

common language practice tools

paperwork

- [overview](#)
- [instruments](#)
- [guidance](#)
- [case studies](#)
- [other support](#)
- [further reading](#)
- [return to main index](#)

The Paperwork tool seeks to improve the clinical assessment of children in need. It is accessible to professionals across the range of children's services agencies, to work with policy making and to link the preoccupations of managers, practitioners and carers. Its goal is a single, succinct record that focuses on the needs and developmental progress of the child.

The tool rests on formulations of the underpinning concepts of the Common Language protective factors, need, threshold, outcome and services. It aims to aid analysis by salient information from the child's life over time and across dimensions of need. It is the Prediction and Threshold tools.

The design of the Paperwork forms enables practitioners and supervisors to link case and concepts systematically, so assembling a broad picture of a child's changing situation. The forms encourage users to record less but think more, to develop a healthy scepticism about sources, and to connect past, present and future.

The quantitative aspects of Paperwork help practitioners to assess risk and protective factors operating in the child's life and to take proper account of past events and future development. The threshold section involves determining the level and type of impairment (actual and potential). Specific, measurable outcomes are then identified (with timescales), and appropriate services are set out. The completed form can act as a record, a supervision tool or a care plan document.

Paperwork has been tried and tested in recent years in four local authorities, where they have used it to complete initial and core assessments and to develop pathway plans. A web-based online version is being developed and is available for a demonstration from this page.

Paperwork

First contact

child's name

m/f gender unknown
 dob dd: mm: yy: unborn
 address

postcode -
 tel -
 SS no
 date of referral dd: mm: yy:

method of referral
 01 office visit
 02 telephone
 03 post/letter
 04 meeting
 06 court request

name of referrer

position
 01 GP
 02 district nurse
 health visitor
 midwife
 03 hospital
 04 school/
 education
 department
 05 police
 probation
 courts
 05 other
 07 the child
 09 carer/parent
 xx housing dept.
 xx other SSU
 xx anonymous
 address
 postcode tel
 child's mother's maiden name
 There is a file on the child/family
 The child knows about the referral. too young
 His/her parents/carers know about the referral

child's aliases/other names

birthplace

child's religion

child's first language

child's second language

language is spoken at home

is an interpreter needed? yes no

language

child's ethnic classification on census

birth mother's religion

her first language

birth mother's second language?

child's GP

GP's surgery tel/fax

child's nursery/school tick if none

nursery/school contact

address tel/fax

health visitor

clinic address tel/fax

Who lives with the child?

name m/f
 relationship dd: mm: yy:

SS no

name m/f Nick
 relationship dd: mm: yy:

SS no

name m/f
 relationship dd: mm: yy:

SS no

name m/f
 relationship dd: mm: yy:

SS no

name m/f
 relationship dd: mm: yy:

SS no

name m/f
 relationship dd: mm: yy:

SS no

name m/f
 relationship dd: mm: yy:

SS no

name m/f
 relationship dd: mm: yy:

SS no

name m/f
 relationship dd: mm: yy:

SS no

name of worker dd: mm: yy:

action to be taken

nfa initial assessment core assessment CP enquiry

name of manager/supervisor

dd: mm: yy:

important family (or other) contacts

name m/f

relationship

address tel

parental responsibility

name m/f

relationship

address tel

name m/f

relationship

address tel

name m/f

relationship

address tel

name m/f

relationship

address tel

main needs identified

Lined area for writing main needs identified.

BUILDING A NEEDS PICTURE

circumstances on day of referral needs

living situation

family and social relationships

social and antisocial behaviour

physical and psychological health

education and employment

Large lined area for building a needs picture.

Paperwork help

There will be lots of important people in the child's life. Give some priority to the list, starting (on the front of the form) with parents and siblings, but including also significant people outside the family. They will be an important resource in meeting the child's needs, so be sure to get their contact details correct. Add another sheet of contacts if necessary.

Important family (or other) contacts

▶ name	☐
relationship	
address	tel
▶ name	☐
relationship	
address	tel
▶ name	☐
relationship	
address	tel
▶ name	☐
relationship	
address	tel
▶ name	☐
relationship	
address	tel

main needs identified

Orthodox assessments often start with the 'reason' for a referral. In Paperwork it is vital that this information is interpreted in terms of a child's needs for healthy development in all areas of life (including health, education, social and behavioural development). Instead of recording 'housing problems' as the main reason for a referral, it is more helpful to record the needs associated with a poor living environment, for example a need for sufficient space so that the child's mother can attend to ordinary parenting tasks.

