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| **Surrey****County****Council****Team****Quadrant:****Tel:** **Email:** **[****RESTRICTED****]** |
| **Assessment** |
| **Assessment** |
| Date the Referral was Received |  |
| Date the Assessment was Started |  |
| Date the Assessment is due |  |
| Date the Assessment was Completed |  |
| What led to this Assessment? |  |
| Reason for the referral will be copied through from the referral form but should be edited/summarised and include.* Reason for the assessment/detail of the referral
* Definition of the problem and purpose/scope of the assessment?
* ***Wording to be child and parent focused and not overly professional. Consider language and parent as the audience.***
 |
| **Meetings with Child/Young Person and their Family** |
| Was the Child/Young Person seen during this assessment? | Yes/No |
| Was the Child/Young Person seen **alone** during this assessment? | Yes/No |
| Explain why the child was not seen alone |  |
|  Comment- Write in Practice Standards around seeing mother and bump (unborn) Did Midwife see them? |
| Has an Interpreter been used? | Yes/No |
| Dates the child/young person & family members were seen and spoken to | Contact Date | Type | Family Members Interviewed | Seen |
|  |  |  |  Yes |
|  |  |  |  Yes |
| Give details of family members who have been spoken to: |
| Parents: father, mother, grandparents |  |
| How was the assessment carried out?  |  |
| Approach and purpose of visits should be clear in this section (not just a list of visits)Advised about potential consequences of non-co-operation Clarify the outcome needed How will the parent’s motivation to address concerns at the start be considered? |
| **Meetings/ visits** |  |
| Have any formal meetings taken place? Please  |  |
| List of meetings held, and main issues tackled and planning as a resultInclude strategy discussions, CIN meetings, TAF (include dates of these meetings) |
| **Basic Details of the Child/Young Person** |
| **Personal Details** |  |
| LCS Number |  |
| Full Name |  |
| Preferred Name |   |
| Gender |  |
| Alias |   |
| Date of Birth |  |
| Age |  |
| Approximate Age |   |
| Date of Death |   |
| Immigration Status |  |  |

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| **Relationships** |
| **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** |  |  |  |  |
|  |  |  |  |  |
| **Legal Status** |  |  |  |  |
|  |  |
|  |  |
| **Genogram** |  |  |  |  |
| Genogram |  |  |  |  |
|  |  |  |  |  |
| **Chronology and Key Events** |  |  |  |  |
| Chronology |  |  |  |  |
|  | Date | Details | Outcome |  |  |  |  | Document RefSource |  |
|  |  |   |  |  |  |  |   |
|  |  |   |  |  |  |  |   |
| **Family History** |
| ***What would the family like to share about their history?****What aspirations do you have about your future family life that we can work towards?**What’s the legacy of your family history/relationship to Children's Social Care history that gets in the way of you believing the current plan will succeed and what can we do that would enable you to be more relaxed with this history so that we can work together?* |
| Family History |
| **Family composition*** Current family structure and extended family
* Where do they live (eg. the family live in a 3-bedroom flat in …)
* What support/contact with each other do they have
* Parent’s culture of origin

**Family history/social history*** Experience of being parented themselves and how the family is functioning
* History of abuse or trauma
* Convictions within the family or parent’s history/convictions against children
* Previous involvement with Children Services/CP plans or concerns/care proceedings or private law matters/acceptance of concerns
* Impact of adverse early life experiences
* History of education

**Parents relationship*** How did the parents meet
* How has their relationship developed/what are the strengths and challenges in the relationship
* What are the parents’ future plans for their relationship/care of unborn baby
* Who will be the primary carer for the baby
* What is the lifestyle of the parents and are there concerns about a chaotic lifestyle
* How do the parents resolve conflict and how do they anticipate they will parent their unborn baby
* How do the parent manage the ability to regulate emotion and responses to stress factors
 |
| **All About Me** |
| **Who am I and how do I fit in my family?** |

