**- CS Child and Family Assessment C1256**

#  Child, Family/Carer and Network Details

**Child / Children's Details** Child Specific

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| **Name** | **DOB** | **Gender** | **Address** | **Child Seen** |
|  |  | Male |  | Child seen alone |
|  |  | Female |  | Child seen alone |

**Members of the current support network (parents/carers/family members, friends, others that offer support)** Mapped

Top Tip: Remember these don't have to just be family, or those providing care for the children, they can be people who don't live close and can contribute by e.g. facetime, skype etc. to offer emotional support, but should be led by the family.

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| **Name** | **Relationship** | **Contact Details** | **Have they contributed to this assessment? If so how?** |
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**Details of any other family/friends not currently able to offer support or aren't in the network:** Mapped

This could be anyone who currently can't, isn't willing or parents who do not want to support. An example may be a dad in prison, or grandparent mum/dad doesn't currently have contact with or a relationship with, estranged family members etc.

Top Tip: You could use family finding tools and tips to widen the network

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| **Name** | **DOB** | **Relationship to child(ren)** | **Comments** |
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**Details of professionals already involved with the child or any of the family members** Mapped

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| **Worker Name** | **Supporting who** | **Team / Agency** | **Contact details** | **Have they contributed to this assessment?****If so how?** |
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**Relationships - If family are currently working with any agency or professional - who do they have the best relationship with and why?** Mapped

 We are asking this question as we want to build on the families relationships where possible.

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| **Family member(s)** | **Name of worker** | **Role** | **Comments** |
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**Family Tree** Mapped

**Top Tips: How to create a Genogram/Family Tree:**

1. Introduce the Genogram/Family Tree to your client or family – can use flip chart or plain paper
2. Use Squares for Males, Circles for Females, Triangles for Unborn Children, Miscarriages. Connect with lines for relationships.
3. You can begin at the bottom with the client family or the top with the Great Grandparents or oldest know relatives.
4. Put children in order of birth—oldest to the left.
5. Ask for as much information as client can provide
6. Inquire about themes and family patterns
7. Also look for strengths: lasting marriages/relationships, education and cultural ties.
8. Put age inside the symbol and date of birth to the side or off to the side.
9. Use exact dates of marriage, divorce, and separation if available.
10. For children and adults who wish to identify as a different gender, are transitioning etc. please ensure the genogram reflects this and is clear, a simple question could be acknowledging they were born male/female but how would they identify now.



#  Assessment Information

## Reason for completing this assessment - this is the information we've been given at our Customer Service Centre, or

 **an assessment has been requested for us to find out more information** Mapped

Initial Danger Statement should be entered here from the front door screening process, this shouldn't be altered unless absolutely necessary as this is to explain to families the reason we are opening a case, what the initial concerns may be. For EH, LAC and CWD you can use this area to record the reason why you have started an assessment if this has not come via the front door screening process

During the assessment this may alter, there may be more worries etc. – this would be reflected in the final danger statements/goals and analysis

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 **Do the children/young people/family understand the worries presented?**

Based on the reason we have opened an assessment – what are the families initial views of this – do they agree, disagree, feel there is more or less of an issue etc. This is the start point of the family's journey of the assessment period. Remember to use the words of the child/family where possible. This should be a snapshot not the whole assessment and based on our initial contact and danger statement

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 **Timeline and Significant Events**

Child (ren) / young people

Mapped Multi Subject (select All)

The timeline has now been altered, so it is themed, on Mosaic you will enter a separate section for each theme, you can apply this to ALL children by selecting ALL or for individual children – so for example if there are multiple issues you can record these separately, such as domestic abuse – the first would be when we first new about this, our files tell us or the parent/child tells us this first happened. The worst is your assessment of the worst, but all sections should include the parents view or other professionals to gather their views on the risks presented over time and whether safety is in place, or has been in the past.

Please only complete what is relevant and is building a timeline of events as we know past harm can be an indicator of future behaviour. When pulling this together if we don’t know something, consider, what best question can I ask on my visit to ascertain this information?

