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**Practice Guidance**

**Completing a Child & Family Assessment**

Version 1, May 2017

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**What you need to read…**

Please read the following single assessment guidance on Tri.x

http://www.proceduresonline.com/darlington/cs/chapters/p\_assessment.html

This practice guidance will provide you with the guidance on the expected content you should be providing when completing a child & family assessment on Liquid Logic, section-by-section. The example questions will guide you on what you should be asking when assessing within each sub-domain of the domain diamond.

**THE STATUTORY MAXIMUM TIMESCALE TO COMPLETE A C&F IS 45 DAYS**

This document does not cover the Care And Support Plan within the C&F, guidance on completion of this is held separately.

It is advisable to create separate headings for each sub-domain within each domain; this will make it clear what you have assessed, and will make it simpler for you to update the C&F for any future revisions you may make, and it will also allow you to replicate the sub-domains in any other further assessments, enquiries or plans the C&F may lead to.

**NB**- you do not have to complete every sub-domain, only those pertinent to the child and their family. If there isn’t anything required to be written, leave that sub-domain blank.

**Page 1 - Assessment:**

* Date of the Referral – Automatically generated
* Date the assessment was started- Automatically generated
* Date the assessment is due - Automatically generated
* Date the assessment was completed- completed by Social worker
* Internal Review date
* Has the consent been sought to conduct this assessment? Tick Yes/No
* Why has consent not been sought?

**Page 2- Child and Family Information**

* Relationships for Child – Ensure all are up to date and accurate, with main carer being ticket correctly and addresses being up to date.
* Reason for doing an assessment- What is the current reason for involvement, why are we involved? What are the risks? Why are we assessing now? Do not just copy and paste the referral into this section. Be specific about the concerns and why this child and family require the involvement of a social worker. Think about what specific needs you need to address.
* Has someone with parental responsibility for the child/young person given consent to; contact being made with other agencies? If consent was not sought, explain why
* Was the Child/Young Person seen during this assessment? Child should always be seen for a C and F assessment.
* Has a person 16+ consented to this?
* Dates the child/young person & family members were seen and spoken to

Date clearly and record who you seen from the family

* Outline who contributed to the assessment, who has been seen and spoken to and whether any difficulties arose or additional assistance (e.g. interpreter) has been needed. If the child/young person wasn't seen and/or spoken to during the assessment explain why- How was the assessment carried out and who was involved? Outline all family members, where they were seen, how many times seen, wider agency checks with dates spoken to and reference the person from the agency spoken to who provided the information. Specifically include sessions completed and with who. Direct work with children/one to one sessions? Where did they take place? Evidence direct work with child.

**Page 3- Circumstances**

* Summary of child and family history, including any previous or current professional involvement- Chronology of information, previous referrals, historic information, information from wider agencies of involvement.
* Is a Chronology required as part of the C&F Assessment – Chronology should be completed on every child’s case and regularly updated.
* The child/young person's health and development

Consider each area of needs and development identified within the domains of the assessment framework.

Focus upon those areas which are particularly pertinent for the child/young person who you are assessing.

Clearly identify the strengths and the areas of concern based on evidence that has been collected during the course of the assessment.

Physical, emotional and mental health of the child

Include relevant and significant information about the child’s emotional, physical and mental health as well as considering any evidence/or diagnosis of learning difficulties or physical impairments.

This will involve talking with other relevant people in contact with the child as well as with the family and child.

You will need to speak to the GP and Health Visitor/School Health Advisor involved with the family, including consideration of discussion with any other involved health professional (e.g. community paediatrician).

**Example Questions**

* Are the child’s immunisations up to date?
* Is the child missing health appointments?
* Find out whether the child’s primary care giver is able to read and understand appointment letters.
* Has the child been subject to any major illness or diagnosis?
* Has the child been referred to any specialists?
* Does the child have generally good health, or not?
* Does the child smoke or use substances?
* Consider how poor home conditions might impact upon the child’s health.
* Is the child’s development age appropriate?

Education/early years’ experience for the child

This area should be considered in a way that explains what school/early years setting means to the child and should include relevant information about the child’s attendance, attainment and participation.

Then:

* Formulate an informed opinion of whether early years setting/school is a good place for the child and identify areas that may be a source of stress. Additionally, give consideration to what and how the child is learning at home.
* Collecting information will involve speaking to school or/and the early years setting.
* In respect of children too young for a formal education setting, consider the stimulation and engagement they receive within the family home.

