PARTNERSHIP FOR EVERY CHILD

Family for every child

COMMON ASSESSMENT FORM

A guide to assessment and interdisciplinary case management for providing help to children and families at risk or in a difficult situation

CONTENTS

CHAPTER 1
THE BASICS OF INTERDISCIPLINARY CASE MANAGEMENT

1.1 What is interdisciplinary case management?

Interdisciplinary case management is one of the main techniques of modern social work. Case management in social work is closely connected with the concept of "the social case" that means not some specific situation resulting from an unfavourable combination of circumstances, but a specific client — a child or family — towards individual prevention work with whom the efforts of specialists are directed. Traditionally "case management specialists" devote attention both to the client and to their environment, working with clients both directly and indirectly, by representing and defending their interests to various bodies.

Case management is an important component of professional social services. It is a method of social work where the client is made the centre of attention for representatives of all the agencies that may potentially be able to help to solve problems in the given situation, irrespective of those agencies' sphere of activity and to what authority they belong. The focus is always on the needs of the client and any decisions should proceed from the principle of the best interests of the client. Work with the client is founded upon principles of mutual respect and joint responsibility. At the same time, the client has a permanent social work specialist (the "case manager") allotted to them who performs the function of ensuring access to services and co-ordinating of the work of the departments, agencies and institutions involved in taking decisions about the specific child or family. An obligatory component of the process is adherence to the sequence of stages in the work — from the preliminary assessment to the closure of the case, and also the co-ordination of the work of all agencies and the existence of aims, tasks and a plan of action that are common to all. In this approach, the solution of the specific client's problem is considered the priority task for all agencies and departments.

State and municipal bodies and institutions, public, non-governmental associations and other organizations providing help to children and families may be brought in to work with a particular client.

Who exactly is considered the "client" (or the "case") — a family, child, woman or other — is determined individually for each agency (organization, institution) depending on the line of work of that particular agency. For those bodies and institutions working in the field of prevention of child neglect and juvenile delinquency, the needs and best interests of the child should always remain the centre of attention, and so the client of these organizations is the child. The main priority remains the preservation of a family upbringing for the child and therefore, to provide for the best interests of the child, it is necessary to provide help to the family aimed at improving the situation in the child's family. As a result, in practice it often proves difficult to separate the child as client from the family as client.

The main aim of case management is to optimize the life of the client by providing them with help in the most effective and appropriate manner. The use of the case management technique is aimed at overcoming disunity in the system of social protection and improving the quality of help provided to the client.

In turn, interdisciplinary case management is a complex of measures carried out in close interaction by a single team of specialists from various disciplines, bodies and institutions in pursuit of common goals for the improvement of the client's quality of life and defence of their interests and rights.

The use of the technique of interdisciplinary case management makes it possible to create effective mechanisms for the protection of children at risk and the assistance of their families.

Distinguishing features of interdisciplinary case management

1. Prioritization of the interests of the client over the interests of the specialist.

2. Active motivation of the client to change behaviour and form a demand for obtaining help.

3. A complex approach to the case in which all a client's problems and needs are viewed proceeding from the client's current state and the characteristics of the social environment.

4. Co-ordination of the work and collaboration of the various bodies, institutions, organizations and specialists, i.e. an interagency approach to case management.

1.2 Principles of interdisciplinary case management

Principles of interdisciplinary case management

1. Professionalism and a high level of qualification of members of the interdisciplinary team

2. Priority given to the interests of the client and the voluntary receipt of services

3. Active participation by the client in interdisciplinary case management and the development of the client's own potential

4. Efficient exchange of information on case management

5. Confidentiality of information on the client

6. Sequence and continuity in observing the stages in providing help

7. Individual responsibility of the specialist for the case

8. Full usage of public resources and minimization of expenses

9. Continuous assessment of the quality and effectiveness of interdisciplinary assistance

10. Optimization of the workload distribution between the members of the interdisciplinary team

Principle 1. Professionalism and a high level of qualification of members of the interdisciplinary team

The composition of the interdisciplinary team depends on the characteristics and needs of the target client group. Within the bounds of a specific case or organization, the team might include a social work specialist, an official from the juvenile department of the police, an educator, a psychologist, a medical worker (doctor or nurse), care worker, a disability specialist, a lawyer, and so on. The team is shaped by the fields of works of a given organization and also by the specifics of the case.

Besides appropriate education and training confirmed by diplomas and certificates, members of the interdisciplinary team should possess the experience and skills necessary to provide qualified assistance to clients in the target group and should have a good understanding of the specific character of the target group, including socio-economic, ethnic, cultural and gender aspects. Besides that, each member of the team should have a grasp of the working principles and resources of the state system of socio-psychological and medical assistance as a whole, of the interaction of its various components, of the financial aspects of assistance to clients and also of the resources of non-governmental organizations active in the region. The team may include young specialists and also those who have experience of working with other groups of the population. It is, however, very important that the core of the team is made up of workers who understand the specifics of the target group. An organization should provide specialists with insufficient knowledge or experience with additional training that will involve both more experienced members of the team and specialists brought in from outside. Constant raising of one's level of skill is a vital requirement for all members of an interdisciplinary team, irrespective of their existing work experience.

Case management by an interdisciplinary team of specialists implies the direct provision of professional assistance which facilitates the effective solution of a client's social, psychological, medical, legal or other problems.

Principle 2. Priority given to the interests of the client and the voluntary receipt of services

The traditional approach to the provision of social assistance in the Russian Federation commonly assumes that "the specialist knows best" and "the specialist is always right". Such a paternalistic attitude is still characteristic of many of the country's medical and social institutions. Meanwhile a lack of understanding and non-acceptance by the client of the specialists' particular expectations and demands and of the overall aim of the work leads to an unjustified expenditure of human and financial resources coupled with low effectiveness from such assistance. The principle of interdisciplinary case management envisages both following the needs of the client and shaping or changing the client's priorities, if in the view of the team of specialists those do not coincide with the client's real needs. However, motivation and changing priorities can take quite a time and that factor has to be taken into account. For example, if a child's mother is an alcoholic, she needs to be made to seek treatment and undergo a course of rehabilitation against her will. Nor is it possible to make parents change their attitude to their responsibilities regarding a child's upbringing in a short space of time. Interdisciplinary case management proposes the gradual development of a pattern of interaction between the client and the team of specialists that will be built on trust and professional knowledge and make it possible to solve the client's problems step by step.

Principle 3. Active participation by the client in interdisciplinary case management and the development of the client's own potential

In the interdisciplinary case management model, the client must not be viewed as a passive recipient of some set of services. Interdisciplinary case management implies that the client has not only the right to receive assistance, but also obligations. The tool that makes it possible to discuss, divide up and assign obligations between the client and the specialists is the results of an assessment and a case management plan — a plan for rehabilitation within a framework of individual preventive work. Active participation by the client in case management means their input in the formulation of the aims, tasks and measures specified in the plan, with responsibility for the performance of some of its steps being assigned to the client. The inclusion of the client at the assessment stage gives them the opportunity to themselves realize and analyse their own strengths and difficulties.

The client's failure to meet their responsibilities may lead to certain sanctions, on occasion even going as far as the early closure of the case (when the work is aimed at preserving a family way of life for the children, there may be limitations with regard to case closure). When assigning responsibilities, it is necessary to correctly assess the client's opportunities and capabilities to perform the actions laid down in the rehabilitation plan. It is best if the client's share of responsibility in the work to be performed represents the maximum of which they are capable: this is necessary to develop the client's independence and social adaptation. In other words, clients should do everything that they can do for themselves.

The client's active involvement in the management of the case also implies that the client learns to make use of the public resources available to them. Besides that, the client fulfilling certain demands made of them by the specialists leads to the instilling of discipline, a more orderly way of life and ultimately to their socialization and social adaptation. Involvement in the process of case management encourages the development of self-confidence and greater self-appreciation.

Principle 4. Efficient exchange of information on case management

In order to ensure the co-ordinated work of members of the interdisciplinary team, all the specialists should possess the same body of information about the

client and periodically receive updates about the development of the case. For the efficient exchange of information, it is necessary to keep detailed paperwork and to hold meetings to analyse the case. The term "inter-agency case conference" is most often used to denote a case analysis meeting.