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| **First Event Significance and impact to the child** |
| When and what was the first time your LA heard about the worrying adult behaviour?What do the parents/carers say? The children? Other professionals? | What was the impact of the first incident on the child (ren)?Remember to consider each individual child – for example being exposed to domestic abuse may impact each child differently and not all have the same experience |

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| **Worst Event Significance and impact to the child** |
| When, and what was the worst event of worrying adult behaviour your LA knows about?What do the parents/carers say? The children? Other professionals? | **What was the impact of the worst incident on the child (ren)?**Remember to consider each individual child – for example being exposed to domestic abuse may impact each child differently as not all have the same experience |

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| **Last Event** | **Significance and impact to the child** |

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| When, and what is the most recent event of worrying adult behaviour your LA knows about?What do the parents/carers say? The children? Other professionals? | What was the impact of the most recent incident on the child (ren)?Remember to consider each individual child – for example being exposed to domestic abuse may impact each child differently as not all have the same experience |

#  Child/Young Person and Family Overview

The main body of your assessment should be recorded here in **'worries and working well section'** and should be recorded as a narrative and not bullet points. You should record observations and evidence of what is currently happening in the family's life and the history, ensuring each child is referenced and given consideration. As part of the assessment you should use professional curiosity, consider all of the assessment factors and due consideration should be given to the domains within the assessment triangle. Focus should be given to the parents/ carers ability to care for the children keeping them safe happy and well, the child's development, where the children live, their community and looking at past history and any previous involvement as appropriate.



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**Top Tips:**

* You may want to write the assessment as if you are writing it to the child or the parent to make the assessment more powerful.
* Your genogram can help build your assessment for thinking about wider family and relationships, this also helps to build your safety plan for who might be able to offer support
* Remember your assessment tools such as eco maps, decision making trees, calendaring as well as theory, child development
* Remember assessments are multi-disciplinary – what is the input from other professionals
* Remember to consider each child within the assessment
* Think about the perspective of others during the assessment, what does the child/children say, what do other professionals say, what observable behaviours have you seen or others working with the family
* To consider the rule of optimism and consider the relationship between the columns, as something can be a strength or safety but what is the flip side, 'showing that curious mind'

## What is working well and what are we worried about

**Within the worries and working well you may wish to consider:**

**Health:** What are the child's health, education, emotional behavioral, identity, family and social relationships, identity, social presentation and self-care skills needs? What are the parents/caregivers capacities to respond to this? Consider the child’s holistic health needs including who can consent for treatments, with the child being registered with a G.P and dentist and with evidence that they visit these services. If the child has a disability or health condition this is being fully supported and managed with all appointments attended. T

**Education**: Is the child registered with a nursery or school and attending on a regular basis, if not how is the child educated? What is their experience of education and do they have additional support needs?

**Emotional and behavioral:** Consider what happens in the child’s life and how this impacts on them emotionally and behaviorally. The child should be living in a stable and safe environment where their needs are being met by their carers.

**Identity, relationships and social presentation:** Consider the child’s identity in regard to their beliefs, culture, language, sexual orientation, gender, religion, where and how they feel they belong in their groups of peers. How does the child integrate with peers? They should have opportunities to engage in their hobbies or other positive activities. Do they have friends and are these friendships supported and appropriate for them?

**Development:** What stage of development is the child at, is this age appropriate? Consider what they should be doing for themselves and how this is supported by their main carer. Is the child able to keep themselves safe from harm appropriate to their age or do they have vulnerabilities?

**Ability to protect and parenting capacity:** Consider the quality of parent and child relationship and attachments, how the parent/caregiver is able to keep the child safe, happy and well. Does the parent/caregiver have an awareness of the effects of their own experiences, do they provide physical, emotional age appropriate care and to the child's developmental status.

**Environment:** Is the home environment appropriate loving and caring, do the parent/caregivers show stimulation to the child, has this been observed, are boundaries in place that support the child's development and keep them safe, is the parent/caregiver supporting building resilience.