**Example Questions**

* How does the child get to early years setting/school?
* Does the child attend regularly or how does reduced attendance impact upon the child’s ability to reach their full potential?
* Is the child fed, clean and able/willing to participate in school/early year’s education?
* How do you observe the child to present?
* Are there books and toys in the home? Is the child read to by the parent?
* Consider the impact of lack of routines upon the child’s ability/motivation to engage in learning?
* Have any identified cognitive, learning or behavioural assessments been completed?
* Home school relationships
* Achievements

Emotional and behavioural development of the child

This dimension should be considered in the context of the child’s vulnerability age, ability, resilience and understanding.

**Example Questions**

* What are the self-care skills of the child and are these age appropriate?
* How resilient is the child?
* How has this been determined?
* How does the child present in terms of emotional security?
* Has the child experienced domestic violence? How? Directly? Indirectly?
* How has this impacted on the child?
* Has the child suffered physical or sexual abuse?
* How does this experience(s) impact on the child’s behaviour and emotional presentation?
* Who supports the child and how?
* Does the child feel supported? Is there a particular person on whom the child relies?
* Is that person reliable?
* Does the child present with difficult or challenging behaviour?
* What are these behaviours?
* Where are they displayed?
* How are they managed?
* Who manages them?
* Child’s motivations?
* Child’s personality?

Family and social relationships of the child

Assessment within this dimension should be able to explain how the child experiences his family and wider social circle and how these relationships impact on his safety and development.

**Example Questions**

* How is the child’s bond and attachment within his family assessed?
* What is observed in the interaction and communication between the child and his care givers?
* Is the child valued?
* How is this evidenced?
* Determine the child’s place in the family?
* What role does he play?
* What responsibilities does he assume/is he given?
* Are these responsibilities appropriate with his age/intellectual capacity?
* What are the care arrangements for the child?
* Are these consistent and reliable?
* Does the child have a friendship group?
* Does he have any particular friend?
* Does he belong to any community organization or group?
* Is the family established in or new to the community?
* Is the family’s/child’s relationship with the community positive? How do you know this?
* If not? What are the reasons for this?

Identity and social presentation of the child

Consider within this section whether the child is a valued member of the family and how is this evidenced?

**Example Questions**

* Does the child have access to their own private space?
* What are their sleeping arrangements and are their appropriate?
* What is a typical day for the child?
* Does the child have a sense of belonging? View of self?
* How is this evidenced?
* Does the child participate in any organised social activity outside the home and school?
* Who is the child mixing with socially and is this appropriate?
* Child able to dress for age?
* Child’s hygiene/ support from parents to develop suitable self-care and independence skills?
* Does the primary care giver know where the child is and who they are with?
* Are these safe contacts and arrangements?
* Is there anyone the child is frightened of?
* Is the child’s clothing clean and appropriate for the weather/occasion etc?
* Has the child been involved in offending or risk taking behaviour?
* What is the child’s understanding of risks that others might pose?
* How does the child recognise his ethnicity in relation to his identity?
* Are there any language barriers that the child faces?
* Is the specific child’s race, ethnicity and culture, religion, first language recognised and valued by the family and wider support network?
* Hobbies, interests, skills

Traumatic experiences

Consider the impact of any traumatic event for the child within his life and how this/these has/have affected his daily lived experiences.

**Example Questions**

* Has the child witnessed/been caught up in arguments between others?
* Has the child witnessed assault of another person?
* Has the child been assaulted? Who by? What were the circumstances? What happened? How was this responded to?
* Has the child witnessed their primary care giver or other significant adult/young person in their life have a psychotic episode or take an overdose?
* Has the child suffered bereavement?
* Has the family ever experienced homelessness/fire/burglary?

**Parenting of the child / young person**

In this section, consider the use of how a parent or carer meets the needs of the child of young person within the context of the four dimensions of the assessment framework.