At meetings (inter-agency case conferences) team members discuss the aims, tasks and measures for the management of individual cases, approve plans for the management of a case, discuss developments in a case and take a decision on its closure. Corresponding paperwork is kept for each case. Responsibility for monitoring the keeping of paperwork and also for providing and presenting information at the conference lies with the specialist responsible for the specific case (see Principle 7).

Principle 5. Confidentiality of information on the client

Any information about clients and their families that becomes known to specialists in the course of case management work is confidential. This information can be passed on to other colleagues and especially to representatives of other organizations only with the permission of the client or their legal representative. That does not mean, however, that secrets exist within the interdisciplinary team. When signing up to a plan of rehabilitation within a framework of individual preventive work (the case management plan), the client should give their consent to information about them being provided to all members of the interdisciplinary team who will be providing them with assistance. Otherwise, effective teamwork becomes impossible. The principle of confidentiality extends to all members of the interdisciplinary team, irrespective of their field of specialization.

The preservation of confidentiality entails the possibility of a member of the interdisciplinary team holding an individual consultation with the client without third parties being present. It is necessary to agree with the client on what information they are prepared or not prepared to reveal to other people. The team of specialists should have a clear policy on the following matters:

- what information about the client can be provided and to whom

- what information about the client is to be recorded and in what form

- who has right of access to the information and on what basis

- how to ensure the accuracy of the information recorded

- on what principle documents containing information about the client are to be kept and destroyed

The character of work connected with protecting the rights of minors naturally imposes certain limitations on the principle of confidentiality. The principles of confidentiality and voluntary participation should be enshrined in writing in the informed consent signed by the parent and the specialist managing the case. The specialist should verbally confirm to the client their adherence to these principles and also enumerate possible exceptions. Under Russian legislation (the provisions of articles 121 and 122 of the Family Code of the Russian Federation, and also article 9 of the Federal Law "On the framework of a system for the prevention of child neglect and juvenile delinquency") the possible exceptions include:

- informing the child protection authorities of instances of prolonged absence by parents, parents avoiding bringing up their children or protecting their rights and interests, of the discovery of minors left without the custody of parents or legal representatives or in a situation that represents a threat to their life or health or that hinders their education.

- informing the social security authorities of the discovery of families at risk

- informing the police of the discovery of instances of cruelty and other illegal acts towards minors, and also of minors who have broken the law

- other instances envisaged in legislation

It should be stressed that the client must be informed of these limitations.

Principle 6. Sequence and continuity in observing the stages in providing help

The work of managing a single case can take from a few hours to several months, or even years. Irrespective of the duration of work on a case, all the steps in the process of providing help should be logical and sequential: each successive step should proceed from the previous one and serve as the basis for the next. Interdisciplinary case management in work with children and families at risk or in a difficult situation entails seven interconnected stages of assistance:

Stages in the provision of assistance in interdisciplinary case management

1. Discovering the case or receiving a report of a child at risk and establishing contact with the family

2. Initial assessment of the client's condition and needs

3. In-depth assessment of the child and family

4. Developing a rehabilitation plan within a framework of individual preventive work (the case management plan)

5. Carrying out the rehabilitation plan within a framework of individual preventive work (providing interdisciplinary assistance)

6. Regular interim assessments of the effectiveness of the intervention (monitoring)

7. Closure of the case

Later we shall examine each of these stages in greater detail (see subsection 1.3).

Principle 7. Individual responsibility of the specialist for the case

An interdisciplinary approach to case management entails the division of responsibilities between representatives of different fields and agencies to provide different forms of assistance to the client. At the same time, each case is allotted to one specialist who becomes responsible for the management of that case. Below we will use the term "specialist responsible for the case" or "responsible specialist". This person's duties include: drafting a preliminary plan for the provision of assistance; bringing in specialists and the client at the assessment stage; presenting the case at a conference; co-ordinating the actions of members of the interdisciplinary team and the client in carrying out the rehabilitation plan within a framework of individual preventive work; referring the client to other organizations and institutions, and also monitoring the keeping of paperwork, adherence to the timetable of the plan and the quality of services provided. The responsible specialist keeps track of the progress of the case, has regular meetings with the client to discuss successes and difficulties and to map out the next steps. When necessary, the responsible specialist brings in additional resources needed to provide assistance to the client.

As a rule, a specialist in social work becomes the responsible specialist. However, when there is a large number of clients and a small number of staff members, responsibility for managing cases may be allotted to other members of the interdisciplinary team (medical workers, psychologists and so on).

Principle 8. Full usage of public resources and minimization of expenses

Besides the organization providing assistance directly to the client, there are other state organizations in various fields (social protection, health care, education), and also commercial organizations and voluntary bodies that possess a variety of resources. The task of a particular organization is to provide clients with those types of assistance that are not provided by other organizations and institutions and

to provide clients with access to assistance from other sources without duplicating it. At the same time, as has already said, in order to develop the client's own potential it is important not to do all the work for clients, but rather to teach them to use the existing system.

Besides providing direct assistance to the client, the professional function of the team also lies in adapting the existing system to the needs of clients, in making state, voluntary and private resources more accessible and geared to the needs of children at risk. Moreover, members of the interdisciplinary team can and should exert themselves to change the existing system by getting involved in the drafting of legislation, official documents, standards for assistance and so on in order to not only adapt the client to the characteristics of the system, but also to adapt the system to the needs of the target group.

Any structure, be it a state institution or a non-governmental, non-commercial organization, has limited resources. Specialists managing cases make decisions daily on how those resources are to be distributed between clients. In making decision about resource allocation they should be guided by two principles: the principle of the priority of the client's interests and the principle of minimizing expenses. An organization should have a precise mechanism in place for making and approving financial decisions, including the approval of expenses for providing assistance to clients (direct financial aid as well). The team should carry out its activities within the framework of a clear and transparent budget so that its members understand what resources they have available and what can be offered to the client. For example, when an interdisciplinary conference takes a decision to fund long-term medical treatment for a client from the budget of an organization, it is important to ensure that such assistance is not provided by the state and it is also necessary to weigh up what resources that might take away from other clients, and so on.

Principle 9. Continuous assessment of the quality and effectiveness of interdisciplinary assistance

All members of the interdisciplinary team should take part in the assessment of the quality and effectiveness of the assistance being provided at two levels: at the level of work with the specific client and at the level of the organization as a whole. Assessment of the quality and effectiveness at the level of work with the specific client is carried out on the basis of case management paperwork and through discussion at conferences of how well the aims and tasks set out in the case work are being achieved. The consolidated information on all cases that is recorded by the organization permits the assessment of the effectiveness of its work as a whole. At both levels, it is important to take into account clients' opinions on the quality of the assistance provided, on how the assistance meets the needs of the clients, the cost effectiveness of expenditure and so on. The results of the assessment should definitely be used to shape structural and functional changes with the aim of increasing the quality and effectiveness of the work.

Principle 10. Optimization of the workload distribution between the members of the interdisciplinary team

The number of practitioners engaged in interdisciplinary case management should be in accordance with the size and complexity of the aims and tasks set for the team and also with the characteristics of the clients. There should be a sensible policy on the workload for specialists. In international practice, the number of cases that a responsible specialist is in charge of at any one time is around 12–15. The quantity of clients may vary depending on a number of factors: the complexity of the clients' situation; the proportion of new clients, who usually require closer attention; the geographical remoteness or wide distribution of clients; the existence and availability of the necessary resources in the local community, and so on. The number of cases with which a specialist can cope also depends on how often they have to deal with acute, urgent problems and high-risk behaviour. The workload should allow a case management

specialist to devote sufficient time to giving individual consultations to clients, doing paperwork, and also assessing the effectiveness of the work being done. With an increased workload, a specialist as a rule loses the ability to perform such routine functions as maintaining contact with old clients. An excessively high workload, besides reducing the quality of the assistance provided, also increases the risk of professional burnout. Specialists and their superiors should take care that the workload remains acceptable and jointly tackle the problems that arise when it does increase.

