



Falkirk Child and Young Person's Integrated Assessment and Plan Lead Professional Assessment

Assessment Completed by:

Role of person completing assessment:

Date assessment started:

Date assessment completed:

My Core Information

Fields marked with an asterisk (*) are mandatory.

My Core Information

Forename*		Surname/Alias*	
Middle Name(s)		Known as	
Gender	Date of Birth/ Estimated date of delivery*	Place of Birth	Child's I.D Number
Choose an item.	Click or tap to enter a date.		

Home Address*		Contact telephone number(s)*	
		Home:	
		Mobile:	
		Work:	
Is the [child]'s current address subject to a 'non-disclosure measure'?		<input type="radio"/> Yes <input type="radio"/> No	
Current Address (if different from above)			

Main Language*	Choose an item.
If 'Other', please specify	
Interpreter Needed/Translation requirements	
Religion*	Choose an item.
Ethnicity*	Choose an item.
Disability*	Choose an item.

Is the [child] a Young Carer?*	<input type="radio"/> Yes <input type="radio"/> No
If 'Yes', details of person cared for:	
Legal Status*	Choose an item.
Please specify any conditions	
Immigration status	<input type="radio"/> Yes <input type="radio"/> Not Applicable
[Child] of a person with no recourse to public funds	<input type="radio"/> Yes <input type="radio"/> No
Unaccompanied asylum-seeking [child]	<input type="radio"/> Yes <input type="radio"/> No

Education

School / Early Learning Centre / Child Care Name and contact details	
Pupil candidate number	
Additional support plan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Health

Health visitor/school nurse Name and contact details	
GP's name and contact details	

Family Details*

	Mother	Father
Forename		
Surname		
Birth Surname (if different)		
Other names (if any)		
Date of Birth	Click or tap to enter a date.	Click or tap to enter a date.
I.D No (if applicable)		
Parental Responsibility	Choose an item.	Choose an item.
If 'some' above, please add details		
Address (if different to child's address)		
Telephone		
Main Language	Choose an item.	Choose an item.
If 'Other', please specify		
Interpreter needed?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Other Significant Children*

Also Referred	Relationship	Forename	Surname
Choose an item.			
Gender	Ethnicity	Language	Date of Birth
Choose an item.	Choose an item.	Choose an item.	Click or tap to enter a date.
Address (if different)			
I.D Number			

Other Significant Adults (including Kinship Carer, Foster Carer) *

Relationship to [child]		Forename	Surname
Gender	Ethnicity	Language	Date of Birth
Choose an item.	Choose an item.	Choose an item.	Click or tap to enter a date.
Address (if different)			
Tel No.			

Child Protection Registration

Current [Child] Protection Registration*	<input checked="" type="radio"/> Yes <input type="radio"/> No
Previous [Child] Protection Registration*	<input checked="" type="radio"/> Yes <input type="radio"/> No

Dates of CP Registration, if 'Yes' to either above	Start Date	End Date
	Click or tap to enter a date.	Click or tap to enter a date.

Looked After Episodes

Is the [child] currently looked after?	Looked after type	Start Date	End Date
<input type="radio"/> Yes <input type="radio"/> No	Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.

Has the [child] previously been looked after?	Looked after type	Start Date	End Date
<input type="radio"/> Yes <input type="radio"/> No	Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.

The Team Around Me

Has a referral been made to FGDM as part of this assessment? Yes No

If no, please state the reason.

The team around me, including my family

Name	Role/Agency/Relationship	Contact details	Contributed to Assessment?
			Choose an item.

Current circumstances

Please provide a short description of the current circumstances of the family.

Relevant Family Background

My family's background.
Please provide a short overview of significant background information here.

My Chronology

Personal details

Forename*	Surname*	Date of Birth/ Estimated Delivery Date	ID Number
		Click or tap to enter a date.	