BUILDING A NEEDS PICTURE

circumstances on day of referral needs

living situation

family and social relationships

social and antisocial behaviour

physical and psychological health

education and employment

A child's development is dependent on the family and environment in which she or he lives. Record parent's needs where they impinge on a child's development and note parent's capacity to meet the child's needs. Information will be gathered from several sources; it is important to see where it has come from and when and to note important events in the child's life.

current or actual impairment:

answer to the question: Is there impairment to physical or psychological health?

physical health	•	<input type="checkbox"/> yes = significant impairment <input type="checkbox"/> no
psychological health	•	<input type="checkbox"/> yes = significant impairment <input type="checkbox"/> no

• please record medical diagnosis and source, in addition to other summary notes

relative to the child: Is there impairment to development?

	relative to norm	relative to previous 12m	relative to similar group
physical			
behavioural			
intellectual/educational			
social			
emotional			

yes yes² yes = significant impairment

yes¹ + yes² = impairment

yes¹ + yes³ = second opinion

yes¹ + yes² = no impairment

Is the impairment significant? (the five test)

- There is impairment to health.
- Impairment to development is at the extreme end of the continuum relative to the norm.
- Impairment has persisted for several developmental stages.
- There is impairment in four or all five of the developmental categories
- Development is poor relative to similar groups.

Infant or Toddler impairment

Is impairment to development likely?

	predicted impairments		risks
physical			
behavioural			
intellectual/educational			
social			
emotional			

Is the likely impairment to development significant? (the four tests)

- Impairment is predicted at the extreme end of the continuum.
- Impairment is predicted to persist for several developmental stages.
- Impairment is predicted in four or all five categories.
- Development is predicted to be poor relative to a similar group.

summary

Impairment to health

- physical
- psychological

Impairment to development

- physical
- behavioural
- intellectual/educational
- social
- emotional

impairment is significant

Predicted impairment to development

- physical
- behavioural
- intellectual/educational
- social
- emotional

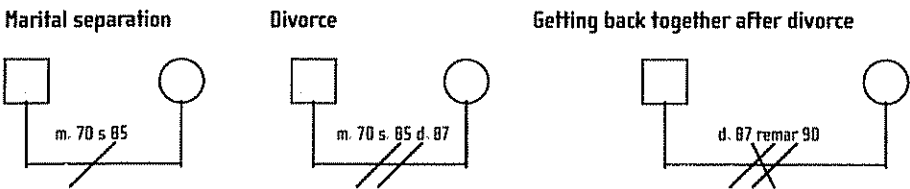
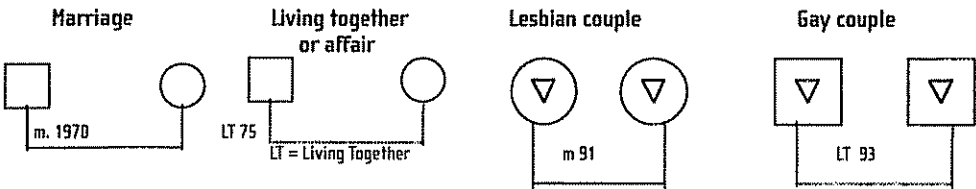
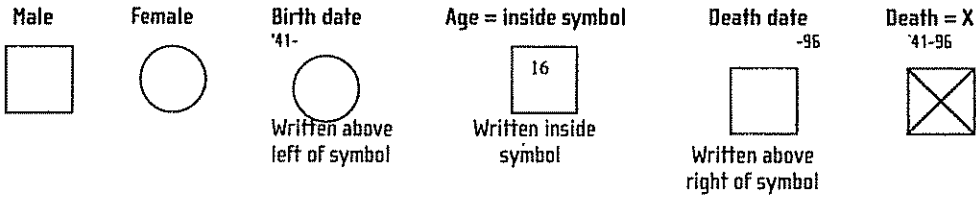
impairment predicted is significant

Genograms

What is a genogram?

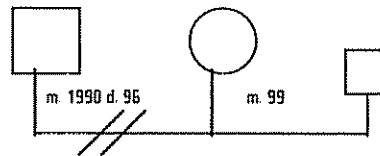
A genogram consists of a series of notations used to summarise relationships within a family. Similar to a family tree, genograms provide a way of mapping family patterns and relationships across several generations. In addition to recording who is related to whom, they capture other important data about relationships, such as their strength and the presence of any likelihood of abuse. They can also indicate intergenerational patterns of relationships, communication and other behaviours.