All members of the interdisciplinary team, irrespective of their level of qualification, require a professional consultant or supervisor to whom they can turn for help in difficult cases. Technical supervision (on difficult questions concerning the management of a particular case) can be provided by an immediate superior, an experienced member of the organization's staff working in a different department (or on a different project), or else an outside consultant. The main thing is for the consultant to have sufficient experience and authority. Psychological supervision, geared towards solving interpersonal issues within the team or between practitioners and clients, and also for prevention of burnout, should be provided by an external specialist (psychologist or psychotherapist) who is not a member of the team. Any supervision needs to be performed regularly and not just at the practitioners' request.

1.3. Stages of providing assistance in interdisciplinary case management

In this section, we shall examine in more detail the stages of work in interdisciplinary case management. These stages may differ with each specific case or agency and below we shall give a detailed account the stages of case management used in the individual rehabilitation of children at risk or in a difficult situation.

1. Receipt of a report of a child at risk, establishing contact with the family

A report of a child at risk can come to an organization from various sources: school, the police, the child protection authorities, the Commission on Juvenile Affairs, and so on. Children themselves, their legal representatives or other family members may also approach organizations providing social services for help.

In the course of initiating contact, the social work specialist will make a preliminary assessment of the situation in the family and establish contact with its members. Then for each situation the possibility and advisability of including the child or the whole family in individual preventive work is determined.

2. Initial assessment

The specialist making the first visit to the family should gather information about the case and determine whether the circumstances represent a threat to the life or health of the child. In this situation, the specialist's duties include drawing up an inspection report on housing and living conditions or other tools for an initial rapid assessment of the situation in the family.

3. In-depth assessment of the child and family

If there is no immediate threat to the life or health of the child, but on other grounds the family can be assigned to the category of families at risk or in a difficult situation and requiring social services, specialists will carry out an in-depth assessment. The aim is to determine the family's needs as precisely as possible, to identify key problems and the causes of difficulties, and also to determine the family's strengths and weaknesses. With this information on hand, specialists can plan the provision of help to the family most effectively. To carry out the in-depth assessment, a Common Assessment Form for Child and Family is used

The Common Assessment Form (CAF) makes it possible to collect a variety of information about

the child and family while focussing on the family's abilities to provide for the child's developmental needs. Ideally the assessment should be carried out in collaboration between the organization and the child and family, who should, as far as possible, be involved in the work, including the process of making decisions that affect their future. The data collected is analysed and used for decision-making and drafting plans for the child's short- and long-term future.

A detailed description and recommendations for the use of the CAF are presented in Chapter 3 of the present guide and the form itself is included in the appendix.

4. Developing a plan for working on the case

To carry out individual work based on the assessment made of the child and family, the case management specialist selects and specifies a set of services and actions. All the intended services and actions are presented in the form of a "case management plan". The plan is developed with the participation of the child and family. The specialist in charge of managing the case is responsible for co-ordinating the plan, keeping the necessary paperwork and monitoring its implementation.

The plan includes a description of short-term (for three or six months) aims and tasks for the child and also long-term aims and tasks ensuring the best results for that child right up to his or her coming-of-age. Besides detailed formulations of aims and tasks, when drawing up the plan it is necessary to indicate which specialist (or institution) is to be responsible for their achievement and the timeframe.

The criteria for evaluating the results should be established in such a way that it is possible to tell clearly whether the aims and tasks set in the case have been accomplished. The child (depending on age and level of development) and the parents should sign the case management plan to confirm their acceptance of its contents and their agreement to participate in the implementation of the planned measures.

5. Providing interdisciplinary assistance to the family

Carrying out the case management plan entails the organization of a succession of services aimed at improving the situation of the child and the family. Depending on the results of the assessment, the plan will have different directions and aims. If the child is left in the biological family, measures will be directed towards rehabilitative help to the family. If the child has had to be removed from the family, the plan of rehabilitation may be aimed at returning him or her to the biological family or at finding a foster family.

6. Regular interim assessments of the effectiveness of the intervention (monitoring)

The technology of interdisciplinary case management calls for constant co-ordination of the assistance provided and on-going assessment of the situation. Depending on the results of monitoring, the rehabilitation plan may be revised and refined as many times as is necessary in a particular instance. The CAF may also be used to carry out a repeat assessment.

Irrespective of the frequency, re-assessment and on-going monitoring provides the case management specialist with fresh information that is used to revise the case management plan.

7. Closure of the case

Closure of a case can occur for a number of reasons. These include achievement of the goals set and a refusal to collaborate on the part of the child or the family. A case may be closed due to a lack of adequate services that would meet the needs of the child and the family, in which case the client should be transferred to the management of a different organization.

The ideal conclusion of a case can be considered to be a situation when the child's circumstances have stabilized while the support of the family has been preserved.

In some instances, it is assumed that after the conclusion of the case a specialist will continue to maintain contact with the client and the family and undertake actions aimed at ensuring the preservation of the results achieved. Contact may also be maintained with former clients in order to obtain a longer-term assessment of a programme with regard to its effectiveness for the client.

In finishing this chapter, we note that interdisciplinary case management in keeping with the principles and standards set forth here makes it possible to effectively provide integrated assistance to children and families at risk or in a difficult situation.

CHAPTER 2
ASSESSING THE NEEDS OF THE CHILD AND THE FAMILY

2.1 Aims of assessing the needs of the child and the family

An assessment is necessary to bring together diverse information about the child and the family. This allows specialists to draw up a rehabilitation plan that meets to the greatest degree possible the needs and interests of the child and also provides a solid basis for the taking of important decisions that will affect the rest of the child's life, such as stripping the parents of their parental rights, returning the child to the biological family or placing the child with a foster family temporarily or permanently. The assessment should be carried out with the collaboration of the child and the family, who should be involved as far as possible in the decision-making process affecting their lives.

Thus, the main purpose of carrying out an assessment of the needs of the child and the family is to provide for properly founded objective decision-making regarding the future of the child that takes his or her best interests into account. Only when in possession of a whole range of information about the child and the family can a specialist make a properly founded decision in the interests of the child.

It is important to remember that carrying out a comprehensive assessment is a process that can take from a few days to several weeks. If during that process a situation arises that threatens the child's life or health, then urgent measures must be taken to ensure the safety and protection of the minor.

2.2 Principles for making an assessment of the needs of the child and the family

The conduct of an assessment of the needs of the child and the family is based on the following principles:

- **The assessment should be orientated on the child**

When making the assessment, a specialist should focus on the needs of the child. Any assessment should proceed from the principle of best providing for the interests of the child. The assessment takes into account the child's viewpoint, his or her wishes, convictions and opinions.

- **The assessment should be based on a knowledge of normal child development**

The assessment should take into account theoretical provisions and knowledge about the stages of child development. A conception of the usual course of development helps in the identification of situations in which the child's normal progress is under threat.

- **The assessment should provide equality of opportunity**

In the assessment process, everyone, including the family and specialists, should be guaranteed the opportunity to formulate their needs, to express their opinions and state their wishes. Besides, in the course of the assessment there should be no discrimination in the provision of services or assistance for any reason whatsoever.

- **The assessment implies working with the child and the family**

Both the child and the family should be involved in the process. The assessment presupposes that they will express their own views and convictions, as well as participating in the decision-making process.

- **The assessment is based on determining both the family's strengths and the difficulties that exist**

The assessment process should help the family to identify its strengths. The specialist should provide support and facilitate the family making use of its strengths to overcome difficulties and develop its capacity to tackle problems in the future.

- **The assessment implies an interdisciplinary approach and joint activity of various organizations in providing assistance to the child and the family**

The questions that arise in the course of the assessment need to be discussed with a whole number of specialists for there to be effective collaboration between organizations (both state and non-governmental). It is important that the approach taken entails all parties participating equally in the process: each specialist provides services with the aim of helping the family, while they all together strive to achieve a common goal.

- **Assessment is a continuous process**

The information-gathering process is continuous. Filling out the assessment form is only a detailed record of a particular stage in the life of the family and the child. The information contained in every assessment form needs to be regularly updated.