* Consider how the child is provided for and responded to by those responsible for his care and protection. Identify the strengths and the vulnerabilities in the care.
* It can be helpful to start by considering the particular vulnerabilities of the child/young person in question and the particular demands these are likely to place on the parenting needs for this child.
* Think about how the care giver understands/accepts the needs of the child is meeting the needs of the child/likely to be able to meet the needs of the child and motivated to meet the needs of the child.
* Consider the impact of external influences on the capacity to parent. For example: the misuse of alcohol and drugs, domestic abuse, language barriers, isolation, physical and/or mental health issues.
* Think about how past experienced and parenting methods impact/might impact on the care giver’s parenting capacity and motivation. Consider how able and motivated they are to acknowledge, accept and understand any difficulties they may be having in meeting the child’s needs.
* Assess the care giver’s ability and motivation to be flexible, adaptable and capability to positively change their current parenting methods.
* Think about individual and joint parenting capacity. Look at the partners of the primary care giver? Find out how much contact the partner has in the home/with the child? What are the influences on the primary care giver from the partner?
* Use observation, research, and communication tools to inform impressions, judgments and opinions.

Basic care and wellbeing of the child

Use example prompts if needed, child’s diet, good routines, health needs being met, have you seen the child’s bedroom and home condition.

**Example Questions**

* Is the child clean, washed and bathed regularly?
* Is the child regularly fed?
* Are there indications that the child is hungry?
* Is the child receiving a nutritious diet?
* Does the child go to the dentist regularly?
* Does the care giver respond/respond promptly to the child’s medical needs?
* What (if any) is the impact of alcohol use, smoking, drug taking on the child?
* Has the assessing social worker been given free access to the child’s home?

Ensuring the safety of the child

In this section, consider the safety aspects within and outside the house. Look at issues of practical safety as well as physical, emotional and sexual safety.

**Example Questions**

* How safe is if for the child to be living in this home?
* Has the child witnessed/been the subject of domestic abuse/violence/physical assault/sexual assault?
* What are the sources of stress within the home/for the care giver?
* How is stress managed? How has this been demonstrated?
* Are there animals in the home? Use for companionship or protection?
* Is the home free from animal litter?
* Are the animals well cared for?
* As a professional do you feel threatened visiting the home?
* If yes, think about the child’s experience?
* Is the child given boundaries and guidance?
* Does the caregiver understand the need for boundaries?
* How does the child respond to the boundaries?
* What are the sanctions/consequences for the child for pushing boundaries?
* Who does the extended family/friends support network consist of?
* Are any of these people known to pose a risk to children?

Emotional warmth for the child

Observe the interaction between the caregiver and the child. Think about the quality of the relationship. Observe how the responses, the manner in which the child is spoken to, the interest the caregiver has in the child, the way the caregiver refers to the child, the understanding the caregiver has of any concerns and whether the child is praised and showed physical affection.

Stimulation of the child

In this section consider how the caregiver is able to provide opportunities to stimulate and encourage the child to develop and learn.

**Example Questions**

* Does the caregiver experience any barriers to learning themselves? For example, language, learning difficulties, mental health issues, drug or/and alcohol issues.
* Who supports the caregiver?
* Does the caregiver read with the child?
* Does the caregiver chat with the child and show interest in what is of interest to the child?
* Does the child get taken out to different activities?
* Do the family go on holiday?
* Is the child’s speech and language commensurate with the child’s age and understanding?
* If not, could this be a sign of lack of stimulation or more challenging learning issues?

Guidance and boundaries for the child

When considering this dimension of the assessment, link your thinking with issues of safety and avoid repetition where you can.

**Example Questions**

* Think about whether any guidance and boundaries in place for the child are in line with the child’s intellectual/chronological/emotional age and understanding.
* Ask about routines in the family household?
* Who is the lead adult in the household who imposes boundaries?
* Are the responsible adults/caregivers united in how they manage boundaries?
* Where there is more than the primary carer in the house, how do the caregivers define their responsibilities?
* How are routines established?
* Are they consistent?
* Does the caregiver offer rewards?
* How are sanctions imposed?
* Are the sanctions successful in managing/changing behaviour?
* Are the caregivers consistent?

Stability for the child

Think about the physical/emotional and practical stability of the child’s life to date. Think about changes in the child’s life, how these have been managed, whether they have been necessary for the child and what the impact on the child has been.

Think about if the child has experienced a lot of change the sorts of consistent features that have been sustained during those changes; e.g. primary caregiver has always been there, school has not changed, extended family support network providing reliable secondary care etc.

**Example Questions**

* Who is the primary care giver?
* Has this always been the case?
* Has there been a sustained level of care from the primary caregiver?
* Has a good bond been observed between the child and primary caregiver/secondary carers/other members of the household?
* How is this demonstrated?
* Is there a support network of secondary carers? Has this been consistent?
* How many changes of household membership has the child experienced?
* How many times has the child changed address/school?
* Who takes the child to school?
* Is it always the same person?
* Is the caregiver’s ability to offer the child stability affected by external influences such as; drugs/alcohol, learning issues, mental health issues, physical health issues, negative influences from extended family members?