**Family history and functioning:** Consider the impact of the family history and functioning, the impact of the child's environment on their day to day living arrangements, how the family integrate into the wider community, the network of support, what the household income is and whether this a cause for concern, employment and the impact to the children in the household.

**Parent/Carer Profile:** You may wish to think about the impact of any physical illness, mental health, learning disability, history of abuse themselves or any substance misuse that the parent/carer has and their ability to care for the child.

Domestic abuse and violence – consider relationships of the carers, is there any current or history of violence or abuse? If so how are the children kept safe? Is there a pattern to relationships? What is the impact?

**What is working well?** Mapped Multi Subject (select All)

Existing Safety / Success (evidence / information about what has happened)

The danger has to have been present (the test) something/ someone kept the child safe. An example question: *Tell me about a time when the danger was there and somebody / you did something that kept the child safe / cared for (e.g. you felt angry but didn't shout, calmed things down instead of escalated)*

This section should be a narrative and not just bullet points and should describe the safety – safety should be tried and tested – not just a one off occasion. If no safety is evident at the time of writing your assessment you can state no safety is currently evident.

Safety may be present at times, but not all the time – make sure you record this.

For example: Billy enjoys being at school and whilst at school, Billy is kept safe during the hours of school 9:30-3:00pm when he does attend – however you would then record in complicating factors that whilst we are happy that there is evidence that Billy is safe whilst at school – the complicating factor is that safety is only in place whilst Billy is attending school and there is no guarantee whilst at home. This is known as conditional safety.

**Some Best Questions that may support you:**

* Tell me about a time where the danger was present (behaviours and actions) but the family managed to keep the children safe? Think of the impact for them and the child
* Have you asked the child whether there are times the parent has been able to keep the child safe, what does this look like?

**Top Tips:**

* Reminder to not be too optimistic
* Be clear and specific – how has this kept the child safe? How do we know?
* Remember evidence based
* Be clear what safety looks like – people have different perspectives of safety
* Focus on action and behaviours

**Existing Strengths (evidence / information about what has happened)** Mapped Multi Subject (select All)

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| The strengths should be things that happen/take place that address the worries. These do not provide direct safety but can provide support, strengthen family relationships etc. This field is where you develop the safety plan from examples of existing strengths you identify and build on that to do more of it or something else that adds value to the safety plan.Strengths should be in relation to the worries presented and not just in general.This section should be narrative and not bullet points. Strengths should be behavioural but can include relationship type strengths such as "Mum tells the children every day she loves them and the children tell us our family is awesome".Strengths should also be in relation to the worries or building safety and not just generically – such as 'Billy likes playing on his play station' be clear what is the link to the worry/safety building.**Some Best Questions that may support you:*** If the child was here now what would they say is the best thing and what goes well?
* What does mum/dad say the best bits are about their children?
* What do you like most about being a mum/dad – what do you think you do the best as a mum/dad?
* What would grandma or a friend say you do really well as a mum?

**Top Tips:*** Relate back to the genogram and eco map
* Think relationship questions – if grandma was here now what would they think is the best thing you do as mum/dad etc.
* Think about the network how they support – specifically how does this have an impact
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**What are the worries?**

**Harm / Impact (evidence / information about what has happened)** Mapped Multi Subject (select All)

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| Harm section should be narrative and not bullet points.Remember to explain the impact of the harm to the child and the evidence to support this, this is both physical and emotional think about how often this has happened or does happen, do we know the triggers to this? If so what do they look like? This should be specific and focused on the impact and not a generic statement such as 'domestic abuse' – so what are the behaviours e.g. punched, kicked, argument, how did it impact the child – cried, wet the bed, got hurt, tell 's you he's scared etc.Describe the behavior that poses a risk to the child / young person. What has actually happened to harm the child / Impact on the child - physical / behavioral What does the child or their behavior / responses tell you that informs how they are impacted? (Their lived experience) • FREQUENCY - when did it start, how often? What would the child, parents / Carers, family, schools say about when it started and how often. • SEVERITY - what does it look like when it is at its worst? How bad has it been?Top Tips: * In group supervision we talk about: **Behaviour and Actions** what are the behaviour's/actions by the child/parent causing the harm**, Incidence –** how often has harm occurred, **Severity** – how bad has it got, **Impact –** what does this look like for the child, how do we know?
* Use your timeline of significant events to support your prep for your best questions in relation to the harm prior to speaking to the family
* Triggers and stressors, red flags– can help your safety planning and sharing with the network what they may see that make us more worried
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**Complicating Factors (evidence) Who or what is making this worry harder to deal with?** Mapped Multi Subject (select All)