- **The assessment is carried out at the same time as other measures and the provision of assistance to the family**

While the assessment is being carried out, services and support should be provided if there is an obvious need for them.

- **The assessment is based on factual information**

In decision-making, only the facts gathered about the case should be considered. Specialists should not be guided by their personal emotions or impressions. Factual information is gathered by observation, through conversations with the family and the clarification of specific events and circumstances.

2.3 Parameters for the assessment of the needs of the child and the family

This section lists the parameters that need to be assessed when carrying out a comprehensive diagnosis of the child and the family. Figure 1 shows the internationally used "Assessment Triangle" that illustrates the three main domains and the main parameters within those domains that need to be considered when gathering information about the child and the family.

The three domains are:

- the child's developmental needs

- the capacity of the parents (or those acting in their stead) to meet the needs of the child(ren) in an appropriate manner

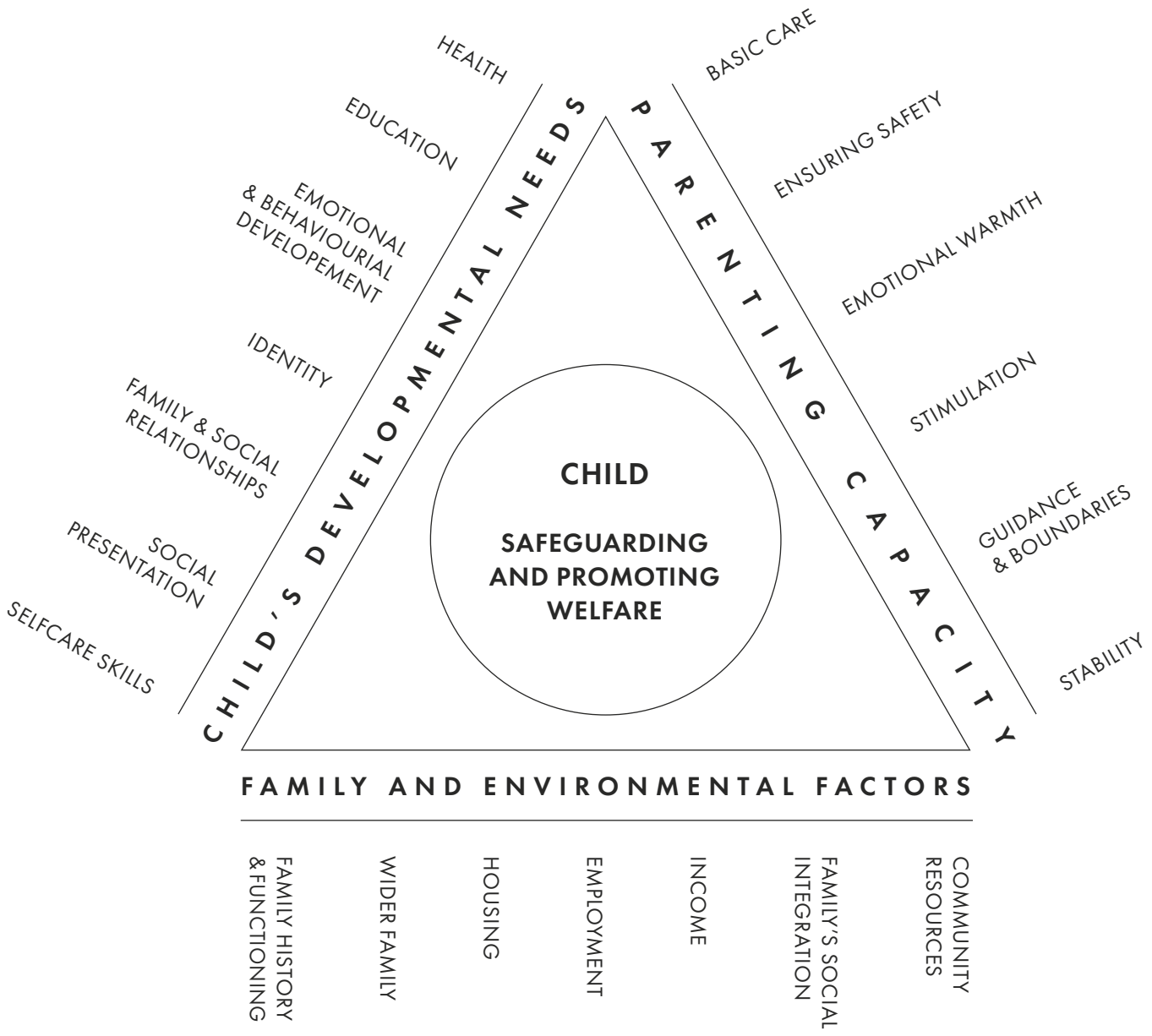
- the influence of other relatives and of environmental factors on the parents' capacity to bring up their own child

When assessing what is happening with the child at the present moment, all aspects of the child's development are considered in the context of age-specific characteristics and his or her stage of development. Among other things, it is considered whether the child has attained the expected stages of development. Particular note should be made of risk factors, such as learning difficulties or physical limitations and their potential influence on any of the developmental parameters. Attention should also be paid to social factors and the child's environment, either of which may have a negative influence on development. For example, restricted access or other forms of discrimination may have a pernicious effect on the development of children with special needs. Children's development may be affected by cruelty inflicted on them in the form of physical injuries and/or psychological trauma. There should be a clear understanding of the potential of the specific child at each stage of her or his development. That alone will enable the specialists and those around the child to achieve the full development of his or her potential.

To assess the child's developmental needs a specialist must:

- identify the sphere of development to be investigated and to make a record

Figure 1. The Assessment Triangle



- plan how the developmental trend is to be measured

- ensure that the child's age and developmental level is considered

- analyse the information as the basis for planning further action

The following subsections give a brief description of each parameter included in the Assessment Triangle.

2.3.1 Parameters for Assessment of the Needs of the Child

Health

Parameters of height and weight, physical and intellectual development are determined, the influence of heredity and any negative factors are taken into account. Health care entails appropriate medical treatment in the event of illness, sufficient wholesome nutrition, appropriate physical exercise, vaccinations when required, check-ups as the child grows, monitoring by various specialists such as an oculist and dentist. For older children, preventive health care will include sex education and advice on factors injurious to health, such as the abuse of tobacco, alcohol and drugs.

Education

All spheres of the child's intellectual development from birth onwards are considered. The child's ability to play and communicate with other children is studied, as well as her or his access to toys and books. Is the child acquiring the necessary skills? Has he or she formed interests? Does she or he take a pride in personal achievements and successes? Do adults take an interest in the child's schooling and achievements? Does the child have an adult who takes into consideration the peculiarities of his or her development and educational needs, including special education for a child with disordered development?

Emotional and Behavioural Development

Examines the appropriateness of the child's reactions (emotions and behaviour) in the presence of the parents or closest adults, then, as the child gets older, in the presence of strangers from outside the family. The nature and quality of early attachment, peculiarities of temperament, adaptation to change, reaction to stress and degree of self-control are all analysed.

Identity

This embraces the child's growing sense of individuality, awareness of herself or himself as a separate, valuable personality. This includes the child's attitude to himself or herself and to his or her own abilities, self-image and self-appraisal. It can also encompass racial and religious identity, age, sex and sexual identity, disabilities, a sense of belonging to the family, acceptance of the child by the family, peers and society in general, including other cultural groups.

For a child being brought up in a foster family, important aspects are knowledge of her or his past and roots, acceptance of the past, and also the absence of a negative attitude to the child's biological relatives on the part of the foster parents.

Family and Social Relationships

This encompasses the existence of stable emotional relations with parents (or those acting in their stead), good relations with siblings, age-appropriate relations between the child and peers and adults outside the family, including friendships, and also the family's attitude to the child's friends. This entails the development of empathy and the ability to imagine oneself in someone else's position.

Social Presentation

The basis of social presentation is the child's understanding of how her or his appearance, behaviour or shortcomings are perceived by those around, what impression he or she is making. Objects

of analysis here are the appropriateness of the child's clothing to her or his age, sex, culture and religion, neatness and personal hygiene, whether the child listens to advice from parents (or those acting in their stead) about how to look and behave in various situations.