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| **Write in child focused language.*** When I am born, I will be a boy/girl. My ethnicity will be \*\*\*. I will learn to speak \*\*\*. My religion will be \*\*\*
* I will go home to live with \*\*\*
* I will have a brother/sister/how many
 |
| **My Development** |
| My Development - What would I like you to know? What would my family like you to know about me/ us?a little more depth may include the following: **Write in child focused language**Physical needs* Eg. I will need my mum and dad to take me to the doctors for my check up’s and when I am not well.
* Urgent medical needs
* Basic care needs – feeding needs, changing of nappies, keeping clean

Emotional needs* Eg. I will need my mum and dad to get to know me and understand why I am crying
* Stimulation, including talking, singing, playing, appropriate toys
* Building relationships, including wider family and friends.

Keeping safe* Eg. When I am a baby, I need my mum and dad to make sure they do not fall asleep with me in the bed in case they roll on me, I fall off or cannot breathe under the covers or pillows.
* Appropriate sleeping environment
* Safety within the home and outside of the home as becomes older.
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| **My Views** |
| * To expect growing in a stable, safe and secure environment and all basic care needs met.
* Parental understanding of expectant baby’s needs
 |
| **My Environment, Neighbourhood and Family situation** |
| My Environment, Neighbourhood and Family situation - What would I like you to know? What would the family like you to know?**Environment** * Is the home environment safe and secure
* Are there issues of overcrowding or homelessness/previous issues of neglect
* Stability of housing/is housing appropriate/secure/long-term
* Have there been concerns about the standard of the home – condition and suitability
* Are there any issues in the wider environment – neighbour/community disputes, social isolation
* Are there any health risk or dangerous pet

**Preparation of home condition for the baby*** Are the expectant parents prepared with the necessary equipment for unborn baby

**Family functioning, wider family and network*** What are the family rules
* How do they resolve conflict
* What support is available to the family from the expectant parents and wider family members/friends and what are their views
* Is support likely to be available over a meaningful timescale
* What is the family’s attitude to professional intervention now and in the past/are concerns accepted

**Employment/Income*** Does one/both parents work and what are their jobs
* How will the expectant parents manage the care of the baby whilst working, and is there additional support during working hours
* Is there financial security/all benefits in place
* Do the parents have any debt
 |
| **Number of Parents or Carers** |
| **Being a Parent or Carer** |
| Parent/Carers Name **mother** |
| My Parent/ Carer Views, **Understanding of unborn babies needs and ability to meet them*** Was the pregnancy planned/unplanned
* Ability to understand and to meets baby’s needs/who will provide main care/can they describe what an unborn baby needs/is it realistic
* Are the parents developing an attachment to the unborn baby/name choosing/referring to baby/stroking pregnant tummy, talking, singing
* Ability to identify potential ‘risk’ and how they would respond
* What are the expectant parents’ experiences of caring for children/being a parent
* Ability to ensure that the home environment is such that the child’s basic care needs can be met.
* Do they have somewhere for the child to sleep, the minimum baby equipment, appropriate clothing for the baby that is the right size, clean, and will be appropriate for the weather when the child is expected?
* Have they thought about how the child will be fed, and if they need feeding equipment have, they sufficient bottles, teats, and a method of sterilising the equipment?
* Where there are concerns of abuse specific to one parent, how will the other parent protect/what is their capacity to take on this role
* Research has indicated that the risks are greater when a parent with unresolved care and control conflicts is caring for a baby with particular characteristics which may make him/her harder to care for e.g a poor feeder or sleeper, constant crying, a disabled child etc

**Drug/Alcohol misuse (utilise as appropriate)*** What substance is the expectant parent/s dependent upon/history of parental substance misuse
* What is the amount/duration/pattern of substance misuse
* Any evidence of being incapacitated/comatose or paranoid
* Is the expectant parent engaged with services to support substance misuse/motivation to engage
* Can substance misuse be managed as well as caring for a newborn baby
* Impact of substance misuse on other children within the household
* Is there a parent who doesn’t abuse drugs or supportive parent or relative to offer support
* Could other aspects of drug use constitute a risk to unborn (conflict with dealers, exposure to criminal activity related to drug)

