

CHILD AND FAMILY SINGLE ASSESSMENT

1. PLEASE INDICATE WHAT TYPE OF ASSESSMENT

Early Intervention Child and Family Single Assessment

Updated Early Intervention Child and Family Single Assessment

Statutory Child and Family Single Assessment

Updated Statutory Child and Family Single Assessment

Name of worker completing the assessment

Agency/Team/Service

2. CHILD PROTECTION

Will this assessment be used as a report for an Initial/Review Child Protection Conference? (Initial/Review/No)

Date of conference

3. FAMILY / HOUSEHOLD / SIGNIFICANT PEOPLE DETAILS

Details of child/ren

(To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Name	DOB / EDD	Gender M / F	Disability	Ethnicity	Religion	Relationship between children	Child also assessed Y/N

Family/household members

(To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Name	DOB / EDD	Gender M / F	Ethnicity	Religion	Parental Responsibility (PR)	Relationship to the relevant child

Family / household address and contact number

Other significant people not living in the household

(To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Name	DOB / EDD	Gender M / F	Address / Contact Number	Ethnicity	Parental Responsibility (PR)	Relationship to the relevant child

Communication needs (including language) regarding any of the people to be included in this assessment

Legal status/immigration status information regarding any of the people to be included in this assessment

4. PROFESSIONAL RELATIONSHIPS

(To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Details of professionals involved with the subject child(ren) or family and household members and significant others, where relevant to this assessment. Where professionals have contributed ensure that this is clearly identified within the main body of the assessment.

Name	Agency / Team	Telephone Number(s)	Person working with	Contributed Yes/No

Joint visit planned/undertaken with involved agency/referrer

Brief outline of any joint visit or contribution

If any of the above have not contributed to the assessment please state reason

5. ASSESSMENT DETAILS

Date of referral

Date assessment commenced

Target completion date (aim for all assessments to be completed and signed off within 15 working days unless the review below indicates otherwise)

Reason for undertaking this assessment/presenting issues

Assessment Plan and timeframe for the assessment to be carried out

This is the date a worker and supervisor/manager reviews the progress of an assessment. This review should take place within the first 8 working days of the assessment.

6. ASSESSMENT PROGRESS

Date of assessment progress review

Does this Child and Family Single Assessment require further work/time for completion?

Worker's reason for extension

If further time is required, please set a date for this assessment to be completed

Supervisor/Manager reason for further work/time for completion

All Statutory and Early Intervention Child and Family Single Assessments in Calderdale must be completed within 45 working days.

7. INFORMATION SOURCES

(To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Dates(s) child/young person and family members seen/interviewed

Date	Name(s) of family members interviewed	Name(s) of child/young person seen/interviewed	Name(s) of child/young person seen alone

8. CHILD / YOUNG PERSON'S DEVELOPMENTAL NEEDS

If the assessment is being completed for more than one child/young person please ensure you consider and record the story for each child/young person that is subject to this assessment under this section, using their name as a heading.

Health

To include growth and development, physical and mental wellbeing, any other health impairments or substance misuse. Appropriate health care, adequate and nutritious diet, exercise, immunisations and developmental checks, dental and optical care. Has an SDQ been undertaken?

Education

To include any relevant plans i.e. Education Health and Care Plan (EHCP), Statement of Special Educational Needs (SEN), or any school plans; areas of a child's cognitive development, play and interaction with other children, educational provision, attendance and attainment levels.

Emotional and behavioural development

To include the child's overall development, is it age appropriate? Is the child demonstrating attachments? Does the child display any concerning emotional behaviours?

Identity/family and social relationships

To include the child's view of self and own abilities, self-image and self-esteem, having a positive sense of individuality, race, religion, age, gender, sexuality and disability. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups. Does the parent / carer ensure the child(ren) keep in contact with important family members and significant others?

Self-care skills/social presentation

To include - Does the child have age appropriate self-care skills, appropriate supervision and support to encourage self-care skills and independence? Appropriateness of clothing for age, gender, culture and religion; cleanliness and personal hygiene.

9. PARENTAL CAPACITY

Basic care/ensuring safety

To include all the child(ren)'s basic needs regarding food, clothing, access to health / education and other services. Is the child(ren) adequately protected from significant harm or danger?

Emotional warmth/stimulation

To include ensuring the child's requirements for secure, stable and affectionate relationships, with appropriate sensitivity and responsiveness to the child's needs.

Guidance and boundaries/stability

To include – How does the parent / carer provide consistent parenting? Are there any challenging / difficult behaviours of the child(ren), and how are these managed? Is the child(ren) provided with a stable family environment? Does the child(ren) have any regular contact with another parent / significant others?

10. FAMILY AND ENVIRONMENTAL FACTORS

Family history and functioning

To include parent/carer’s history, parent/carer’s current and historical relationships, any drug, alcohol misuse, mental health, disability, learning disability, periods in care, known history of violence, domestic abuse, offending, anti-social behaviour.

Wider family and significant others

To include their role and importance to the child(ren) and parents, what additional support do they provide? i.e. emotional, financial, practical, respite, caring responsibilities.

Housing/employment/income

To include current housing provision, rent arrears, appropriate basic amenities of water, heating, cooking facilities, sleeping arrangements and hygiene. Employment status, benefits, debts, support accessed, impact on family member’s financial capabilities.

Family’s social integration/community resources

To include – Is the child/family part of the local neighbourhood/community? Including universal services: health care, day care and schools, places of worship, transport, shops and leisure activities.

Any current involvement of Social Care and other professionals/services

To include any relevant historical information of significant events from Social Care records and other agencies. (All agencies involved will be asked to provide any significant dates and events.)

11. VIEWS OF PARTIES

Views of child/young person (include wishes and feelings)

Views of parent/carers and significant others (include wishes and feelings)

12. RISK AND STRENGTHS FACTORS

Please consider any risks, strengths and protective factors including vulnerabilities found as part of this assessment and presenting concerns.

13. ANALYSIS AND RECOMMENDATIONS

Please consider the likely outcomes for the child/young person if no action is taken and what needs to change to reduce any identified risks.

Analysis and professional judgements

Recommendations and any actions required

14. DECISIONS

Worker's name

Date

Assessment Outcome

Please indicate which tier you feel the child / family meet on the Calderdale Continuum of Need

Tier 1		Tier 2		Tier 3		Tier 4		Tier 5	
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Refer to Early Intervention Locality Panel for additional Services (**Complete referral form**)

Refer to other Agency

Return to Early Intervention Locality Panel for additional Services

Early Intervention Plan

Continue / maintain current support

Young Carers assessment required

No further action

If the assessment was not completed within timescales, please explain why

If referred to Early Intervention Services, provide the name of the Lead Professional, if known

If referred/signposted to other agency(ies), please provide details

Practice/Team Manager's Analysis/Recommendations

Practice/team manager's analysis/recommendations

Supervisor/Manager's name

Date

15. CONSULTATION FOLLOWING COMPLETION

Views of child/young person on the assessment and outcome

View of parent/carer and significant others on the assessment and outcome

View of involved agency(ies) on the assessment and outcome *(if any involved agency not contacted, please state reason)*

Date assessment shared with child/young person/parent/carer if applicable

Reason if assessment NOT shared with child/young person/parent/carer

Date copy of assessment provided to child/young person/parent/carer if applicable

Reason if copy of assessment NOT provided to child/young person/parent/carer

Date copy of assessment provided to involved agency(ies)

(To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Agency involved/named worker	Date provided