Selfcare Skills

Considered here are whether the child has mastered the practical skills of looking after himself or herself and also the emotional and communicative skills necessary to develop independence and self-reliance. For younger children, these comprise dressing and eating skills, toilet training and so on. For older children, it means the development of skills necessary for independent living. It should be considered whether the child is being encouraged to acquire the skills to solve social problems. Particular attention is devoted to how the child is influenced by disabilities or other social circumstances that hinder or further the development of selfcare skills.

2.3.2 Parenting Capacity

Extremely important for the child's health and development is the capacity of the parents (or those acting in their stead) to properly meet the needs of the child's development, the ability to adapt to needs that change as the child grows up.

Parenting skills have to be viewed in the context of the structure and functioning of the family, and also of other participants in the process of bringing up the child (see the Family and Environmental Factors subsection).

If there is cause for concern about what is happening with the child, it is very important to understand how the tasks in the diagram are being performed by each of the parents (or those acting in their stead). In particular:

- how the parents react to the child, his or her behaviour or the situation that has arisen, including those needs of the child that are hard to meet or that the parents cannot meet
- how the child, her or his behavioural and developmental traits affect the parents
- the quality of the parent-child relationship
- the parents' understanding of the child's needs and of his or her development
- their awareness of parenting tasks and accordance of those with the child's developmental needs
- the influence of difficulties being experienced on the parents' capacity to perform their parental tasks and responsibilities (it is necessary to distinguish between what a parent claims and what he or she actually performs)
- the influence of the parents' past experience on their present parenting ability
- the parents' capacity to accept their own difficulties and cope with them
- the parents' capacity to make use of support and accept assistance
- the capacity to adapt and change the way parental attention is expressed

It is important not merely to listen to what the parents say about relations, but also to actually observe relations within the family. When examining how parental responsibilities are being performed, remember that both mother and father (or those acting in their stead) should be assessed equally.

Basic Care

Basic care means providing for the child's fundamental physical needs, the provision of appropriate medical care, including dentistry. This includes food, water, warmth, a roof over her or his head, sufficient clothing and the maintenance of adequate personal hygiene. This is particularly important for babies and toddlers, and includes the necessary physical care for an infant.

Ensuring Safety

Ensuring safety means appropriate protection for the child from harm or danger. Threats may include contact with dangerous adults or other children and the threat of self-harming. The parents should be aware that risks and dangers exist within the home as well as outside. Older children should have a knowledge of what constitutes safe behaviour and adhere to safe practices.

Emotional Warmth

Do the parents meet the child's emotional needs? Do they let him or her feel valued? Do they instil a positive sense of the child's own ethnic and cultural identity? Are the child's needs for reliable, stable and loving relations with significant adults being met? Are due tact and responsiveness, warmth, encouragement, praise and tenderness being used? Is there appropriate physical contact? Is emotional comfort being created?

Stimulation

This relates to the child's intellectual development through encouragement, stimulation and demonstration of social opportunities. This category examines the development of the child's potential through interaction, association, conversation and reaction to the child's communication and questions. It also includes playing together and explaining educational opportunities. Do the parents allow the child to have a feeling of achievement? Have they arranged for the child to attend an educational institution? Are they imparting the skills needed for independent living?

Guidance and Boundaries

Allowing the child the opportunity to regulate his or her own emotions and behaviour.

Key tasks for parents here are an ability to demonstrate and model appropriate behaviour, to control one's own emotions and interact with other people. Parents should set behavioural boundaries in such a way that the child is able to develop his or her internal system of moral values, awareness and social behaviour, to become an independent adult with her or his own values and potential. This category includes examining the disciplinary measures employed by the parents. Remember that setting boundaries does not mean hindering the child's learning activities, schooling or social relations.

This category includes problem-solving skills, anger-management, the ability to consider the interests of others and respect another person's boundaries, adherence to accepted norms and rules of behaviour, and observance of the law.

Stability

The creation of a stable family environment that allows the child to form and maintain a reliable attachment to those primarily responsible for his or her upbringing, something which will provide for the optimal development of the personality. Parents should provide the child with the opportunity to establish stable, reliable attachments, constant emotional warmth, consistency in reactions to the child's behaviour in keeping with her or his development. The specialists making the assessment should understand how the preservation of contact between the children and important family members (and other significant figures) is to be guaranteed.

In some families, the parents perform the majority or all of the parenting tasks on their own. In other cases, caregivers become involved and play a certain role in the child's life, positive or negative. A child's upbringing is influenced not only by the parents, but also by other adults, such as grandmothers, other relatives and childminders. It is necessary to precisely identify the contribution of each parent or other figure to the child's wellbeing and development. In cases where the child has suffered cruelty, it is particularly important to separate the capabilities of the parent responsible for that and those of the parent who potentially protects the child. Such information will help towards an understanding of how the parents' interaction influences their ability

to react appropriately to the needs of the child. The quality of the relationship between the parents that influences the child's life are explored in detailed in the next subsection.

2.3.3 Family and Environmental Factors

Caring for and bringing up children does not take place in a vacuum. All members of a family experience both positive and negative influences from relatives, neighbours and society as a whole. The history of the child's family and of each of its members can have an effect on the child and parents. For example, some members of the family may have been brought up in an environment different from the one in which the child is now living; they may have left their native country due to war or other adverse conditions. Some parents may have suffered cruelty or neglect from adults in their own childhood.

Information about, and the influence of, family history may have an important part to play in gaining an understanding of what is going on in the family today. An adult's parenting skills or lack of them may be directly bound up with his or her own childhood experience of family life as well as experience acquired in adulthood before the current crisis situation arose. Besides this, a family may be affected by some period of transition, in the case of refugees, for example.

An understanding of the usual functioning of the family and how it functions in a state of stress will help to determine what factors will aid the parents in fulfilling their parental obligations. Particular importance should be allotted to the nature and quality of parent-child relations and their influence on the child. Constant conflict between the parents, for example, is harmful to the child's wellbeing. The quality of relations between siblings is also important. Take note as well of different styles of bringing up children, especially between family members who play a significant role in the child's life.

A child can be protected from the consequences of the mother and father having difficulty in fulfilling their parental obligations, if her or his developmental needs are satisfied by someone else.

Family History and Functioning

Family history includes genetic, psychological and social factors. The functioning of the family is influenced by who is living together in the household, their attitude to the child, serious changes in the family and the home, the parents' childhood history, the chronology of important life events and their significance for family members, relations between siblings and their effect on the child, the parents' strengths and the difficulties they experience, including absent parents, relations between parents who do not live together and so on.

Wider Family

Who are the relatives of the child and the parents? This includes close and distant relatives, including absent ones. The role that they play is examined — whether and why they are important to the child and the parents.

Housing

It is important to establish whether the place where the child lives has all the necessary conditions and conveniences appropriate to the age and development of the child and other family members living there. Is the housing accessible and convenient for family members with disabilities? The interior and exterior characteristics of the housing and the immediate surroundings should be considered. Basic conditions include water supply, heating, sanitary conditions, conditions for food preparation, a sleeping place, cleanliness, hygiene, safety, a place to play and do schoolwork, and the influence these have on the child's upbringing.

Employment

Aspects considered here are: which family members are in work, where, and is it a stable job? how does that affect the child? what is the family members' attitude to their work or lack thereof? how does that

affect relations with the child? This category may also include the child's own work experience and its influence on the family.

Income

The existence of a stable income in the family. Does the family receive all the benefits to which it is entitled? Is the level of income sufficient to meet the needs of the family? How does the family make use of its resources? Are there financial difficulties that affect the child?

Family's Social Integration

This parameter requires examination of the family's involvement in the wider social context, including relations with neighbours, friendships, use of services provided locally, as well as the influence of those factors on the child. The degree of the family's social integration or isolation is analysed, the existence of friends, including the child's peers, a social network and its importance for the family.

Community Resources

This category covers the infrastructure of the family's immediate neighbourhood including the presence of such resources as a children's polyclinic and other medical institutions, a nursery, kindergarten and school, a place of worship, transport connections, shops and leisure facilities. Consideration should be made of the presence of resources, their availability and quality, including disabled access, and also their influence on the family.