Standard genogram symbols

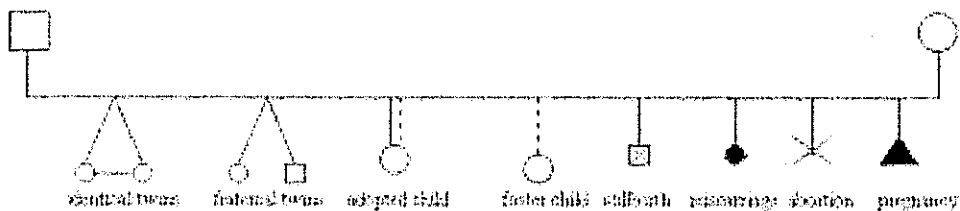


Remarriage

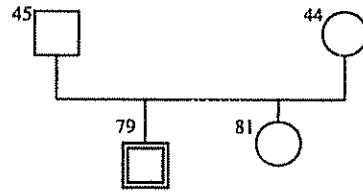
A remarriage (or former marriage) is shown to the side with a smaller shape. The focus couple is the one in the middle with the larger shapes. *Note: if there has been more than one remarriage, the marriages are usually placed from left to right with the most recent indicated last.*



Children: List in birth order beginning with the oldest on the left



The index person of the genogram (the person from whose perspective it is being drawn) is set off from the others and marked with double lines.



drug or alcohol abuse



suspected abuse



in recovery from drug or alcohol abuse



serious mental or physical problem



drug/alcohol abuse & phys/mental problem



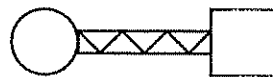
Symbols denoting relationships



close



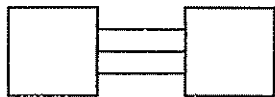
distant



close-hostile



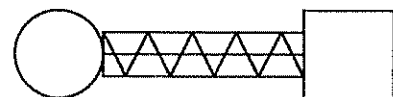
focused on



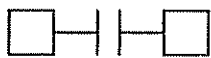
fused



hostile



fused-hostile



cut off



sexual abuse



physical abuse

Social History Checklist

This checklist is to be used alongside the Social History instruments in the *Prediction* and *PaperWork* tools. It represents a checklist of questions to cover during interviews with children and families. The questions need not be asked sequentially and it is unhelpful to ask them verbatim. The questions should be tempered according to the age, gender and stage of development the child has reached, and the understanding of the parent. The interview should be undertaken using the first language of the respondent or, failing that, a language the respondent is fluent in.

The interview is in three parts. The first two parts (A: Initial Picture and B. Building on the Initial Picture) can be conducted sequentially. The third part (C: Checking Facts) should be conducted once the interviewer has had a chance to check for any conflicts that occur in information collected from parents and children from the social history, standardized instruments and other sources.

All data should, wherever possible, be time specific. In other words, the interviewer should look for times where there have been school problems, or note rough dates where protective factors appeared to make a difference. The guidance in the published tools and the *Common Language* training pack gives more detail on these matters.

A. Initial picture

1) Birth

- a) Date
- b) Where
- c) Complications
- d) When moved home
- e) Circumstances at home on return

2) Family composition

- a) Mother
- b) Mother's date of birth
- c) Father
- d) Father's date of birth
- e) Siblings (half, full and step)
- f) Siblings date of birth and gender
- g) Siblings relationship to child and child's parents
- h) Substitute/adoptive parents
- i) Paternal grandparents
- j) Maternal grandparents
- k) Other significant relatives
- l) Deaths of significant relatives

3) Living situations since birth

- a) Where has child lived since birth
 - i) Household composition (record changes within same household/location)
 - ii) Household location
- b) Whether moves were planned or unplanned

4) Pre-school and school since birth

- a) All pre-school and schools child has attended since birth
 - i) Include babysitting/child minding etc from birth
- b) Planned and unplanned moves
- c) Grade level over school career
- d) Principal carer(s) education history (rough sketch and final achievement)
- e) Sibling(s) education history (rough sketch and final achievement)

5) Health history

- a) Child
 - i) Periods of hospitalization, cause and treatment (note chronic conditions)
 - ii) Periods of significant illness, cause and treatment (note chronic conditions)
 - iii) Use of medication, reason for treatment
 - iv) Any disabilities, physical or mental
- b) Parent
 - i) Periods of hospitalization, cause and treatment (note chronic conditions)
 - ii) Periods of significant illness, cause and treatment (note chronic conditions)
 - iii) Use of medication, reason for treatment
 - iv) Any disabilities, physical or mental
- c) Principal carer (if not parent)
 - i) Significant health problems

