## **DUMFRIES AND GALLOWAY CHILD’S ASSESSMENT REPORT**

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| 1. **Details of Person Completing Report** |
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| **Name** |  | **Contact** 🕿 **No** |  |  |
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| **Address** |  |  |
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| **Agency**(if applicable) |  | **Designation**(if applicable) |  |  |
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| 2. **Child’s Details** |
| **Name of Child/ Young Person** |  | **Any Alias** |  |  | M/F | **Date** **of Birth** |  |  |
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| **Home Address** |  |  |
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| 3. **Reason for Assessment or Report** |
| What is the reason for completing the assessment or report? Include specific areas of concern or vulnerability identified |
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| 4. **Chronology**  |
| Please provide a summary of significant events or attach own agency chronology.  |
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In completing the next three sections of the report refer to the attached Assessment Triangle and look at the Wellbeing indicators to take into account whether they are Safe; Healthy; Active, Nurtured, Achieving, Respected; Responsible and Included.

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| 5. **Child/Young Person’s Developmental Needs****(How I Grow and Develop)**This section should consider the child’s needs in relation to how they are meeting their developmental andeducational milestones.  |
| **Needs Being Met** |
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| **Unmet Needs** |
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| 6. **Parenting Capacity****(What I Need From The People Who Look After Me)**This section should consider how well parents are currently meeting the child’s needs and how parental lifestyle/behaviour may be impacting on their capacity to meet their child’s needs as identified above.  |
| **Parenting Strengths** |
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| **Parenting Difficulties or Concerns** |
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| 7. **Family and Environmental Factors****(My Wider World)**How does the child and family’s current environment support or prevent the child’s needs being met? How does this help or get in the way of parents/ carers capacity to meet the child’s needs? |
| **Supportive Social Factors** |
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| **Concerns** |
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| 8. **Any Additional Information** |
| Include what actions have been taken by your own agency to date? What was the outcome of these?  |
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| 9. **Analysis of Need**What is your assessment of parent(s’)/carer(s’) ability to meet the child/young person’s identified needs?Take into account issues of the child’s resilience, vulnerability, adversity and protective factors. To help you with this use the resilience matrix attached as Appendix 2.**Please highlight any risks or concerns identified** |
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| 10. **Based on your analysis above can the child’s needs be met from within your service/agency?**  | **Yes/No** |

**If Yes – consider who else from within your own service/agency needs to be involved and complete the Child’s Plan.**

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| **11. If No – What action needs to be taken to ensure the child’s needs will be met?**  |
| The Named Person will co-ordinate a meeting to discuss the need for a child’s plan.  |
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| 12a. Was **it appropriate to share this assessment with the child/young person?** | Yes / No |  |
| **Please explain. If ‘Yes’ what were their views? What did they say?** |
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| 12b. **Was it appropriate to share this assessment with the parent(s)/carer(s)?** | Yes / No |  |
| **Please explain. If ‘Yes’ what were their views? What did they say?** |
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| 13. **Is the family in agreement to this information being shared with others?**  | Yes / No |  |
| **If ‘No’, what action needs to be taken?** |
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| **Signatories** |
| **Name** | **Designation** | **Date** | **Signature** |
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**NB If referring to another service complete the Request for Assistance Form and attach to this report**

**If making a referral to Social Work Services make sure this referral is accompanied by a telephone call.**

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| Name of Contact  |  | Date & Time  |  |

**NB If this relates to parental substance misuse, please forward copy to CAPSMCo-ordinator**

E-mail - PriorityRight@dumgal.gov.uk