The parent/caregiver’s view of the child

In this section, you will need to form an impression/make a judgment of how the parents/carers view the child. You need to find out if they like the child/the positives they see in their relationship with the child, whether they enjoy the responsibilities of looking after the child.

Help the caregiver to think about their strengths as a carer/the vulnerabilities they think they have/how these are managed/who supports them etc.

You will need to have some foundations upon which to make judgments about whether or not the caregivers have the motivation as well as the ability to make changes. You want to know what they find hard to manage/difficult about the child’s behaviour.

**Example Questions**

* If the child is a birth child, find out about the pregnancy. Was it planned or unplanned.
* Was s/he a wanted baby?
* Was a termination planned/prepared for?
* Was there a change of mind and if so how did this come about?
* What was the relationship like between the parents during pregnancy?
* Did the mother experience a difficult birth?
* What were the experiences in the early days following birth?
* A sick baby, a premature baby, a challenging baby, lots of crying?
* How was this managed?
* What support was offered?
* If the child has joined the family, ask about the circumstances of the child joining the family?
* Was the child wanted?
* Did the caregiver feel pressurised or compelled to accept the child?
* How has the child’s arrival impacted on the caregiver’s lifestyle?
* What does the caregiver enjoy about looking after the child?
* What are the caregiver’s views of the challenges of looking after the child?
* What are the caregiver’s expectations of the child?
* Are these realistic/unrealistic expectations?
* Why?
* What does the caregiver find stressful? (You may want to use tools that indicate causes/levels of stress and how these are managed)
* How does the caregiver respond to stressful situations/encounters etc?
* Who/What does the caregiver see as their personal source of support?
* How reliable are the caregiver’s views/perceptions?

**The child / young person's home and community**

* In this section, think about the wider influencing factors upon the family that may impact upon the care given to the child/young person.
* Think about the strengths, the individual strengths and the collective strengths. Consider any difficulties the family has experienced, how these have been managed, resolved or come to terms with. Check internal records and those made from wider agency involvement that is known.
* You will need to find about the history of the wider family, the neighbourhood and the culture in which the child lives, the elements of these factors that contribute to the protective factors, any which create vulnerability or risk for the child and how these are balanced in terms of resilience and risk when you come to form your analysis.
* You will need to include a separate history of the life/lives of the primary caregiver/caregivers. You will need to find out about how they were parented, what their views and opinions are of the way in which they were cared for, whether there is anything that they would not repeat in how they care for children, what they would choose to repeat and the reasons for both.
* You will need to find out about their role models, who they saw as positive.
* Sibling relationships, historical and current will be important. Think about patterns of parenting, values, attitudes and beliefs within this section.
* Challenging current behaviours can be the ‘easy’ part of change. It can be unrealistic to expect change to be sustained if we do not understand the values, attitudes and beliefs that underpin behaviours.
* You will need to ‘get to know’ the caregiver within the assessment process, to understand where they are coming from and what their behaviours are based on before you will be able to empower support ongoing and sustained change.

**Example Questions**

* Begin with asking the caregiver about their life as a child? Where they were born? Who their parents were? Brothers/Sisters?
* Create a simple family tree if you can with the help of the caregiver? This can sometimes reveal information that has been ‘forgotten’ or ‘hidden’.
* What is the caregiver’s view of how they were parented? Own history, childhood, experience of being parented, health patterns in the family?
* Does it seem that the caregiver is ‘blocking’ any memory or reframing history in some way?
* Does the child live with both parents/carers?
* Who is the primary caregiver?
* Does the child have contact with both parents/carers?
* Does the child’s birth father have parental responsibility?
* Have there been any historical legal proceedings?
* What was the outcome?
* Has there been a history of professional involvement?
* The reasons for/outcome of this?
* Is there a history of offending (criminal convictions or otherwise)?
* What is the health/education/employment history of the caregiver?
* Are there any known/undiagnosed health/educational needs?
* Is there a history of emotional/sexual/physical/domestic abuse in the family?
* What has the caregiver learned from his own experience of being parented?
* Does the caregiver have issues in respect of identity/confidence/self-esteem?
* How does the caregiver’s own experiences of being parented/cared for impact on their functioning as an adult/their capacity as a parent/carer themselves?

