   | Male   |           |          | Confidential Address | 01-May-2019<br>18-Sep-2019 |

### Current Involvements

| Role                  | Professional | Team | Job Title | Start Date  | End Date | Contact Numbers      | Core Group Member | Reason |
|-----------------------|--------------|------|-----------|-------------|----------|----------------------|-------------------|--------|
| Allocated Case Worker | Abdul Mannan | LCS  |           | 18-Sep-2019 |          | Show Contact Numbers | No                |        |

### Current Key Agencies

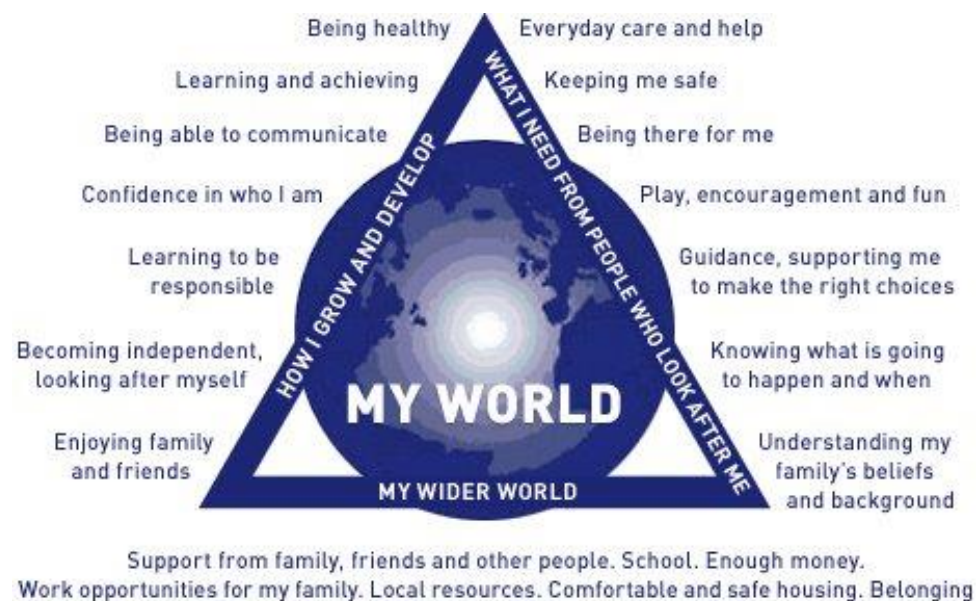
| Role | Professional | Agency | Agency Role | Agency Contact Number | Started On | Date Consulted |
|------|--------------|--------|-------------|-----------------------|------------|----------------|
|------|--------------|--------|-------------|-----------------------|------------|----------------|

If any agency has not contributed to this assessment explain why

| Personal Information about Child   |                           |   |               |   |                             |       |
|--|---------------------------|---|---------------|---|-----------------------------|-------|
| Please comment upon how the child's culture and identity is incorporated into the assessment, intervention and planning for the child  |                           |   |               |   |                             |       |
| If the child has a disability or communication needs, please comment upon the impact of these upon the child and how this is considered within the assessment, intervention and planning |                           |   |               |   |                             |       |
| Ethnicity Details  |                           |   |               |   |                             |       |
| Nationality  | British                   |   |               |   |                             |       |
| Ethnicity  | C2 - Pakistani            |   |               |   |                             |       |
| Religion   | Islam                     |   |               |   |                             |       |
| Languages  |                           |   |               |   |                             |       |
|  | Language                  | Fluency   | Understanding | Primary?                                | Interpreter?                | Notes |
|  | English                   | Fluently  |               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| Current Disabilities   |                           |   |               |   |                             |       |
|  | No Disabilities Recorded  |   |               |   |                             |       |
| Current SEN Statements   |                           |   |               |   |                             |       |
|  | No SEN Recorded           |   |               |   |                             |       |
| Have the parents requested a carers assessment?  |                           |   |               |   |                             |       |
| Referral Information   |                           |   |               |   |                             |       |
| What were the original concerns that led to this episode?  | .                         |   |               |   |                             |       |
| Name of Midwife, HV and Best Start Nurse   |                           |   |               |   |                             |       |
| Hospital where baby will be delivered  |                           |   |               |   |                             |       |
| Gestation at the time of Referral  |                           |   |               |   |                             |       |
| Visits undertaken as part of this assessment   | List is empty             |   |               |   |                             |       |
| Have you recorded all visits and sessions within case notes?   | Yes                       |   |               |   |                             |       |
| Have you spoken to mother?   |                           |   |               |   |                             |       |
| Have you spoken to father?   |                           |   |               |   |                             |       |
| Have you spoken to extended family?  |                           |   |               |   |                             |       |
| Family History   |                           |   |               |   |                             |       |
| All CP Plans   |                           |   |               |   |                             |       |
|  | No Child Protection Plans |   |               |   |                             |       |
| All Legal Statuses   |                           |   |               |   |                             |       |
|  | Started On                | Legal Status                                    |               | Expiry Date                             | Actual End Date             | Court |
|  | 17-Sep-2019               | Interim Supervision Order                       |               |   |                             |       |
|  | 01-May-2019               | Single Period of Accommodation under Section 20 |               |   | 18-Sep-2019                 |       |