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| Your complicating factors are everything else that is going on that isn't evidenced as 'harm' but is a worry and is making the case harder to deal with |

**Child /young person and family additional information not covered in worries and working well** Mapped

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| In this section you can record any other relevant information you feel is appropriate that hasn't been covered already and is relevant to the child/family. Where there are no concerns in relation to all the assessment factors, please state or record consideration has been given but not currently a worry or evidence to suggest so |

#  What life looks like for the child/young person

Direct work completed with the child / young person – on Mosaic this will show an upload box… Mapped Child Specific

Remember to explain any direct work you have uploaded, what was the piece of work, what was the impact and what is your analysis of this piece of work – you can add a picture of the direct work by uploading a JPEG image/picture into this section.

“Every assessment should reflect the unique characteristics of the child within their family and community context. Each child whose referral has been accepted should have their individual needs assessed, including an analysis of the parental capacity to meet their needs whether they arise from issues within the family or the wider community. Family assessments that include all members of the family should always ensure that the needs of individual children are distinct considerations”

*Working together 2018*

What are the child / young person's worries? Mapped Child Specific

What does the child / young person say is the best thing about the family and what works? Mapped Child Specific

#  Analysis and Scaling of the Worries and What is Working

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| This is your opportunity to bring together all of your analytical thinking and put together an analysis based on your assessment. Having gathered all your information – what does this mean? What is your hypothesis? This is showing you're working out after you've gathered all of you information. You should use your professional judgment to draw conclusions and show clear evidence based informed hypothesis, thinking about the likely impact on the child if the identified needs are not met. What are the risks or consequences both short and long term? You should use theory and evidence to ensure the inter-linking factors are made clear, considering the parents/carers ability and capacity to meet the child's needs. In this section it may help to consider in this format: Look to elicit strengths – what is working in the family currentlyIdentify the concerns – what is the identified needs, measure the impact on the child – what does this mean for the family/childConsider prospective for growth and change A suitable action plan to address all of the worries identified and building on the strengths of the network to support – what are we with the network going to do? |

## Statements - 1 Multi Subject (select All)

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| **Danger / Worry Statement** | **Safety Goal / Goal** | **10 being ....0 being ....** | **Who scaled/ scale point** | **Reason** |
|  |  |  |  |  |
| **Danger Statements** should be themed – the goal should reflect the danger statement.Remember the format: **Who** is worried – **Why** we are worried – **What** we are worried may happen if nothing changes.Top Tips: * If you've identified harm and worries this should be reflected here
* Theme your danger statements
* Use your harm section (the behaviours, incidents, severity – to write your statements)

Your timeline can also inform this | **Safety Goals** should be achievable and specific – what behaviours do you need to see to no longer be worried? What would this look like? How would we know? Top Tips: * This is not service based and is family focused
* Family friendly language
* What behaviours will we need to see to ensure child is safe, happy and well
* Bottom lines are linked to your DS/SG in your planning
 | A reminder this is your judgement scale – 0 is your danger statement, what we worry will happen if nothing changes. And 10 is your safety goal, what we are aiming to achieve.Be clear what elements of the DS are 0 and which elements of the goal are 10 – to enable people to scale effectively. |  | We then ask why is this a four, what actions and behaviours have you seen that lend you to scale the four………what do you feel would support to reach the five? Record this.Reminder DS/SG and scaling are multi-agency agreed. |
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Bottom line - what must or must not happen

The bottom line is the agency telling the family what they MUST/MUST NOT do and is non-negotiable and realistic– this shouldn't be an internal process such as panel or proceedings

#  Planning

##  What Needs To Happen

This is your planning section which leads on to your safety plan below. This section should not be a service list but instead starting to think about the trajectory of the case, is there missing information that still needs to be queried etc. What will visiting patterns look like, this can be for you and other workers working with the family? Are there any other assessments that need to take place? If you are closing the case prior to initiating a CIN you may wish to include some signposting that you have supported the family with or recommendations.

