

Child's name	CF/Child Reference	Date of Birth	Worker Name	Date

Child and Family Assessment Liquid Logic

Timeframe for the Assessment to be Completed and Plan to be created

Referral Date

Legal Status of the Child

Start Date of Legal Status

Assessment Start Date

Assessment Due Date

Date for Initial Review by Manager

Target Date for Creation of Plan

Timeframe for the Assessment and Plan to be created in?

What is the purpose / reason for the assessment? What do you want to achieve in undertaking this assessment and plan?

This information has copied across from the Referral

Do you have consent for any further enquiries you need?

Yes No

If yes please upload signed consent document to Paperlite

Which Professionals have contributed to this Assessment?
(Make sure they are recorded in full on the child's involvement tab)

Name:	Role:	Agency:	Date:

Family and Network Details

Relationships

Please check Carefirst read only, if the person does not exist please complete a Demographics form for them.

Add relationship 1

Defined Relationship	
Name	
Age	
Gender	
Address	
Start/End Date	
<input type="checkbox"/> Main Carer? <input type="checkbox"/> Young Carer? <input type="checkbox"/> Parental Responsibility? <input type="checkbox"/> Next of Kin? <input type="checkbox"/> Emergency Contact?	

Add relationship 2

Defined Relationship	
Name	
Age	
Gender	
Address	
Start/End Date	
<input type="checkbox"/> Main Carer? <input type="checkbox"/> Young Carer? <input type="checkbox"/> Parental Responsibility? <input type="checkbox"/> Next of Kin? <input type="checkbox"/> Emergency Contact?	

Disabilities

(Check CareFirst Read-Only and add below)

Add a new disability?

Languages

(Check CareFirst Read-Only and add below)

Add a new Language?

Is the child receiving Short Break support?

Yes No

Is the child Short Breaks?

Yes No

Number of Hours and Rate:	Are the hours being used and working well:	Any Issues:	Next Steps – What needs to happen and by whom?	Date to be completed:	Changes made from last review:

Have you completed a Genogram?

Yes No

If No, Please complete a Genogram before finalising the C&F Assessment.

Please select the genogram for the family for the child/ren

Professional Involvements

List all professionals involved with the family

Professional	Started On	Department	Address	Telephone	Purpose of Involvement (e.g. What is their role and if they are not working with the whole family who are they linked to?)

Current Key Agencies

Relationship	Name	Date of Birth	Gender	Ethnicity

Impact of Significant Life Events

Impact of Significant Life Events

What was the first event in the family's life that brought Children's Services involvement with the family and what was the impact of that on the child?

What was the most recent event in the family's life (if different) that brought Children's Services involvement with the family and what was the impact of that on the child?

Worries and What's Working Well

What are we worried about?

Harm

Complicating Factors

What is working well?

Existing Strengths

Existing Safety

Child, Family and Network's Experience

Was the Child/Young Person seen during this assessment?

Yes No

If no why not?

Dates the child/young person & family members were seen and spoken to

Date 1	
Date 2	
Date 3	
Date 4	
Date 5	

Child's Experience

Use the exact words and images of the child as well as any observations'

Name	What does the child/young person say are the biggest issues they are worried about in their life?	What does the child/young person say are the best things about their life?	What does the child/young person want to happen?

Parents/Carer's Experience

For Looked after Children include parents as appropriate but ensure their current carer is always included.

Name and Relationship	What are they most worried about in the child's life, including the child's safety / success, health and development? Please use the exact words of the parents/carers	What do they say are the best things about their life, their family, their child, and their care of the child?	What needs to happen to address the concerns identified for the child?

Key Family Members and Support Network's Experience

Name and Role	What does s/he say they are worried most about the child's safety/success, health and development and in the child's life? Please use the exact words wherever possible.	What does s/he say are the best things about their life, their family, their care of the child and the child?	What does s/he says needs to happen to address the well-being concerns about the child and their care that Children's Services have identified?

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Analysis and Judgement

Signs of Safety

Danger Statement 1

Danger Statement 1	Safety Goal 1

Scaling Question 1

Individual's Scale Rating

Individuals Name and Role	Scale for Danger Statement & Safety Goal 1	Reason
	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	

Would you like to add another Danger Statement? (If No move to Progress Scaling)

Yes No

Danger Statement 2

Danger Statement 2	Safety Goal 2

Scaling Question 2

Individual's Scale Rating

Individuals Name and Role	Scale for Danger Statement & Safety Goal 2	Reason
	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	

Overall Progress Scaling

On a scale of 0 to 10 where 10 means everyone involved is confident the child/young person will be kept safe even when problems happen and the danger is present and children's services can close the case and 0 means no one knows how the child will be kept safe when the danger is happening, where do you rate this situation today?

Children's Services Case Scale Rating

Current Value	Rating
	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

Reasons for Overall Scaling

What needs to happen?

Safety plans should always be created together with the parents, carers, child and key members of the support network

Bottom Lines

Professional bottom-lines are the minimum that must happen for Children's Services to be satisfied and they cannot compromise on.

Contingency Plan

What will the family do to keep the child/ren safe if the Bottom Lines are not met?

What will Children's Services do to keep the child/ren safe if the Bottom Lines are not met?

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Timeline

Date	Task	Meetings and Monitoring	Changes/Outcomes

Words and Pictures Explanation

Have the Words and Pictures been attached?