|  |                                      |
|--|--------------------------------------|
| In relation to chronology - "Has a recent impact chronology been completed?"   |                                      |
| Please summarise important family history from the chronology, themes and patterns for the family and its impact on the child" |                                      |
| Summarise the history and previous intervention(s)   |                                      |
| Summarise the actions/interventions since the last RCPC  |                                      |
| Is Neglect a concern? Please ensure you complete Graded Care Profile Tool  | Yes                                  |
| Graded Care Profile  | Graded Care Profile Tool not started |
| Is Domestic Abuse a concern? Please ensure you complete the DARAC Tool?  |                                      |
| Is Alcohol & Drugs a concern? Please ensure you complete Brief Alcohol & Drugs Screening Tool                                  |                                      |
| Have siblings of unborn had previous CP Plans?   |                                      |
| Have siblings of unborn had previous legal statuses?   |                                      |

## Summary & Analysis



|                              |  |
|------------------------------|--|
| Child's Developmental Needs  |  |
| Family & Environmental Needs |  |
| Parenting Capacity           |  |
| <b>Summary</b>               |  |
| What are we worried about?   |  |
| What's working well?         |  |

|   |                          |                            |      |
|---|--------------------------|----------------------------|------|
| What needs to happen?   |                          |                            |      |
| What support services or intervention,including external agencies has taken place and how successful has it been?                 |                          |                            |      |
| Family & Significant Other's Views  |                          |                            |      |
| Date these views were taken   |                          |                            |      |
| Mother's Views  | .                        |                            |      |
| Date these views were taken   |                          |                            |      |
| Father's Views  | .                        |                            |      |
| Date these views were taken   |                          |                            |      |
| Views of Significant Others   | Significant Other's Name | Significant Other's View   | Date |
| Views of Key Agencies   | Key Agency/ Name         | View of Key Agency/ Worker | Date |
|   | .                        | .                          |      |
| Factors Identified at the end of assessment   |                          |                            |      |
| Factors Identified at the end of assessment   |                          |                            |      |
| 1A <b>Alcohol misuse:</b> Concerns about alcohol misuse by the <b>child</b>   |                          |                            |      |
| 1B <b>Alcohol misuse:</b> Concerns about alcohol misuse by the <b>parent/carer</b>  |                          |                            |      |
| 1C <b>Alcohol misuse:</b> Concerns about alcohol misuse by <b>another person</b> living in the household.                         |                          |                            |      |
| 2A <b>Drug misuse:</b> Concerns about drug misuse by the <b>child</b>   |                          |                            |      |
| 2B <b>Drug misuse:</b> Concerns about drug misuse by the <b>parent/carer</b>  |                          |                            |      |
| 2C <b>Drug misuse:</b> Concerns about drug misuse by <b>another person</b> living in the household.                               |                          |                            |      |
| 3A <b>Domestic violence:</b> Concerns about the <b>child</b> being the subject of domestic violence.                              |                          |                            |      |
| 3B <b>Domestic violence:</b> Concerns about the child's <b>parent/carer</b> being the subject of domestic violence.               |                          |                            |      |
| 3C <b>Domestic violence:</b> Concerns about <b>another person</b> living in the household being the subject of domestic violence. |                          |                            |      |
| 4A <b>Mental health:</b> Concerns about the mental health of the <b>child</b>   |                          |                            |      |
| 4B <b>Mental health:</b> Concerns about the mental health of the <b>parent/carer</b>  |                          |                            |      |
| 4C <b>Mental health:</b> Concerns about the mental health of <b>another person</b> in the family/household.                       |                          |                            |      |
| 5A <b>Learning disability:</b> Concerns about the <b>child's</b> learning disability.   |                          |                            |      |
| 5B <b>Learning disability:</b> Concerns about the <b>parent/carer's</b> learning disability.                                      |                          |                            |      |