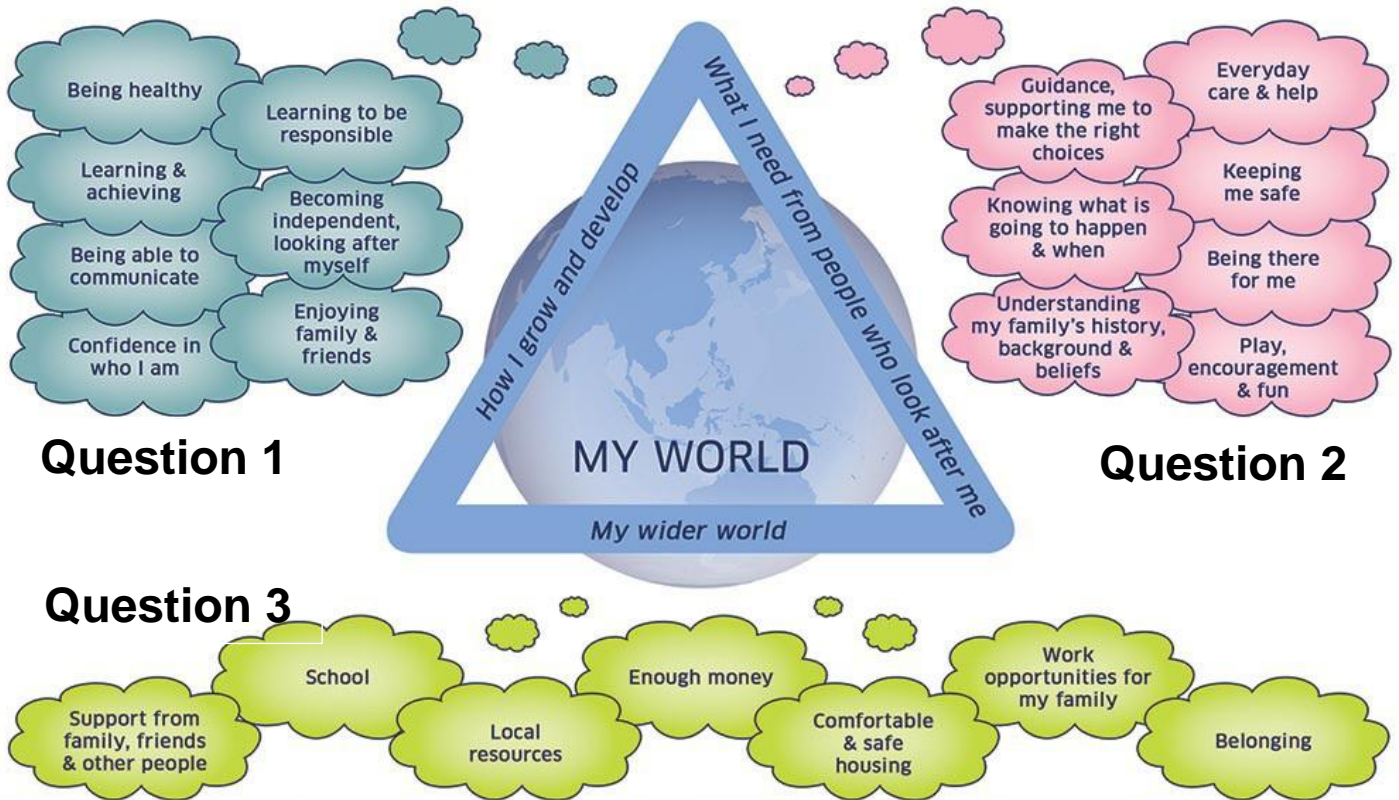
Event Date	Entry Date	Source	Significant Event	Age	Impact	Action
Click or tap to enter a date.	Click or tap to enter a date.					

