

Social Work Assessment (S17 or S47)



Form Details

Form Start Date: [redacted] Worker Name: [redacted]

Person Details

Name: [redacted]	CareFirst ID: [redacted]
DoB / EDD: [redacted]	Gender: [redacted]
Address: [redacted]	Tel No: [redacted]

Purpose of assessment and consent

Has parental consent been given for information to be shared between agencies and recorded?	Not Answered
Has the young person's consent been given for information to be shared between agencies and recorded?	Not Answered
If no parental consent is given and you are acting on the young person's given consent -- you must confirm their Gillick competence and record the discussion undertaken with the young person here:	

Reasons for assessment (to be completed by manager)

Outline of presenting concerns or needs to be assessed -- confirm any initial specific actions and date for managerial review (to be completed by manager):

Assessment type (to be completed by manager):

Details of co-worker:

Co-worker's team:

Family history and functioning

Analysis of child/family history

Analysis of child/family history continued:

Is there a concern that the current care arrangements may not meet the child's permanence needs?	Not Answered
Does this child or young person have a disability?	
Category:	
Notes:	
Please provide any necessary additional information about any disability or disabilities:	

Social Work Assessment (S17 or S47)

Name: _____ **CareFirst ID:** _____

Does this child or young person have an Education, Health and Care Plan? Not Answered

If yes, please provide details:

Date the EHC plan was completed: _____

Name of the Lead Professional for the EHC plan:

Professionals involved in assessment

Professionals contributing to this assessment:

Name: _____
Relationship: _____
End Reason: _____
Address: _____
Email: _____
Phone: _____
Notes: _____

Other professionals or agencies involved:

If a medical was undertaken, what was the outcome?

If a police investigation was undertaken, what was the outcome?

Wishes and views

Does the child have any additional needs: for example learning needs, or speaks another language? Not Answered

If yes, describe how these have been taken into account:

Summarise views from the child or children who have contributed to this assessment; and explain how those views have been sought and when:

(Continued):

Social Work Assessment (S17 or S47)

Name: J. G. Thompson

CareFirst ID: 1124

Does either parent or carer have any additional needs: for example learning needs, or speaks another language?

If yes, please give details:

Summarise views from the parent/s and/or carers who have contributed to this assessment:

(Continued):

What is working well and what are we worried about

Child Impact Analysis -- What are the child's daily lived experiences?

(Continued):

Analysis of parenting capacity of each parent or carer:

(Continued):

Analysis of family and environmental factors -- including an analysis of wider family and friend's ability to meet the child's needs:

(Continued):

Social Work Assessment (S17 or S47)

Name:

CareFirst ID: 10710

Danger statements/statements of concern

Danger statements/statements of concern continued

Factors Identified at End of Assessment

Based on Factors of Concern Identified during Assessment Process select either Yes or No for each section:

Young Carer: Are there concerns that services may be required or the child's health or development may be at risk due to their caring responsibilities?	Not Answered
Privately Fostered: Are there concerns that services may be required or the child may be at risk as a privately fostered child?	
UASC: Are there concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child?	Not Answered
Missing: Are there concerns that services may be required or the child may be at risk of harm due to going/being missing?	Not Answered
Child Sexual Exploitation: Are there concerns that services may be required or the child may be at risk of harm due to child sexual exploitation?	Not Answered
Trafficking: Are there concerns that services may be required or the child may be at risk of harm due to trafficking?	Not Answered
Gangs: Are there concerns that services may be required or the child may be at risk of harm due to involvement in/with gangs?	Not Answered
Socially unacceptable behaviour: Are there concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour?	Not Answered
Self-harm: Are there concerns that services may be required or the child may be at risk of harm due to suspected/actual self-harming?	Not Answered
Based on Factors of Concern Identified during Assessment Process select either Yes or No for each section:	
FGM: Are there concerns that services may be required or the child may be at risk of harm due to female genital mutilation?	Not Answered
Faith or Belief: Are there concerns that services may be required or the child may be at risk of harm due to abuse linked to faith or belief?	Not Answered
Other: Are there concerns about Other Factors which are not covered by the above options?	Not Answered
If required, please enter details here of the Other factors of concern identified in previous question:	
No Factors Identified: Only enter Yes if there is no evidence of any of the factors above and No Further Action is being taken. Otherwise, please enter No.	Not Answered

Social Work Assessment (S17 or S47)

Name: _____ CareFirst ID: _____

Exploitation : Criminal Exploitation : Are there concerns that services may be required or the child may be at risk of harm due to criminal exploitation?	Not Answered
Exploitation: Modern Slavery: Are there concerns that services may be required or the child may be at risk of harm due to modern slavery?	Not Answered
Exploitation: Other Types : Are there concerns that services may be required or the child may be at risk of harm due to other forms of exploitation?	Not Answered

Family Support

Evidence shows that the following factors can cause longstanding problems for families and need a whole family approach to resolve. Are these criteria evident in your analysis of the family's situation? If you identify any of these criteria, they must be addressed in the plan.

What needs to happen?

Social worker's recommendations about the next steps:

Outcomes/safety goals

Details of recommendation above:

Is this form now ready for a manager's authorisation? Not Answered

Manager's decision

Manager's record of decision and rationale

Children in Need (CIN) category:

Category:

Notes:

Completion and Authorisation

Completed By: Worker: Tel: Address:	Date:
Authorised By: Tel:	Date:
Authorisation Comment:	