6) Social and anti-social behavior over time

- a) Child
 - i) Parent and child report of behavior compared to others of age
 - ii) Periods of misbehavior
 - iii) Worst thing the child has done
 - iv) Parent and child report re: relations with peers, teachers and other relatives
 - v) Any interventions for misbehavior (school, counseling, police, courts etc)
- b) Parent
 - i) Parent report of behavior compared to others of age
 - ii) Periods of misbehavior
 - iii) Worst thing the parent(s) has/ve done
 - iv) Parent report re: relations with employers and others in authority
 - v) Any interventions for criminal behavior (police, courts etc)
- c) Principal carer (if not parent)
 - i) Significant issues regarding anti-social behavior

7) Family and social relationships

- a) Parent and child reports re:
 - i) Relations between child and parents
 - ii) Relations between child and siblings
 - iii) Relations between child and other relatives
 - iv) Relations between parents
 - v) Relations between parents and other rels.
 - vi) Relations between substitute parents/carers and other rels.
 - vii) Best times as a family
 - viii) Worst times as a family
 - ix) Separations and divorces
- b) Parent/Other carers reports re:
 - i) Significant adult relationships while child has been alive

B. Building on the initial picture

1) Birth

- a) How arrival of impact child impacted parents and siblings
- b) How arrival of siblings born since child impacts index child
- c) Was birth planned

2) Living situation

- a) Have other relatives lived in the child's household
 - i) If so, has this been a support/stress or neither

- b) Periods of overcrowding (more people than rooms)
- c) Periods of homelessness or temporary accommodation
- d) Periods of substandard accommodation
- e) Periods of eviction or living under threat of eviction
- f) Have households been owned or rented
 - i) Renting private or public housing
- g) Periods of money problems
 - i) Dependency on TANF etc
- h) Is there a place other than home where child can live
- i) Quality of social supports in neighborhood
- j) Extent to which child's family are integrated into local supports

3) School history

- a) Parent/Carer's report
 - i) Periods out of school and reasons
 - ii) Discipline problems in school
 - iii) Achievement
 - iv) Parent/Carer aspirations for child
 - v) Child's aspirations for self
 - vi) History of bullying/bullied
 - vii) Child's intelligence
 - viii) Child's other talents/interests
 - ix) Periods when child has been hardworking in school
 - x) Parent/Carer's aspirations for own education
 - xi) Hopes and fears for residential education
- b) Child's reports
 - i) Periods out of school and reasons
 - ii) Discipline problems in school
 - iii) Sense of intelligence, achievement and aspirations
 - iv) History of bullying/bullied
 - v) Other talents/interests
 - vi) Most enjoyable times in school
 - vii) Worst times in school
 - viii) Hopes and fears for residential education

4) Health history

- a) Child
 - i) Self-harm or suicide attempts
 - ii) Misuse of alcohol, drugs or other substances
 - iii) Pregnancy
 - iv) Unhappiness or low self-esteem
 - v) Bedwetting/soiling
 - vi) Being stressed or unable to cope
 - vii) Any diagnosis of psychological disorder
 - (1) Conduct
 - (2) Emotional
 - (3) Other
 - (4) Quality of diagnosis
 - viii) Child's insight into any health problems
 - (1) Parents health problems
 - (2) Child's own health problems
- b) Parent
 - i) Self-harm or suicide attempts
 - ii) Misuse of alcohol, drugs or other substances
 - iii) Unhappiness or low self-esteem
 - iv) Being stressed or unable to cope
 - v) Any diagnosis of psychological/psychiatric disorder

- vi) Parent's insight into any health problems
- c) Other carer
 - i) Significant health problems using same checklist

5) Social and anti-social behavior

- a) Child
 - i) Quality of relationships with:
 - (1) Friends
 - (2) People in authority
 - ii) Aggression
 - (1) At home
 - (2) At school
 - (3) In the community
 - iii) Violence
 - (1) At home
 - (2) At school
 - (3) In the community
 - iv) Other behavior problems
 - (1) At home
 - (2) At school
 - (3) In the community
 - v) Periods of running away from home or school
 - vi) Inappropriate sexual behavior
 - vii) Family or friends find child pleasant to be with
 - viii) Teachers/neighbors describe child as likeable
 - ix) Child wants to behave well
 - x) Child's insight into any behavior problems
 - xi) Child has somebody outside the family they trust and respect
- b) Parent
 - i) Quality of relationships with:
 - (1) Friends
 - (2) People in authority
 - ii) Aggression
 - (1) At home
 - (2) At work and in community
 - iii) Violence
 - (1) At home
 - (2) At work and in community
 - iv) Other behavior problems
 - (1) At home
 - (2) At work and in community
 - v) Ever convicted of serious crime