My Assessment

How long has the assessment been going on & what has it involved e.g. individual sessions with me/my parents, family work or family time (supervised contact). Please give a concise overview including focus of sessions and how many sessions took place? (This section should summarise the process of your assessment including child and parent's attendance/participation)

My Development and Wellbeing

My world triangle



Question 1

Question 2

Question 3

The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

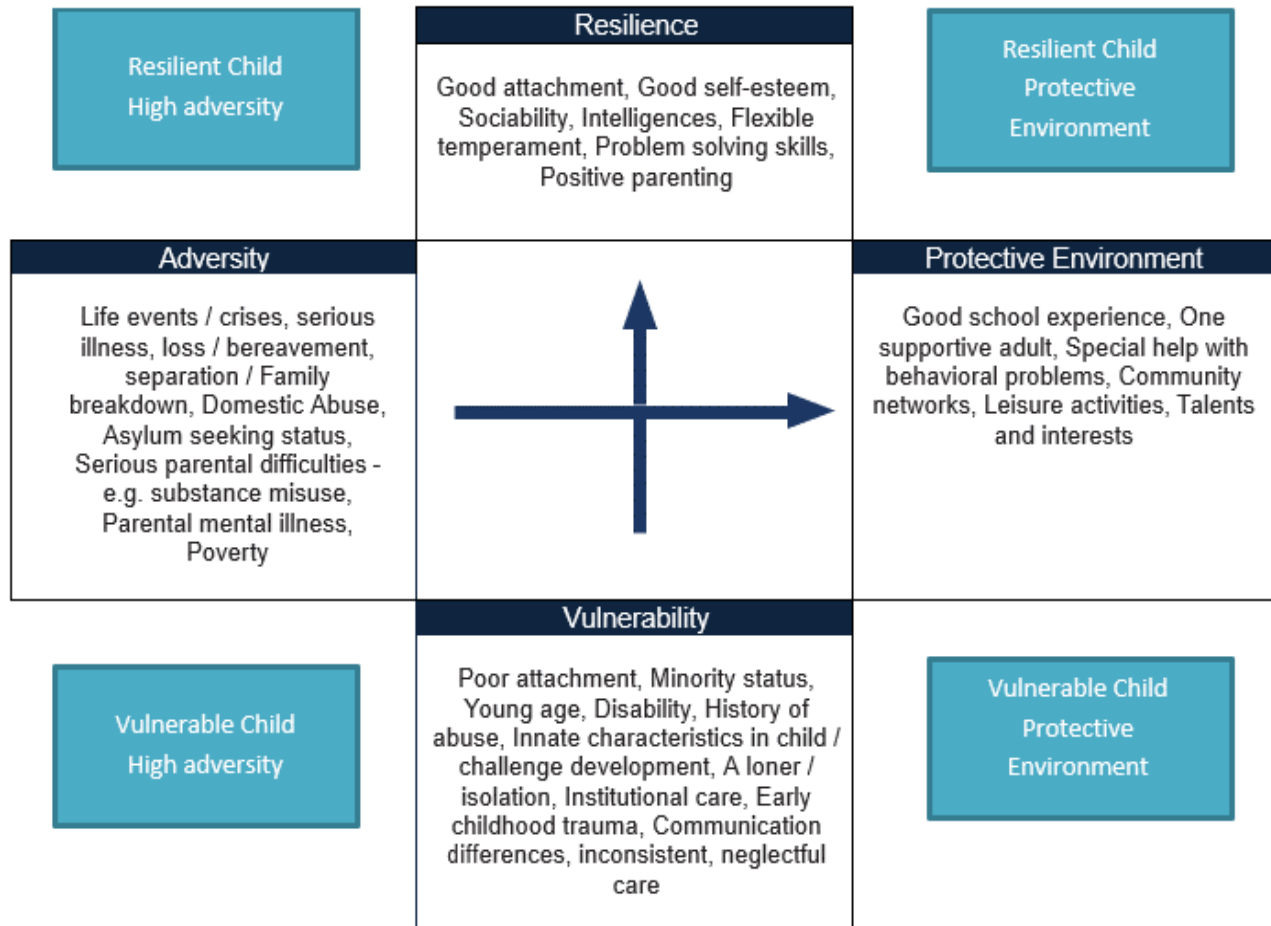
1. How well am I growing and developing?
What is working well, what are other people worried about, what worries me?