|   |  |
|---|--|
| 5C <b>Learning disability:</b> Concerns about <b>another person</b> in the family/household's learning disability.  |  |
| 6A <b>Physical disability or illness:</b> Concerns about a physical disability or illness of the <b>child</b> .   |  |
| 6B <b>Physical disability or illness:</b> Concerns about a physical disability or illness of the <b>parent/carer</b> .  |  |
| 6C <b>Physical disability or illness:</b> Concerns about a physical disability or illness of <b>another person</b> in the family/household.                                       |  |
| 7A <b>Young carer:</b> Concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities                           |  |
| 9A <b>UASC:</b> Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child.  |  |
| 10A <b>Missing:</b> Concerns that services may be required or the child may be at risk of harm due to going/being missing   |  |
| 11A <b>Child Sexual Exploitation:</b> Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation                                 |  |
| 12A <b>Trafficking:</b> Concerns that services may be required or the child may be at risk of harm due to trafficking   |  |
| 13A <b>Gangs:</b> Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs   |  |
| 14A <b>Socially unacceptable behaviour:</b> Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour                       |  |
| 15A <b>Self-harm:</b> Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm   |  |
| 16A <b>Abuse or neglect - NEGLECT:</b> Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.         |  |
| 17A <b>Abuse or neglect – EMOTIONAL ABUSE:</b> Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect. |  |
| 18A <b>Abuse or neglect – PHYSICAL ABUSE:</b> Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.  |  |
| 19A <b>Abuse or neglect – SEXUAL ABUSE:</b> Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.    |  |
| 20 <b>Other</b>   |  |
| 21 <b>No factors identified-</b> only use this if there is no evidence of any of the factors above and no further action is being taken.  |  |

|                      |
|----------------------|
| Planning             |
| Outcome Focused Plan |

|                             |                      |   |                            |           |                    |
|-----------------------------|----------------------|---|----------------------------|-----------|--------------------|
| What are we worried about?  | What's working well? | What is the desired outcome?  | What needs to happen next? | Timescale | Person Responsible |
| Danger Statement            |                      | .   |                            |           |                    |
| Safety Goal                 |                      | .   |                            |           |                    |
| Decisions & Further Actions |                      |   |                            |           |                    |
| Suggested Outcomes          |                      | <div><div><input type="checkbox"/> Strategy Discussion</div><div><input type="checkbox"/> Legal Action</div><div><input type="checkbox"/> Specialist Assessment</div><div><input type="checkbox"/> Place into Accommodation</div><div><input type="checkbox"/> CIN Plan</div><div><input type="checkbox"/> CIN Plan with Short Break Care</div><div><input type="checkbox"/> Referral to Other Agency</div></div> <div><input type="checkbox"/> Private Fostering Agreement</div> <div><input type="checkbox"/> No Further Action (Early Exit due to Early Section 47 End)</div> <div><input type="checkbox"/> No Further Action</div> <div><input type="checkbox"/> Continue with CIN process</div> <div><input type="checkbox"/> <del>Continue with Child Protection process</del></div> <div><input type="checkbox"/> <del>Continue with CLA process</del></div> <div><input type="checkbox"/> Referral to EHM (Step Down)</div> |                            |           |                    |