2.4. Recommended Assessment Tools

For an in-depth multidisciplinary assessment of the needs of the child and the family, we recommend using the Common Assessment Form for the child and the family (CAF). The CAF makes it possible to gather together a variety of information about the child and the family, while keeping the focus on the interests of the child. Only when in possession of all-round information about the child and the family is a specialist able to make a well-founded decision that guarantees that the best interests of the child are provided for. A detailed description of the CAF and recommendations for its use are given in Chapter 3 of the present handbook, while the form itself is included as an appendix.

In the process of assessment, the supplementary tools described below may be used.

2.4.1 Genogram

A genogram is a diagram that shows the structure of the family using special standardized symbols. It gives a visual picture of the family, its environment, members and relationships. The genogram should contain the following information: an indication of all members of the family, including adopted or fostered children; a schematic representation of all members of the household; all relatives; years of birth and death; dates of marriage or start of living together; dates of separation and divorce; pregnancy, miscarriages or terminations of pregnancy with the date; occupation/education. As a rule, a genogram shows three generations. A more extensive genogram is permissible (including a great-grandmother, for example), if that person plays a significant role in the child's life. Figure 2 shows the basic symbols used in drawing a genogram, while Figure 3 gives one example.

The genogram should be drawn up by the specialist carrying out the assessment based on information received from the referring body/institution. All missing information can be obtained from the family itself during the first or subsequent meeting.

2.4.2 Ecomap

An ecomap is a diagram that shows the social network, the resources within the family and the community to which the child has access. The ecomap is a visual tool that presents information about relationships within the family and the family's interaction with its social environment at a given point in time. The ecomap is drawn up together with the client in order to identify resources and to plan work taking account of the family's strengths and weaknesses.