Yes No

If no, please set out the plan and timescale for this to be completed by.

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Who is involved in the plan?

Please ensure all people listed are recorded on the child's main demographics.

Name and Role	How often will they see the child?	What are the specific tasks of this person?	Network Lead

Plan Rules

The Plan Rules will address each concerning behavior in turn. Moving from 'green flags' and what is working well on to stressors, and triggers for 'red flag' or emergency event and consider who will do what when problems arise?

Signs of Safety

Key Issues arising from Danger Statement(s)	Existing Safety / What is Working well?	Stressors and Triggers	Indicators Danger is emerging or present	Who will do what when problems arise?

Recording and Demonstrating the Plan

Is a Safety Journal relevant for this child or young person?

Yes No

If yes, how is it kept up-to-date and who is responsible for it?

Is a Safety Objects Plan relevant for this child or young person?

Yes No

If yes please complete the plan below

Safety Objects Plan

Child's Name	Safety Object	How will the child use the safety object?	What action will be taken?	When has the Safety Object been 'fire drill' tested?

Factors Identified at the End of Assessment

Any child and parent risk factors identified at assessment should be indicated below – multiple factors can be selected.

DfE Requirement – For assessments completed from 1 April 2013 onwards, all factors identified at the end of the assessment should be reported. These include factors relevant to the child's health and development, the parent/carer's capacity to respond to the child's needs,

other people living in the household and family or environmental factors affecting the child's development.

This list of factors identified at the end of assessment has been modified to reflect new codes required in the children in need census 2016 to 2017.

Factors Identified at the end of assessment

Alcohol Misuse

Yes No

1A Alcohol misuse: Concerns about alcohol misuse by the child

Yes No

1B Alcohol misuse: Concerns about alcohol misuse by the parent/carer

Yes No

1C Alcohol misuse: Concerns about alcohol misuse by another person living in the household.

Yes No

Drug Misuse

Yes No

2A Drug misuse: Concerns about drug misuse by the child

Yes No

2B Drug misuse: Concerns about drug misuse by the parent/carer

Yes No

2C Drug misuse: Concerns about drug misuse by another person living in the household.

Yes No

Domestic Violence

Yes No

3A Domestic violence: Concerns about the child being the subject of domestic violence.

Yes No

3B Domestic violence: Concerns about the child's parent/carer being the subject of domestic violence.

Yes No

3C Domestic violence: Concerns about another person living in the household being the subject of domestic violence.

Yes No

Mental Health

Yes No

4A Mental health: Concerns about the mental health of the child

Yes No

4B Mental health: Concerns about the mental health of the parent/carer

Yes No

4C Mental health: Concerns about the mental health of another person in the family/household.

Yes No

Learning Disability

Yes No

5A Learning disability: Concerns about the child's learning disability.

Yes No

5B Learning disability: Concerns about the parent/carer's learning disability.

Yes No

5C Learning disability: Concerns about another person in the family/household's learning disability.

Yes No

Physical Disability

Yes No

6A Physical disability or illness: Concerns about a physical disability or illness of the child.

Yes No

6B Physical disability or illness: Concerns about a physical disability or illness of the parent/carer.

Yes No

6C Physical disability or illness: Concerns about a physical disability or illness of another person in the family/household.

Yes No

Young Carer

Yes No

7A Young carer: Concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities

Yes No

Privately Fostered

Yes No

9A UASC: Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child.

Yes No

10A Missing: Concerns that services may be required or the child may be at risk of harm due to going/being missing

Yes No

11A Child Sexual Exploitation: Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation

Yes No

12A Trafficking: Concerns that services may be required or the child may be at risk of harm due to trafficking

Yes No

13A Gangs: Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs

Yes No

14A Socially unacceptable behaviour: Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour

Yes No

15A Self-harm: Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm

Yes No

Abuse or Neglect

Yes No

16A Abuse or neglect - NEGLECT: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.

Yes No

17A Abuse or neglect – EMOTIONAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.

Yes No

18A Abuse or neglect – PHYSICAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.

Yes No

19A Abuse or neglect – SEXUAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.

Yes No

20 Other

Yes No

If yes, please provide further information

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21 No factors identified- only use this if there is no evidence of any of the factors above and no further action is being taken.

Yes No

Assessment Outcomes

Suggested Outcomes

- Strategy Discussion
- No Further Action (Early Exit due to Early Section 47 End)
- Request to Place into Accommodation
- No Further Action
- C & F Plan
- Continue/Update Existing Plan
- Referral to Other Agency
- Referral to EHM (Step Down)
- Private Fostering Arrangement

Reasons for these Suggested Outcomes

Name of Assessing Worker:

Date of Completion by Assessing Worker



Manager's Authorisation

Social Worker's Details

Social Worker who completed this Assessment

Date of Completion

Manager's Review

Having reviewed this assessment and plan on a scale of 0 to 10, where 10 means that I am confident that this plan will keep the child safe and 0 is it will not improve the child's safety at all, where would you rate it?

 0 1 2 3 4 5 6 7 8 9 10

What else needs to improve the plan and move your assessment towards a 10?

Any other comments and/or decisions.

Authorising Manager's Name

Authorisation Date
(To be completed by a manager only)

Recorded Feedback

The completed Assessment should be discussed with the child/young person and their parents/carers

Person	Discussed	If no, when	Given	If no, when