6) Family and Social Relationships

- a) Parent/child's report of whether development ever impaired as a result of behavior or neglect (note which) by:
 - i) Mother
 - ii) Father
 - iii) Siblings
 - iv) Other relatives
 - v) Other carers
 - vi) Others
 - (1) Note nature, duration and effect of maltreatment

b) Parent/Other carer report

- i) Have there been periods when person caring for the child consistently said things that would hurt the child?
(1) Note duration and frequency
- ii) Any contact with specialist services for maltreatment
- iii) Instances or periods of domestic violence between adults in household in which the child has lived.
- iv) Periods of extensive discord between adults in household in which the child has lived.
- v) Who really loves this child
- vi) Significant adults other than carers in the child's life
- vii) Child has insight into any relationship problems in the family
- viii) Members of the family have skills to deal with problems faced by the child

C: Checking Facts

Summarize information from child, parent and from standardized instruments on the Social History and Summary Assessment Forms. Where inconsistencies occur, re-explore these with the parent and, where absolutely necessary, the child. Where several inconsistencies occur, use the same order of questions as before, i.e.:

- 1) Birth
- 2) Family Composition
- 3) Living Situation
- 4) School History
- 5) Health History
- 6) Social and Anti-social Behavior
- 7) Family and Social Relations.

Social Mobility

age

living situation

family and social relationships

social and anti-social behaviour


physical and psychological health

education and employment

birth

Completing the matrix 1

	living situation	family and social relationships	social and antisocial behaviour	physical and psychological health	education and employment
age					
birth					
day of prediction					

prediction matrix: 



age living situation family and social relationships social and anti-social behaviour physical and psychological health education and employment

birth

// needs (QL summary)

This page should be used for recording observations about the child's needs, noting other information, for example concerning parenting capacity and any protective factors that might bear on the child's development

Second, from the information in the column to the right, summarise the needs of the child and the family, noting any contrary views

First, summarise your judgements about the circumstances of the child and family. Note any counter indications and contrary views and give important dates. Record when and where you saw the child as part of the assessment.

▶ living situation

▶ family and social relationships

▶ social and antisocial behaviour

▶ physical and psychological health

▶ education and employment

▶

needs (QN summary)

These questions summarise and prompt reflection on information recorded to the left. They include all variables which, in combination, are known to predict aspects of child development. They are vital for planning purposes but will make a difference to the quality of this assessment. Borderless boxes should be ticked wherever they apply; edged boxes require a number to be chosen from a list.

Where does the child live?

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | 1 at home with lone parent |
| <input type="checkbox"/> | 2 with two parents |
| <input type="checkbox"/> | 3 with parents and step-parent |
| <input type="checkbox"/> | 4 with other relative |
| <input type="checkbox"/> | 5 with substitute carers |
| <input type="checkbox"/> | 6 with adoptive parents |
| <input type="checkbox"/> | 7 independently |
| <input type="checkbox"/> | 8 homeless |

Describe the child's relationship with members of his/her family.

- | | | |
|------------------|--------------------------|--------------|
| mother | <input type="checkbox"/> | 1 good |
| father | <input type="checkbox"/> | 2 ordinary |
| brothers/sisters | <input type="checkbox"/> | 3 poor |
| other relatives | <input type="checkbox"/> | 4 no contact |
| | | 5 deceased |

Describe the general quality of the child's relationship with others.

- | | | |
|---------------|--------------------------|--------------|
| friends | <input type="checkbox"/> | 1 good |
| professionals | <input type="checkbox"/> | 2 ordinary |
| | | 3 poor |
| | | 4 no contact |

Indicate if the child is aggressive...

- at home
- at school
- in the community

Indicate any health problems affecting the child.

- | | |
|--------------------------------------|--------------------------|
| chronic mental ill health | physical disability |
| temporary, acute mental ill health | history of self-harm |
| chronic physical ill health | nutrition/water problems |
| temporary, acute physical ill health | |
| learning disability | |

Is the child in school?

- | | | |
|--------------------------|----------------------------|-----------------------------------|
| <input type="checkbox"/> | 1 yes, full-time | in a before/after school facility |
| <input type="checkbox"/> | 2 yes, part-time | |
| <input type="checkbox"/> | 3 no, but is of school age | in pre-school |
| <input type="checkbox"/> | 4 no, is under school age | |
| <input type="checkbox"/> | 5 no, is over school age | not in pre-school |
| | | in work |
| | | full-time |
| | | part-time |

Describe the child's education.