Figure 2. Standard symbols used in genograms

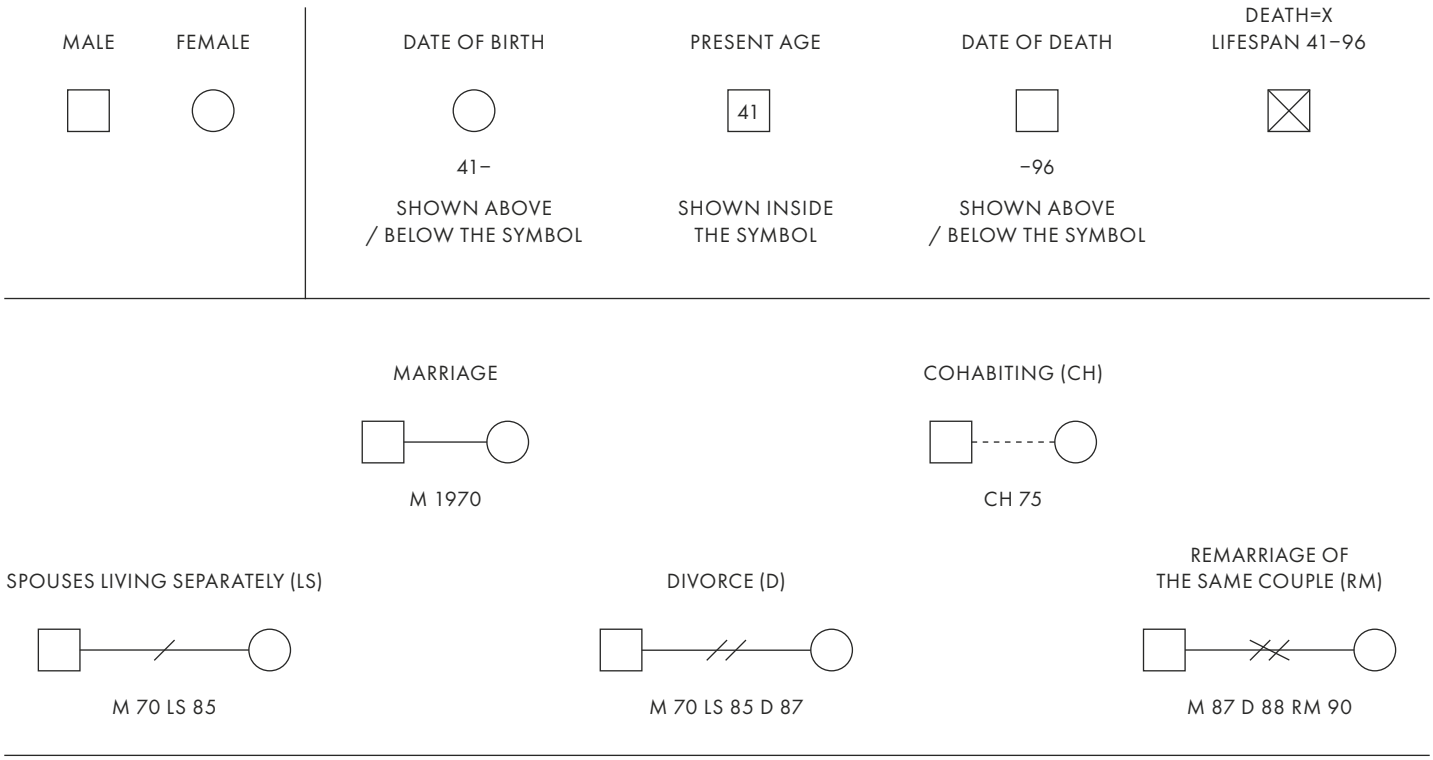


Figure 3. An example of a genogram

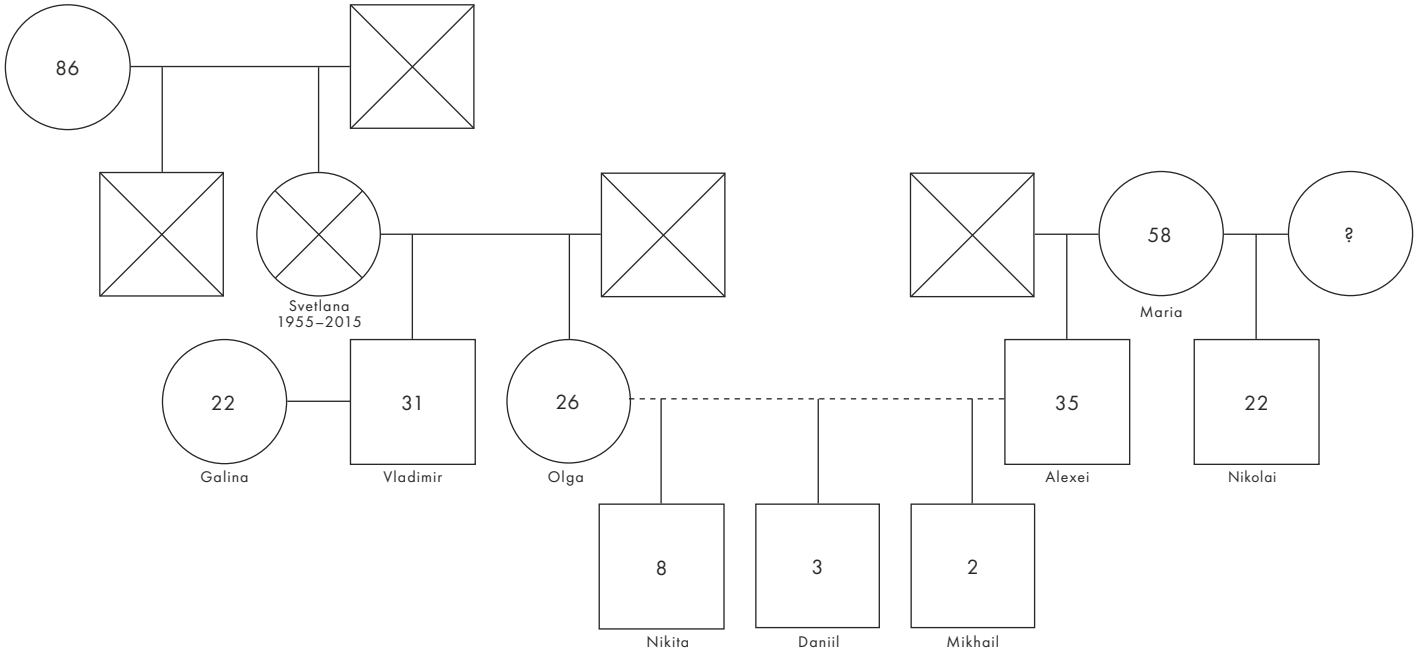
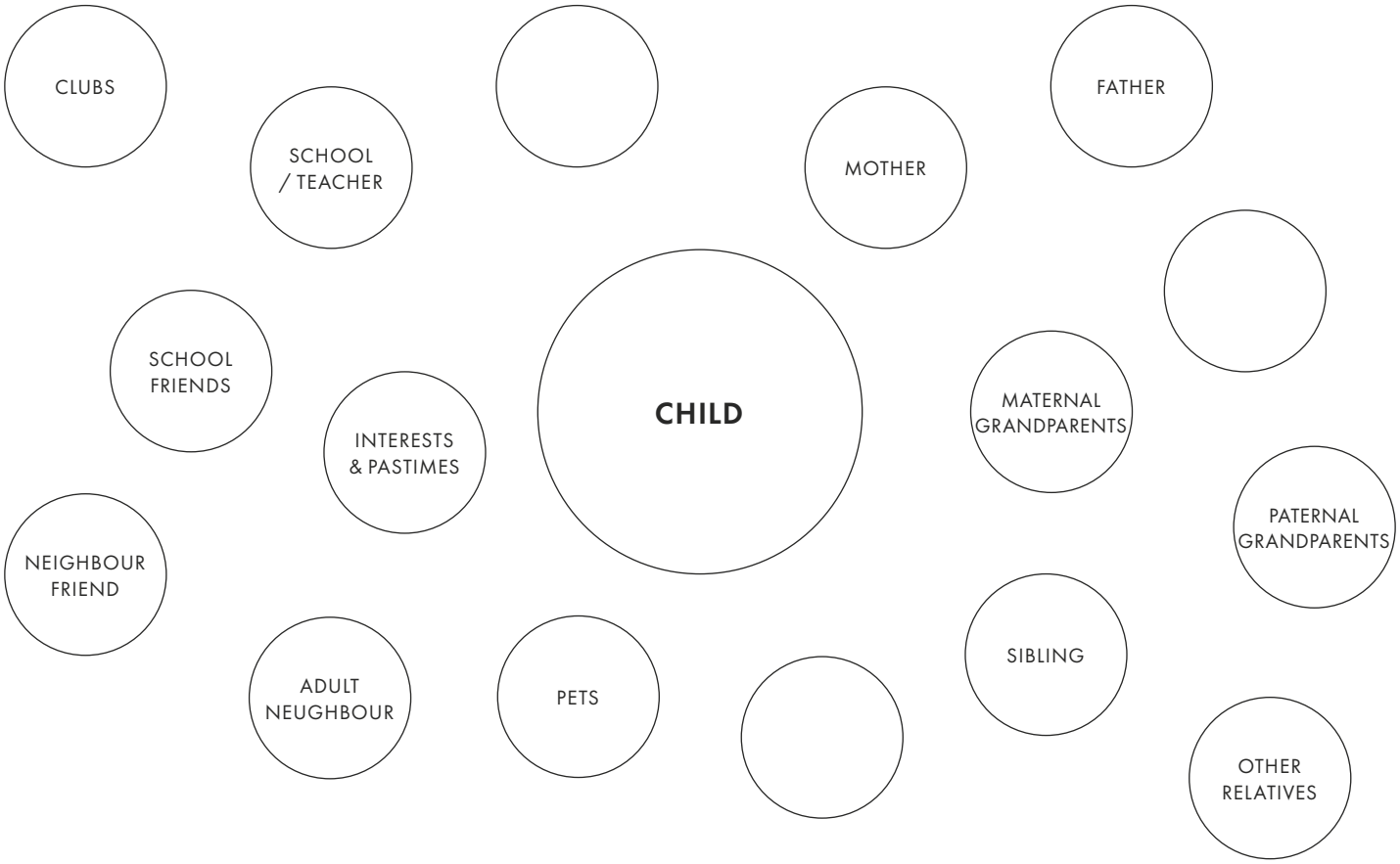


Figure 4. An ecomap



The circles should be joined with lines that indicate a connection.

Other people or organizations that are important in the child's life should be inserted in the empty circles.

Differnet styles of line are used to indicate the character of the relationships and the child's ability to turn to this or that resorce for support.

Strong tie	Weak tie	Conflict	and so on

2.5. Interaction between agencies and an interdisciplinary approach to conducting an assessment of the needs of the child and the family

The successful introduction of comprehensive assessment of the needs of the child and the family in social work practice is possible only when there is effective interaction between different agencies and disciplines. Above all an assessment on the basis of inter-agency and interdisciplinary partnership requires that those involved have a single coherent opinion on the child's needs of the child and the values most consistent with the child's interests. The use of an assessment form based on specialists' understanding of the factors that positively or negatively influence a child's upbringing and development aids a deeper common understanding of the child's needs within the context of the family's needs.

At the preliminary assessment stage, the specialist should already establish whether other organizations (institutions) have carried out regular assessments (monitoring) in respect of the child to keep track of her or his development. Such information is very valuable, as it entails the use of a variety of resources, specific assessment methods, corresponding processing of data.

General statements about inter-agency collaboration in the assessment of a client's needs are the following:

Mutual exchange of available information is the basis for collaboration.

Trust is an exceptionally important condition for successful collaboration.

Collaboration requires the defining of a common goal for the work with the child and the family and of the tasks for each specific stage and also the precise allocation of responsibility between the various participants in the process, including the child himself or herself and the family.

An essential condition for the assessment of the needs of the client and his or her family is the formation of an interdisciplinary team and support for its activities. This is a group of specialists in different fields, like-minded and united by common aims. A team displays agreed aims and precise tasks, clearly defined functions, allocation of roles and responsibilities. Among the qualities that characterize a team mention can be made of interaction, the adoption of the values and standards of teamwork, the ability to contribute to the common cause, mutual support, trust and openness, exchange of knowledge and experience, and solidarity.

Professionals who have a long and good knowledge of the child or the family should be brought into the assessment process. These are such people as the local district children's doctor or community nurse, a teacher (form teacher, head of an institution of general education or vocational school), a member of staff in a pre-school establishment, and so on.

To establish smooth collaboration, it is necessary to overcome no small number of obstacles and agency-level barriers, to combat lack of understanding, distrust and stereotypes in the thinking of representatives of the various official bodies and organizations. However, joint events, training, personal meetings and the like facilitate the introduction of definite standards for the assessment of the needs of the child and the family.

An interdisciplinary team conducting the assessment of the needs of the child and the family ensures:

- the involvement of all the resources of the community, specific government bodies, institutions, organizations and agencies necessary to collect reliable and complete information

- a reduction in the amount of time needed to make the assessment

- the removal of inter-agency barriers and similar obstacles.

The activities of such a team will prove ineffective if there is a merely a half-hearted pro forma approach to the organization of the work, if there is no single manager of the process and if the standards and approaches of different agencies are applied to the solution of one and the same problem facing the client.

The work of the team members should be co-ordinated by a specialist responsible for the case, who will be designated by the organization with responsibility for the family. Her or his task includes harmonizing the actions of various specialists, government bodies and intuitions involved in working with the child and the family.

CHAPTER 3
RECOMMENDATIONS ON METHODS OF USING THE MAIN TOOLS FOR ASSESSING THE CHILD AND THE FAMILY

3.1. Guidelines for completing a Report on the Inspection of a Child's Living Conditions

Completing the form of the Report on the Inspection of a Child's Living Conditions (below simply, the Report) designed by a group of specialists from the child protection departments of municipal councils within St Petersburg helps to establish the existence of threats to the life and health of a child, to draw conclusions and plan measures to ensure the child's safety.