Other significant relationships

* You will need to find out about other historical and perhaps earlier in their adult years significant relationships that the caregiver has experienced, what the caregiver has learnt from these and how these might have positively/negatively influenced the caregiver and the care they offer to the child.

Other adult members of the household and other adults the child might have contact with

* In this section it will be important to find out who else lives in or visits the household.
* You will need to find out if the caregiver has a partner whose details have been withheld or not disclosed.
* It will be important to make sure that you are aware of every adult/older child/young person who has contact with the child and who might have a negative/positive impact on his life.

**Example Questions**

* Who else lives in the household?
* Who visits the household? When? How often? Names, addresses, dates of birth, relationship with the child?
* Is the child left with other members of the household/visitors to the home?
* When? How often? Reasons?
* How much does the caregiver know about the person/people they allow unsupervised contact with the child to?
* How did this family come together?
* Ask how and where people met?
* How does the caregiver see the relationship between themselves and other adult members of the household/visitors?
* Is the care of the child shared? Is this consistent? Is it amicable?

Social networks of the adults and the implications for the child.

* Consider the influence of wider social networks upon the family.
* It may be helpful to ask the caregiver to think about the people/resources around them who they find helpful and supportive.
* Find out the type of support that is offered, how it is offered and the caregiver’s understanding of the impact on the child of that support.

**Example Questions**

* Does the caregiver belonging to any community groups, political groups support groups, organisations, faith groups?
* How does this impact on the views/beliefs/behaviour of the caregiver?
* What are the implications for the child in terms of protection and risk?

Sources of income and how the family finances are budgeted

* How a family manages the household income will almost inevitably impact on the practical and emotional welfare of a child.
* Insufficient income and badly managed family incomes will be likely to impact negatively on the child’s basic needs at the very least.

**Example Questions**

* How stable is the family income?
* Who manages the family budget?
* How is expenditure prioritised?
* If old enough, do children receive pocket money? How is this managed? Is it consistent?
* Are there any debts? How significant are these and how are they managed?
* How does financial stress impact on family relationships and stresses?
* Are these stresses acknowledged and how are they managed?
* Will the family accept financial advice?

Security of housing and community for the child

* Consider the child’s stability and security within their home and local community, which if positive will be likely to contribute to a positive sense of belonging and identity.

**Example Questions**

* How long have the family lived in the property?
* Is the rent/mortgage up to date or is the family at risk of eviction?
* How many different homes has the child lived in within their life?
* How have these changes impacted on the child’s friendships and education
* What is the physical condition of the property?
* What is the family relationship with the neighbours/local community?
* What is the neighbourhood like for the family and is it safe for the child?
* Is there a safe and clean outdoor space for the child to play?
* Do the family feel settled in their home?
* What do they like about their home and their area?
* What is problematic for the family in relation to their home situation?
* Has anyone in the family experienced physical or verbal violence or been discriminated against?
* What is the pattern of such violence and or discrimination?
* Are there any barriers (e.g. cultural, religious) to disclosure of community issues?
* Do the family feel safe in the house?
* How do the family access facilities such as shops, getting to work, doctors and health clinics, children’s schools?
* Are the family in receipt of any support services?

Working with professionals

* A pre-requisite for successful and sustained change is an acceptance and recognition for the need to change. In this section you will need to think about how willing and able the family is to work towards change and how accepting the family is of professional intervention.
* You will need to form an opinion about whether the family is sincere and honest in what they are saying and how they are working with professionals or whether they are paying ‘lip service’ in order to ‘get rid’ of services as quickly as possible.
* Think about the types of services and support that are available and whether these will assist the family. Think about what needs to change and what changes have already been made with or without support.
* You will need to find out about historical involvement, whether this has been repetitive and what has been achieved from historical involvement.

**Example Questions**

* Is there historical involvement with the family?
* How successful was this?
* Were the successes sustained?
* If not why not?
* How did the family work with previous professional involvement?
* If the relationship was not good, the reasons for this?
* What is the family view of historical involvement?
* How helpful did they find it?
* Do the family think they need support and help?
* What do they think they need?
* How helpful do they think it will be?
* What do they believe will be the outcome of support?
* What do they want to see change?
* How does the family think any changes will impact on their care of the child?
* What do they think the outcome for the child will be of professional support and involvement?