- | | |
|--------------------------|------------------|
| <input type="checkbox"/> | 1 mainstream |
| <input type="checkbox"/> | 2 special school |
| <input type="checkbox"/> | 4 not school age |

Do other relatives live in the child's home?

- 0 no
 1 siblings
 2 grandparent/uncle, etc

How many siblings does the child have?

All brothers and sisters live at home with child.

The child has been looked after previously.

Indicate whether you believe the child's development has been harmed as a result of the behaviour of or neglect by...

- | | | |
|------------------------------------|--------------------------|------------------------------------------------------------------------------|
| mother | <input type="checkbox"/> | 1 seriously
2 a little
3 no detail
4 not at all
5 not applicable |
| father | <input type="checkbox"/> | |
| brothers/sisters | <input type="checkbox"/> | |
| other relatives | <input type="checkbox"/> | |
| person not related/
step parent | <input type="checkbox"/> | |

The child has behaviour problems

- at home
at school
in the community

The child is violent

- at home
at school
in the community

The child is suicidal.

- He/she is...
misusing alcohol
misusing drugs
pregnant
stressed and/or
unable to cope

The child is unhappy.

Has the child ever been in boarding school?

- 1 yes, ordinary
 2 yes, special
 3 yes, both
 4 no

Has the child special educational needs?

- 1 yes, statemented
 2 yes, not statemented
 3 no

The child has had frequent changes of school.

The child has previously been excluded.

The child is permanently excluded.

The child is temporarily excluded.

The child regularly misses school.

The family is dependant on benefits.

The family is frequently moved school or neighbourhood.

The family is socially isolated.

The family live in a poor neighbourhood for bringing up children.

The family live in a hazardous environment.

There are money problems.

Adults in the child's life are experiencing...

...chronic physical health problems

...temporary physical health problems

There is discord in the family.

There is family breakdown/divorce.

There is domestic violence in the family.

Adult members of the family

...have been aggressive at home... ..in the community

...have been violent at home... ..in the community

...have been in trouble with the police

...have been convicted of minor crime

...have been convicted of serious crime

...have behaved inappropriately sexually

Adults in the child's life have...

...a learning disability

...a physical disability

...misused alcohol

...problems coping with stress

...misused drugs/other substance

...have diagnosed depression

There is a history of self-harm.

The adults are suicidal.

The adults are unhappy.

The adults are isolated.

Parents' expectations are unrealistic.

...full-time part-time

One of the main carers is employed.

One of the main carers is in education.

...long-term short-term

One of the main carers is unemployed.

// needs (QN summary)

These variables include potential protective factors which research suggests can influence child development. Boxes should be ticked only when there is evidence that factors apply.

living situation

- There is a place other than home where the child can stay.
- The child has always lived in one place.
- Links have been maintained with the places where the child has lived.
- There are good social supports in the child's neighbourhood.
- There is a lack of (generally perceived) necessities.

family and social relationships

- There is evidence that someone in the family loves the child.
- A significant adult other than the parents cares about the child.
- Members of the family have skills to deal with problems faced by the child.
- The child has some understanding of the family's problems.
- The principal carer is overburdened by parenting.

social and antisocial behaviour

- Friends or family say the child is pleasant to spend time with.
- Teachers or neighbours describe the child as likeable.
- The child wants to improve his or her behaviour.
- The child has the confidence to sort out his/her problems.
- The child shows social skills with people outside the family.
- The child has someone outside the family they can trust.

physical and psychological health

- It is widely accepted that there has been an accurate diagnosis of the child's mental health problems.
- Adults have insight into ways of dealing with the child's physical or mental health problems.
- Children have insight into ways of dealing with the adults' physical or mental health problems (including drug/alcohol/substance abuse).

education and employment

- The child is described as being of above average intelligence.
- The child is described as being talented by some other measure.
- The child is hard working.
- The child likes school.
- The child is liked by pupils.
- The child is liked by his/her teachers/employer.
- The parents are involved in the child's education.
- The child has hobbies/other interests.