**Mental health (utilise as appropriate)*** What is the diagnosis/impact of mental health on the expectant parent
* Are they engaged in support services/accessing medication/compliant with medication
* How have they cared for other children in the household/impact on them
* How does the expectant parent anticipate they will manage their mental health and needs of a young baby
* Is there any psychiatrist assessment highlighted additional concerns of risk of abuse by parents

**Learning difficulties (utilise as appropriate)*** What is the learning difficulty and how does it impact the expected parent/s
* How have they cared for other children in the household/impact on them
* What support do they need/are they accessing this support
* Concerns that information is not being retained/processed/recalled but no diagnosed learning difficulty

**Domestic Violence (utilise as appropriate)*** Nature of violent incidents
* Frequency and severity
* Information on what triggers violent incidents
* The non abusing/nonviolent parent’s recognition on the potential risks as a result of current or historical abuse/violent behaviour
* Impact on the non abusing/nonviolent parent
* Whether there has been any abuse or violence/increase of during pregnancy
* Do they accept responsibility for their role in the abuse or blame others
* Do they accept any treatment / counselling?
* Do parents understand the impact of violence on the baby
 |
| **Being a Parent or Carer 2** |
| **Being a Parent or Carer -**  |
| Parent/Carers Name **Father****Understanding of unborn babies needs and ability to meet them*** Was the pregnancy planned/unplanned
* Ability to understand and to meets baby’s needs/who will provide main care/can they describe what an unborn baby needs/is it realistic
* Are the parents developing an attachment to the unborn baby/name choosing/referring to baby/stroking pregnant tummy, talking, singing
* Ability to identify potential ‘risk’ and how they would respond
* What are the expectant parents’ experiences of caring for children/being a parent
* Ability to ensure that the home environment is such that the child’s basic care needs can be met.
* Do they have somewhere for the child to sleep, the minimum baby equipment, appropriate clothing for the baby that is the right size, clean, and will be appropriate for the weather when the child is expected?
* Have they thought about how the child will be fed, and if they need feeding equipment have, they sufficient bottles, teats and a method of sterilising the equipment?
* Where there are concerns of abuse specific to one parent, how will the other parent protect/what is their capacity to take on this role
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* What is the amount/duration/pattern of substance misuse
* Any evidence of being incapacitated/comatose or paranoid
* Is the expectant parent engaged with services to support substance misuse/motivation to engage
* Can substance misuse be managed as well as caring for a newborn baby
* Impact of substance misuse on other children within the household
* Is there a parent who doesn’t abuse drugs or supportive parent or relative to offer support
* Could other aspects of drug use constitute a risk to unborn (conflict with dealers, exposure to criminal activity related to drug)

**Mental health (utilise as appropriate)*** What is the diagnosis/impact of mental health on the expectant parent
* Are they engaged in support services/accessing medication/compliant with medication
* How have they cared for other children in the household/impact on them
* How does the expectant parent anticipate they will manage their mental health and needs of a young baby
* Is there any psychiatrist assessment highlighted additional concerns of risk of abuse by parents