Risk and Protective Factors

Within this section, consider the use of the Resilience framework as established by Daniel, Wassell and Gilligan (1999).

This framework highlights four key areas to balance when assessing risk and balancing it with resilience, strengths, protective factors and vulnerabilities.

* Protective Environment
* Resilience
* Adversity
* Vulnerability

**Example Questions**

* What do the family feel they are doing well and want to continue to do?
* What services can support this?
* What part do wider family and support networks play to support the family?
* How does this support impact upon parenting capacity?
* Bullet points the strengths and protective factors which will lead on to your analysis

**Page 3- Analysis**

* Social workers analysis of the situation
* Using signs of safety: What are we worried about? What’s going well? What are we doing to alleviate the risks involved, can they be managed? How are we supporting the family?
* The Single Assessment has **(four)** inter-related domains, each of which has a number of critical dimensions which can have influence upon the care and protection provided to the child.
* The interaction of these dimensions can often overlap. Clear consideration and exploration throughout the process must be demonstrated within the analysis.
* This will lead to a comprehensive and detailed assessment, which will facilitate an informed understanding of the child’s experiences and an informed understanding of necessary intervention to work towards safer and improved outcomes for the child.

Questions and considerations within the analysis

* Identify the key issues and the rationale underlying the decision to trigger the assessment
* Summarise the main concerns
* Reflect on the reason for the assessment
* What if anything has changed during the assessment process?
* Consider how the child is presenting and whether there has been any change in the presentation of the child during the assessment process
* How has the process impacted upon the child?
* Consider the evidence available to support statements, opinions and impressions. For example; make reference to any conversations; observations made during the process and any direct work undertaken with the child.
* Think about the likely impact on the child if the circumstances do not change and the risks are not reduced sufficiently to protect the child and improve potential outcomes for the child?
* Are the risks ‘significant’ as understood within the framework of the 1989 Children Act?
* Do the parents and wider family accept the concerns identified within the assessment?
* Do the parents and wider family accept their responsibility in the family predicament? Are they motivated to change? Are they capable of making changes?
* Where is the evidence to support your judgments?
* Think about your own values, attitudes and beliefs. How do these influence your thinking in undertaking assessment work?
* Reflectively consider research and how it is specifically relevant for this family – do not just copy and paste quotes into the assessment.

**Page 4- Factors identified at the end of the assessment**

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| 1A **Alcohol misuse**: Concerns about alcohol misuse by the **child** |

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| 1B **Alcohol misuse**: Concerns about alcohol misuse by the **parent/carer** |

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| 1C  **Alcohol misuse**: Concerns about alcohol misuse by **another person** living in the household. |

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| 2A  **Drug misuse**: Concerns about drug misuse by the **child** |

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| 2B  **Drug misuse**: Concerns about drug misuse by the **parent/carer** |

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|  | **Yes** |   |  | No |   |

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| 2C  **Drug misuse**: Concerns about drug misuse by **another person** living in the household. |

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|  | Yes |   |  | **No** |   |

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| 3A  **Domestic violence**: Concerns about the **child** being the subject of domestic violence. |

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|  | **Yes** |   |  | No |   |

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| 3B  **Domestic violence**: Concerns about the child's **parent/carer** being the subject of domestic violence. |

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|  | **Yes** |   |  | No |   |

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| 3C  **Domestic violence**: Concerns about **another person** living in the household being the subject of domestic violence. |

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|  | Yes |   |  | **No** |   |

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| 4A  **Mental health**: Concerns about the mental health of the **child** |

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|  | Yes |   |  | **No** |   |

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| 4B  **Mental health**: Concerns about the mental health of the **parent/carer** |

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|  | **Yes** |   |  | No |   |

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| 4C  **Mental health**: Concerns about the mental health of **another person** in the family/household. |

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|  | Yes |   |  | **No** |   |

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| 5A  **Learning disability**: Concerns about the **child's** learning disability. |

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|  | Yes |   |  | **No** |   |

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| 5B  **Learning disability**: Concerns about the **parent/carer's** learning disability. |

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|  | Yes |   |  | **No** |   |

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| 5C  **Learning disability**: Concerns about **another person** in the family/household's learning disability. |

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|  | Yes |   |  | **No** |   |

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| 6A  **Physical disability or illness**: Concerns about a physical disability or illness of the **child**. |

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|  | Yes |   |  | **No** |   |