() threshold

The Threshold Record Sheet should be used to work as a working-out before attempting to complete the decision tree in the next panel. This panel can be used to summarise those workings. Guidance is contained in the Threshold tool pp37-53



the five tests of significant impairment

- 1 There is impairment to health**
Since the definition of an absolute judgement of impairment has been tightly drawn to include only children at risk of death or experiencing extremely limited functioning, it is reasonable to conclude that all children in this category will be experiencing significant impairment.
- 2 Impairment to development is at the extreme end of the continuum relative to the norm**
Any child at the extremes of any developmental range might be judged as experiencing significantly impaired development. For example, children below the 0.4th or above the 99.6th centile line for weight or height or scoring a maximum on a measure of anti-social behaviour.
- 3 Impairment has persisted for several developmental stages.**
Since many impairments are time-limited, impairment in any case that is unusually persistent might be considered to be significant. So many children experience periodic difficulties at school or emotional problems, but it is uncommon for either setback to persist for lengthy periods.
- 4 There is impairment in four or all of the five developmental categories**
The tool attempts to consider levels of impairment across five developmental dimensions: physical, behavioural, intellectual/educational, social and emotional. It is unusual to find impairment on only one dimension because risks tend to have multiple effects, but to encounter it on all five or on four out of five dimensions is uncommon enough to be taken as a reliable indication of significant impairment.
- 5 Development is poor relative to similar groups**
If a child is performing badly, even against the norms for a clinical population or that provided for by a certain service, then the impairment may be said to be significant. If a special needs teacher finds a pupil's functioning to be low compared to others in a low functioning population or the youth justice worker considers a child's behaviour to be worse than most, then the threshold has probably been crossed.

() thresholds decision tree



Is there impairment to physical or psychological health?
(the absolute test)

yes no



Relative to children of a similar age and stage of development, is there impairment to development?

yes no

Relative to the child's situation 12 months previously, is there impairment to development?

yes no

After taking a second opinion, is the child's development relative to the norm considered to be impaired?

yes no

Was impairment to health identified? (copy the absolute judgement A above)

yes no



Using the five tests, is the impairment to development judged to be significant?

yes no

There is significant impairment to health or development.

There is impairment to health or development, but not significant.

There is no impairment to health or development.



Is there likely to be impairment to development in the future?

yes no



Using the four tests, is the impairment predicted judged to be significant?

yes no

Significant impairment to development is predicted.

Impairment to development (not significant) is predicted.

No impairment to development is predicted.

||| outcomes

Under each heading choose an appropriate period in which the child's needs can be addressed. Say what outcomes can realistically be achieved by the end of this period.

▶ living situation _____

▶ family and social relationships _____

▶ social and antisocial behaviour _____

▶ physical and psychological health _____

▶ education and employment _____

thresholds decision tree

A

Is there impairment to physical or psychological health?
(the absolute test)

yes no

B

Relative to children of a similar age and stage of development,
is there impairment to development?

yes no

Relative to the child's situation 12 months previously,
is there impairment to development?

yes no

After taking a second opinion, is the child's development
relative to the norm considered to be impaired?

yes no

Was impairment to health identified? (copy the absolute
judgement A above)

yes no

C

Using the five tests, is the impairment to development
judged to be significant?

yes no

There is significant impairment to health or development.

There is impairment to health or development, but not significant.

There is no impairment to health or development.

D

Is there likely to be impairment to development in the future?

yes no

E

Using the four tests, is the impairment predicted judged
to be significant?

yes no

Significant impairment to development is predicted.

Impairment to development (not significant) is predicted.

No impairment to development is predicted.

outcomes

Under each heading choose an appropriate period in which the child's needs can be addressed. Say what outcomes can realistically be achieved by the end of this period

▶ living situation _____

▶ family and social relationships _____

▶ social and antisocial behaviour _____

▶ physical and psychological health _____

▶ education and employment _____

child's name

case no.

Review the file and make notes below, then check the boxes at the foot of the columns.

Paperwork

KEEPING TRACK

needs ————— thresholds ————— outcomes —————

living situation

—————

family and social relationships

—————

social and antisocial behaviour

—————

physical and psychological health

—————

education and employment

Do the changes you have indicated here suggest alteration of the QN needs assessment?

yes no

Do the changes you have indicated here suggest alteration of the QL needs assessment?

yes no

completed by (manager/supervisor)

signed

dd mm yy

needs

and, from the information in the column to the right, summarise your
ment about the needs of the child and the family, noting any
ry views.

situation _____

and social relationships _____

and antisocial behaviour _____

al and psychological health _____

ion and employment _____

circumstances

First, summarise the circumstances of the child and other family members
in this column. Note any contrary views and any issues relating to parental
needs and/or capacity.