**Learning difficulties (utilise as appropriate)*** What is the learning difficulty and how does it impact the expected parent/s
* How have they cared for other children in the household/impact on them
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* Do they accept responsibility for their role in the abuse or blame others
* Do they accept any treatment / counselling?
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 |
| **Being a Parent or Carer 3** |
| **Being a Parent or Carer** |
| Parent/Carers Name |
| My Parent/ Carer Views |
| **What other agencies/ people are involved with my family?** |
| **Current Involvements** |
| **Role** | **Professional** | **Team** | **Job Title** | **Start Date** | **End****Date** | **Contact****Numbers** | **Core****Group****Member?** |
| Key Team |  |  |  |  |  |  |  |
| **Key Team** |  |  |  |  |  |  |  |
| Allocated Case Worker |  |  |  |  |  |  |  |
| Team Manager |  |  |  |  |  |  |  |
| **What other agencies/ people are involved with my family?** |
| Current Key Agencies- CS/ midwifery services / housing /police /GP / adult services  |
| Professional | Role | Agency | AgencyRole | Do you agree for information to be shared with them? | Do you agree to them being invited to any meeting about you and your family? | Do you agree for the recommendation of this assessment to be shared with them? | Did they contribute to the assessment? |
| **What others say about me, my family, and our situation?** |
| This section should cover what other agencies are saying about the unborn baby and their needs. You can also cover partner agency views around the parents/ability to care as well as key information or intervention carried out.**Ante-natal, medical and obstetric history*** Estimated due date of unborn baby
* Health of unborn baby – how is the pregnancy progressing, unborn baby developing as expected
* Engagement with maternity service / ante natal appointment
* Health checks of mother, any use of alcohol, drugs, cigarettes during pregnancy and impact on unborn baby, healthy diet and lifestyle
* Any experiences of domestic violence whilst in utero and impact on unborn baby
 |
| **Confidential Section** |
| What others say about me, my family, and our situation? |
| Health check /previous Convictions / offences / court statements, previous assessments, adoption  |
| Confidential Information |
| Should this section be printed? |  |
| **What does this mean for me and my family?** |
| **Analysis / conclusion** * Concerns identified / strengths and protective factors / complicated factors
* Consider use of Risk Estimation.
* Is there a risk of significant harm for the unborn/ baby?
* It is crucial to clarify the nature of any risk- of what? from whom? in what circumstances?
* Will this risk arise, before baby is born or following the birth whilst still a baby?
* Is there is a risk that the child’s needs may not be appropriately met
* What change must be made to ensure safety and an acceptable level of care for the child
* How motivated are the parents to make change
* How capable are the parents to make change / what is the potential outcome for success?
* Analysis of what this means in terms of recommendations and next steps
 |
| **Recommendations** |
| **Outcome**  |
| Is the child/young person a child in need as defined in the Children Act 1989? |  |
| **If yes, please identify which child in need** |  |
| 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 |  |
| b) child whose health or development will be significantly impaired without the provision of services (is suffering or is likely to suffer significant harm) |  |
| c) disabled child |  |
| If the child is disabled, please record the types of impairment(s) (using the children in need categories) |  |
| If the child’s name is not on the disability register, have the parents consented to it being placed there? |  |
| **Worker’s Recommendation** |
| Letter to be written to the unborn baby explaining the outcome of the assessment and recommendations (child friendly version of ‘what does this mean to me’) |
| **Recommended Outcomes** |
| Category of Concern |  |
| Have you considered Graded Care Profile 2? |  |
| Recommended Outcomes |  |
| **Young / Carer's Assessment** |
| Is a young carer’s assessment required? |  |
| Is a carer’s assessment required? |  |
| Start the Carer's Assessment if one is one is required |
| **Management Oversight and Decisions** |  |
| **Outcomes** |  Workbook Strategy Discussion Specialist Assessment Place into Accommodation **CIN/SB - Provision of Services (s17)** Referral to Other Agency | Other Actions Step Down to Early Help (transfer to EHM) Private Fostering Agreement No Further Action |  |
| Provision of Services By |  |  |
| Category of Concern |  |  |
| **Manager’s Decision** |  |
|  |  |
| Authorising managers name: |  |  |
| Authorisation Date |  |  |
| If the Assessment was not completed within agreed timescales, please give reason. |  |  |
| **I have read the assessment, and I would like to say:** |  |
| **Parent/Carer's and Child/Young Person's Comments** |  |
|  |  |
| I have read the assessment, and I would like to say: |  |
|  |  |
| **Signatures** |  |
| Name of Social Worker completing assessment |  |  |
| Signature: |  |     |
| Name of Manager: |  |  |
| Date: |  |  |