2. Are my needs being met by the people looking after me?
What is working well, what are other people worried about, what worries me?

3. Are my needs being met from my wider world?
What is working well, what are other people worried about, what worries me?

My Protection and Resilience

Resilience / Vulnerability Matrix



Variables
 Timing and age, Multiple adversities, Cumulative protectors, Pathways, Turning points, A sense of belonging

Interventions
 Strengthen protective factors and resilience, Reduce problems and address vulnerability, Achieve initial small improvements

Risk Analysis

What are the risks to me? What are other people worried about and what worries me about my safety? Have specialist risk assessment tools been used, e.g. Neglect Toolkit, Child Sexual Exploitation (CSE) Tool, Safe & Together Model, Impact of Parental Substance Use (IPSU) as part of this assessment?

WHAT IS THE CHRONOLOGY TELLING YOU? ARE THERE ANY PATTERNS?

Are there any risks from me, based on the things I have been doing?

Are there things that make me particularly vulnerable to risk?

What would help me?

What protective factors and strengths would increase my resilience and reduce adversity.

My Needs and My Parent/Carer's Capacity to Meet These (Parenting Capacity Assessment)

Do changes need to be made to help my wellbeing and keep me safe? If so, what is my family's capacity to change - do my parents/carers have the motivation and ability to change?

What needs to change in order for my needs to be met?

Does my family understand that changes need to be made?

What are my parents/carers motivation to change, and has there been any resistance to change?

Will my parents/carers be able to make the changes needed quickly enough for my timescale?

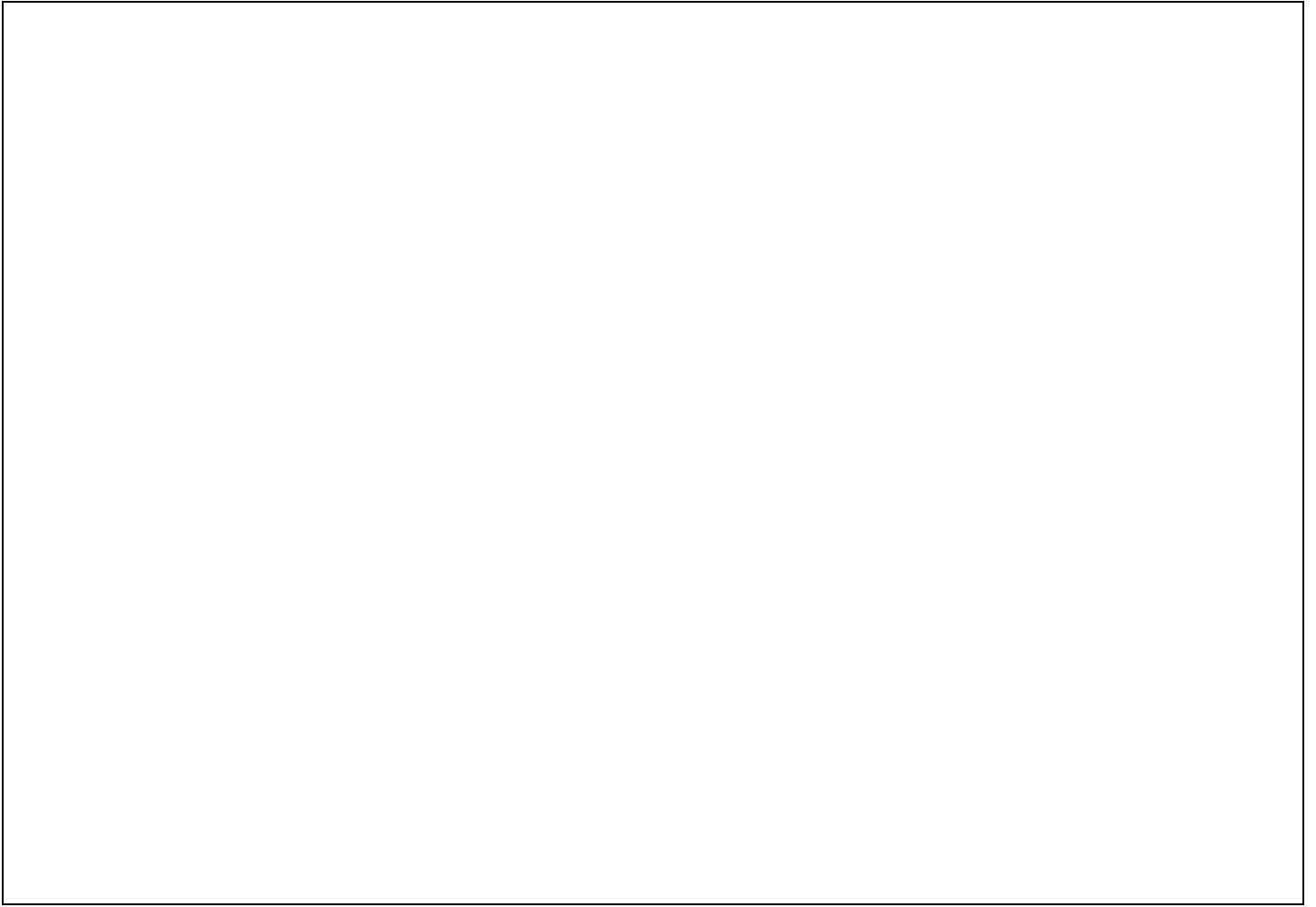
What does patterns in my family's history mean for me?