PIG

tick one of the nine categories
ormation is necessary for the
ment of Health Children in Need
ollection census

- abuse or neglect
- family dysfunction
- child's disability
- socially unacceptable behaviour
- parental illness/disability
- low income
- family under acute distress
- absent parenting
- other

thresholds

Is there impairment to physical or psychological health?
(the absolute test)

yes no

Relative to children of a similar age and stage of development,
is there impairment to development?

yes no

Relative to the child's situation 12 months previously,
is there impairment to development?

yes no

After taking a second opinion, is the child's development
relative to the norm considered to be impaired?

yes no

Was impairment to health identified? (copy the absolute
judgement A above)

yes no

Using the five tests, is the impairment to development
judged to be significant?

yes no

There is significant impairment to health or development. **There is impairment to health or development, but not significant.** **There is no impairment to health or development.**

Is there likely to be impairment to development in the future?

yes no

Using the four tests, is the impairment predicted judged
to be significant?

yes no

Significant impairment to development is predicted. **Impairment to development (not significant) is predicted.** **No impairment to development is predicted.**

outcomes

Under each heading choose an appropriate period in which the child's needs can be addressed. Say what outcomes can realistically be achieved by the end of this period.

▶ living situation _____

▶ family and social relationships _____

▶ social and antisocial behaviour _____

▶ physical and psychological health _____

▶ education and employment _____

options

Paperwork help

SHORTER RECORD 2

needs

Second, from the information in the column to the right, summarise your judgement about the needs of the child and the family, noting any contrary views.

▶ living situation

and social relationships

and antisocial behaviour

and psychological health

▶ education and employment

Please tick one of the nine categories. The information is necessary for the Department of Health Children in Need data collection census.

abuse or neglect

socially unacceptable behaviour

family under acute distress

circumstances

First, summarise the circumstances of the child and other family members in this column. Note any contrary views and any issues relating to parental needs and/or capacity.

Use this column first to record key information about the child's and family's situation.

Be sure to note dates and sources of information against all the facts and judgements you write down. An accurate record of important dates and events in the child's life is the key to making a good assessment.

Not all the facts will fit smoothly together. Record disagreements and, when making a professional judgement between different points of view, make the reasons for it clear.

family dysfunction

parental illness/disability

absent parenting

child's disability

low income

other

Second, use your training and experience to make a professional judgement about the child's needs (and the needs of family members where they impinge on the child's development.

Avoid making any reference to services at this stage. What counts here is what the child needs in order to achieve optimal development, given his or her circumstances, for example a more stable living situation, improved family relationships, or better health. It is the judgement of the person making the assessment that matters. You will not always be right and not everyone will agree. But it is important to say what you think and why (ie to give a justification for judgements, if necessary by drawing links to some of the facts recorded in Column 3.

Paperwork help

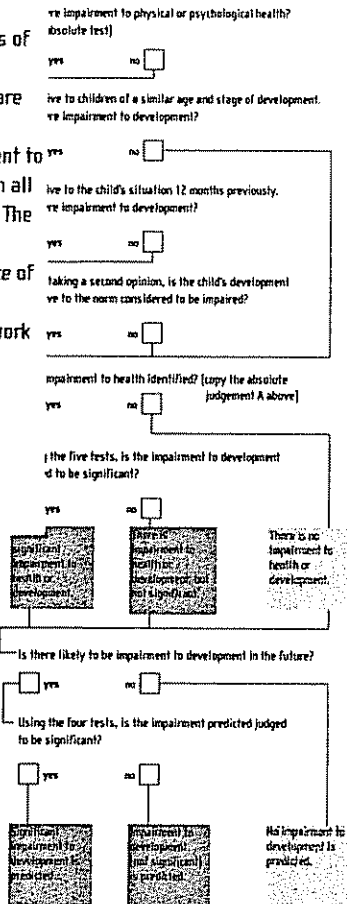
SHORTER RECORD 3

thresholds

The Common Language uses

the word threshold to capture the seriousness of the child's situation.

Threshold judgements are all about identifying indications of impairment to a child's development in all areas of her or his life. The assessment takes into account the *significance* of any impairment, as explained in the Paperwork Threshold tool.



Trust your own judgement but do not be afraid to talk it through with colleagues and to take their view of the situation into account, too.

judgements always benefit from discussion with a colleague or

outcomes

Under each heading choose an appropriate period in which the child's needs can be addressed. Say what outcomes can realistically be achieved by the end of this period.

- ▶ living situation _____
- ▶ family and social relationships _____
- ▶ social and antisocial behaviour _____
- ▶ physical and psychological health _____
- ▶ education and employment _____

Fold the page back so that you can set this column against your judgement about the child's needs described in Column 2. Set out what can realistically be achieved within a time period (a week, a month, several months) given the child's circumstances. Take each need in turn

Your views will not always accord with those of family members, the child, or other professionals. But consultation with them all is vital (as is recording whom you spoke to and who has seen the assessment). In the end, it is your judgement (and its justification to others) that counts. It can help to record your reasoning.