For effective safety planning you will need to have drafted your danger statements your safety goals your initial scale point and clear bottom lines…(where necessary) consider a safety journal, safety object in place for the children, words and pictures versions of the safety plan for the children or to explain the worries.

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 **What will the Family and Network do? (Safety Plan)** Mapped Multi Subject (select All)

**Planning – Information (how this works on Mosaic)**

The current assessment is a combined assessment/plan. The first Progress Meeting is held by day 20 on the case and is recorded **WITHIN** the Child and Family assessment. Subsequent Progress Meeting's - the step is only available on Mosaic once the assessment is authorised.

The new assessment captures the family safety plan and what everyone else will do to support which will be informed by the Initial Progress Meeting – there will not be a separate step for this.  The plan will then pull through to the next Progress Meeting.

Any key information shared in the first Progress Meeting should be added to the relevant sections in the assessment – e.g. if probation informs you of an incident that has harmed the child – add this into the 'harm section' making it clear the source. If there is additional information at this initial meeting that you feel is relevant, but does not fit into *'harm, complicating factors, strengths or safety'* this can be added to **Section 4 "Child /young person and family additional information.** This section should **not become 'notes'** of the progress meeting - SW's should continue to use their own professional judgment about what information is relevant and should be included in the assessment. A reminder that plans and assessments should be multi-agency.

All agencies should be made aware that they will not get notes from the initial Progress Meeting, just the plan as their information will feed into the body of the assessment, which once complete will also be shared with the relevant agencies. Please note subsequent Progress Meetings will have the section to record notes/updates as it worked previously.

To print the plan part only of the combined assessment/plan to distribute to agencies then only pdf off Section 1 and Section 7 (Family Network details and Planning)

**Network Planning Meeting**

* This is where you would record The Family Network meeting – which will have taken place by Day 20.
* You should record here who was involved, when and where and below is where you agree the plan…
* Remember this is the families plan and not service led; families/networks should be encouraged to come up with the solutions themselves and should not be a list of agency actions such as attending addaction or a parenting programme.
* Be clear on what difference this will make to the child/children – how will we know? Avoid professional jargon
* Prioritise actions
* Remember that any identified worries (represented in the DS) the safety plan should address these and be working towards the safety goal

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| **Date of meeting** | **Who was involved in putting the plan together** | **Where did this take place** |
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| **What will the network do? (Steps/tasks etc.)** | **How will it keep the child/young person safe/happy/thriving?** | **Who will monitor and how will we know its working?** | **By when** |
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| What behaviours/actions will take place?Prioritise these actions – what is it that needs to be addressed first? Actions here should address the worries and be working towards the safety goal. | What will this look like for the child? How will we know?Be clear on what we'd like to see, do not use professional jargon or sweeping statements. | Top Tip: Who will monitor – this should be a member of the network – consider how they will inform us? And how we will know the plan is working? | Be clear on timescales, avoid where possible ongoing and prioritise checking these actions have been completed or continue to be having an impact. |
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**What is everyone else going to do?**

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| **Action** | **Who will complete the action** | **How will we know its making a difference** | **By when** |
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| Clear focused actions should be here – remember to be specific and that the action is achievable  |   | Be clear on the difference this will make for the child, not generic statements. | Clear timescales – avoid where possible 'ongoing' |
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 **Views of the Family on the Assessment**

This should be completed once the assessment is complete, you can go through this by using your tablet to give the family an outline of the assessment and the plan going forward. Please record whether the parents / carers/ network agree with what has been written

**Views of Parent / Carers / Network**

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| **Name Views** |
|  | Use the families’ words |
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 **Views of the Child / Children** Child Specific