Are there any difficulties my family have which mean change is difficult, such as learning difficulties or disabilities?

What are the strengths of my parents/carers?

What support did my family receive, and what difference did this make to my safety and wellbeing?

If permanence away from home is recommended in this assessment, please ensure the assessment evidences the serious detriment of the child being returned to their parents' care/clear analysis in relation to the need for permanence away from home..



My Participation, Rights and Views

Child

What are my thoughts on what's going on for me right now and what do I want for the future?
How have I been able to share my views?
Do I know about my rights? How can I find out about them?

What would help me take part in any meetings about me and my family?

If this assessment is for a Children's Hearing, should I attend or should the social worker ask for me to be excused?

Yes No

If yes, why is it best for me to be excused from going to my Children's Hearing?

Pre-hearing panel details (if 'Yes' above)

Parents/Carers

What are my parents/carers views about the current circumstances and their wishes for the future? Include any disagreements with aspects of the assessment and/or plan. Include the views of each parent separately.

Do my parents/carers need any support to take part in meetings such as a support person/advocacy worker?

Siblings

Do I have brothers and sisters or sibling-type relationships? If so, who are they, how often do I see them and how do I feel about the time with them?

Recommendations of Assessment

Please provide a short summary of your conclusions. A Child's Plan should be completed to identify outcomes and actions to be achieved. If this assessment has been completed for a Children's Hearing or Children Protection Case Conference, please ensure recommendations and rationale are clear in terms of the need for statutory measures and/or a Child Protection Plan. (Please also reference any measures required such as family time contact with parents and other family members including brothers and sisters.

Child/Young Person's Plan

Legal Status	Education Establishment (if applicable)	Does the child/young person require a Co-ordinated Support Plan?
Choose an item.		<input type="radio"/> Yes <input type="radio"/> No

Desired Outcomes	How will we know this has been achieved	Actions required	By whom	Frequency/ Timescale	Progress

Contingency

What action will be taken if outcomes or agreements are not reached within specified timescales or if there are increased concerns for safety, care or wellbeing of me? (please be as specific and detailed as possible about the arrangements in place if plans change, risks increase, needs cannot be met)

Child's Views

What are my views of the plan?

Parent/Carer Views

What are my parents/carers views of the plan?

Is there agreement or disagreement regarding the plan and recommendations? How has this been resolved?	
Has the Assessment and plan been shared with me and my parent/carers?	<input type="radio"/> Yes <input type="radio"/> No
If not, why not?	