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| 6B  **Physical disability or illness**: Concerns about a physical disability or illness of the **parent/carer**. |

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|  | Yes |   |  | **No** |   |

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| 6C  **Physical disability or illness**: Concerns about a physical disability or illness of **another person** in the family/household. |

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|  | Yes |   |  | **No** |   |

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| 7A  **Young carer**: Concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities |

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|  | Yes |   |  | **No** |   |

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| 8A  **Privately fostered**: Concerns that services may be required or the child may be at risk as a privately fostered child |

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|  | Yes |   |  | **No** |   |

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| 9A  **UASC**: Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child. |

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|  | Yes |   |  | **No** |   |

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| 10A  **Missing**: Concerns that services may be required or the child may be at risk of harm due to going/being missing |

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|  | Yes |   |  | **No** |   |

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| 11A  **Child Sexual Exploitation**: Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation |

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|  | Yes |   |  | **No** |   |

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| 12A  **Trafficking**: Concerns that services may be required or the child may be at risk of harm due to trafficking |

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|  | Yes |   |  | **No** |   |

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| 13A  **Gangs**: Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs |

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|  | Yes |   |  | **No** |   |

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| 14A  **Socially unacceptable behaviour**: Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour |

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|  | Yes |   |  | **No** |   |

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| 15A  **Self-harm**: Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm |

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|  | Yes |   |  | **No** |   |

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| 16A  **Abuse or neglect - NEGLECT**: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect. |

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|  | **Yes** |   |  | No |   |

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| 17A **Abuse or neglect – EMOTIONAL ABUSE**: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect. |

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|  | Yes |   |  | No |   |

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| 18A **Abuse or neglect – PHYSICAL ABUSE**: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect. |

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|  | **Yes** |   |  | No |   |

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| 19A  **Abuse or neglect – SEXUAL ABUSE**: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect. |

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|  | Yes |   |  | No |   |

 |  Unrestricted |

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| 20  **Other** |

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|  | Yes |   |  | No |   |

 |  Unrestricted |

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| 21 **No factors identified**- only use this if there is no evidence of any of the factors above and no further action is being taken. |

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|  | Yes |   |  | No |   |

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**Page 5- Decisions and further actions**

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| Is the child/young person a child in need as defined in the Children Act 1989 ? |

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|  | **Yes** |   |  | No |   |

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| **If yes, please tick which child in need category(ies) is/are appropriate:** |

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| a) a child whose vulnerability is such they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services |

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|  | **Yes** |   |  | No |   |

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| b) child whose health or development will be significantly impaired without the provision of services (is suffering or is likely to suffer significant harm) |

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|  | **Yes** |   |  | No |   |

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| c) disabled child |

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|  | Yes |   |  | **No** |   |

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| If the child is disabled, please record the types of impairment(s) (using the children in need categories) |

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| If the child's name is not on the disability register, have the parents consented to it being placed there? |

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|  | Yes |   |  | **No** |   |

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| Does the child require a disabled children's assessment? |

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|  | Yes |   |  | **No** |   |

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| This should be a brief outline of recommended action in relation to the child/young person and family. If the actions are detailed in a plan, cross reference to 'see plan'. |

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| Recommended actionThink about the planning for the child. **Questions to consider** * What do you hope to achieve?
* Are your expectations realistic?
* What are these expectations based on?
* Think about timescales? Does the child have time to wait for his parents to make the necessary changes?
* Ensure the objectives outlined within the plan fit into the SMART framework namely: **Specific, Measurable, Achievable, Realistic and Timely**
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| Suggested Outcomes |

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|  | Strategy Discussion |
|  | Place into Accommodation |
|  | **Provision of Services (s17)** |
|  | Provision of Short Break Care (s17) |
|  | Referral to Other Agency |

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|  |  |
| --- | --- |
|  | Other Actions |
|  | Private Fostering Agreement |
|  | No Further Action |
|  | Referral to EHM (Step Down) |

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| If a C & F Assessment was not completed within the agreed timescales, please give the reason(s) why |

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| Authorisation Date |

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**Page 6- Signatures and comments**

Child/Young person’s comments:

Child’s wishes and feelings, including non-verbal communication. Their understanding of the reason for social work involvement and their views on the situation

Evidence of Social workers direct observations/ contact and information from other professionals

Family comments

Parent’s views wishes and feelings, did they engage in the assessment. Their understanding of the reason for social work involvement and their views on the situation.

Any other family members involved