The Report systematizes important information about the child, the parents, living conditions, the existence of factors that threaten the child's life and health, the situation within the family and the parents' motivation. An analysis of the information gathered makes it possible to conclude whether the child is at risk and take a decision on the need to remove the child from the family. If there is no such risk, then the information gathered provides a basis for drawing up a plan of action to overcome the main problem with an indication of the official bodies, institutions and individuals to be involved in the work with the child and family, i.e. a plan for individual preventive work.

The Report focusses on a specific child and one should be completed for each child in the family.

When should the Report be drawn up?

The recommendation is to draw up the Report when meeting the family after receiving notice of a child at risk or a probable threat to the life and health of a child. In that event, a specialist from the child protection services together with other specialists (the district police inspector, children's doctor, specialist from social security, or others) pay a visit to the address where the child is to investigate the case and to establish/identify the fact of a threat to the child's life and health. The purpose of drawing up the Report in this event is to take a properly motivated decision on the removal of the child because of the threat.

It is important to note that the Report may be drawn up not only during the initial visit to the family, but at any other time as well. In practice it is common that during the first contact a threat to the child's life and health is not identified, either because it does not exist or because some time is needed to establish certain facts. However, the existence of a threat can become evident after some period of working with the family, and consequently a Report may be drawn up at that specific moment, again with the purpose of taking a properly motivated decision on the removal of the child because of the threat.

The Report may also be drawn up during a specialist social worker's initial visit to the family, when that visit is not the result of notice of a threat to a child's life and health, but is the first stage in working with a family in difficulties. In this event, the chief purpose of drawing up the Report is to make an initial assessment of the child's living conditions in order to exclude a threat to her or his life and health.

The person drawing up the Report must

- set down the basic (initial) information about the child and the family at the moment of receiving the notice/approach from them/referral

- record the information obtained from investigations at the child's location (the visit to the family), including specific details of the threat to the child's life and health, if one exists

- formulate a well-grounded (motivated) decision in the interests of the child.

How much time is needed to draw up the Report?

The specialist begins drawing up the Report on receiving notice of the case with subsequent completion during the visit to the child at his or her location, within the period laid down by legislation.

According to experience in Britain and Ireland, the initial assessment should take no more than seven working days. Depending on the circumstances (above all in cases requiring urgent response) the timeframe may be reduced to one day.

Who draws up the Report?

The Report should be drawn up by at least two specialists, one of whom is from the child protection services and has visited the child's location. To increase the objectivity of the assessment, it is preferable for specialists from different agencies to be present (child protection services, the police, Commission on Juvenile Affairs, institutions of social security, health, education, and so on).

How should the Report be drawn up?

The first page contains the following information:

1. Date and time when the inspection was made — day, month, year, precise time of day

2. Information about the specialists carrying out the inspection — full name, position and name of the agency/institution

3. Information about the child — full name, date of birth, present age (in years) and sex; address where the child actually lives or is at present (the location that the specialists are visiting for the inspection); the address where the child is officially registered (if the child is not registered anywhere, this should also be noted)

4. Information about the parents — full names, date and place of birth of the mother and father, address(es) where they actually live, place of work, whether they have previously failed to fulfil their parental responsibilities. If there is information about previous occurrences, more detailed information should be given: when it happened, what measures were taken (criminal proceedings, proceedings for an administrative offence, initiation of proceedings for the termination or restriction of parental rights) in respect of this particular child or other children.
If the child's father is unknown or paternity has not been established, this should be indicated.

5. Information about other relatives — all close relatives (siblings, aunts, uncles, grandparents) should be listed, whether or not they live with the child at that location. The age or year of birth should be indicated for children. Current addresses and telephone numbers should be given when available and an indication whether they keep up relations with the child and the family, and in what way.
There should be an indication of who actually cares for and supervises the child. "Mother" and "father" should be marked if it is the parents. If it is anyone else, details must be included in the "Information about other relatives" section, even if they are not actually related.

6. Information about living conditions — ticks should be placed in all sections of the table in accordance with what was observed at the time of the inspection:

- the presence of food for the child appropriate to his or her age. If the food is appropriate, but insufficient, "Inappropriate" should be ticked, and "Insufficient" added. If there is no food at all for the child in the home, then "Non-existent" should be ticked.

- the presence of a separate bed for the child with bed linen, and the condition of both. A sleeping place is considered unsatisfactory, if the child cannot use it at all or cannot use it safely. The child may be sleeping in the same bed as the parents or other children, or without bed linen, or else on top of a cupboard or beneath the ceiling.

• the presence of the necessary seasonal clothing for the child appropriate for wearing in the home or for taking walks outside

• depending on the age of the child, the presence of toys (rattles, dolls, construction kits, children's books) and/or school materials (textbooks, exercise books, pens and pencils)

• the presence of a space for play and other activities, for schoolchildren somewhere to do homework

• the characteristics of the premises in which the child lives. If the family does not have housing, that box should be ticked and an explanatory note made.

• the sanitary condition of the housing should be assessed as satisfactory or unsatisfactory. An unsatisfactory sanitary condition is a breach of sanitary standards that may have an adverse effect on health. It is important that unwashed dishes or a smell in the home should not be considered an unsatisfactory condition, as that may have various causes (for example, a temporary crisis situation in the family, or the presence of pets that are an established part of the home).

• the "Notes" section should be used for additional information relating to any part of the table. For example, about the state of the premises — "Danger of fire, explosion or collapse", or "The gas stove has a faulty valve that is permanently open", or "At the time of the visit, there were only under-age children in the flat".

7. Conclusion on living conditions — the completed table for living conditions should then be analysed. The bottom-line conclusion about living conditions should be a collective one. The group should decide together whether they are satisfactory overall or not and tick the corresponding box. The following principle should be observed: if there are more ticks on the left side of the table, then the conditions are considered satisfactory, but if there are more ticks on the right, then they are considered unsatisfactory.

The second page of the Report covers factors that represent a threat to the child's life and health.

8. Section on Factors threatening the life and health of the child — the specialists should work through this section of the table and fill it in from their observations, taking into account the information obtained from the answers of the child and the parents and facts established at the time of the inspection. It is important to determine:

• whether there is a threat to life or health if the child continues to remain in the present conditions.

• whether the child requires immediate protection, and what immediate measures should be taken to accomplish that.

• what factors could ensure the safety of the child within the family, stopping short of his or her removal.

Factors threatening the life and health of the child

1. The parents use physical force or some other form of cruel punishment on the child.

2. Lack of food or drink, prolonged hunger

3. The child is left unsupervised causing a threat (the child's age must be taken into account)

4. Emotional deprivation, psychological abuse and/or neglect of the child's needs

5. Exploitation of the child

6. Sexual abuse of the child

7. Lack of the necessary basic care for the child (particularly for children under three)

8. Lack of the necessary medical care for a child that may have serious health-impairing consequences

9. Inaction/non-intervention by the parents where there is a threat of cruelty or actual cruelty from some third person

10. Housing in a hazardous state and unfit for the purpose, representing an immediate threat

11. Failure to observe standards of hygiene and rules of safe behaviour when there is a dangerous infection in the household, putting the child at risk of infection

12. Circumstantial indications of cruelty to the child (physical, psychological, sexual abuse and/or neglect of needs)

13. Previous instances of cruelty to a child in the family

14. Inappropriate behaviour on the part of a parent representing a threat to the child (including behaviour under the influence of alcohol or narcotics)

15. Other (specify)

When completing the table, a tick should be placed in the Yes column for any risk factor that is considered to be present. For each factor that is ticked, further details should be given in the adjoining Comments box. These should state the nature of the danger in this particular case (i.e. cite the specific facts that led to the conclusion).

When assessing the existence of a factor, it is important to take the child's age into consideration. Infants and younger children are more vulnerable as they are unable to protect themselves, are entirely dependent on adults and more liable to physical injuries, infections and diseases. Injuries to small children are very likely to lead to irreversible brain damage or other forms of disability.

If children have chronic medical or psychological problems, emotional disorders or developmental abnormalities, the level of risk is higher.

1. The parents use physical force or some other form of cruel punishment on the child.

The comment may indicate the location of an injury (head, chest, belly, buttocks, thigh, etc.), the type (marks of deep burns, teeth marks, bruises and grazes from fists, injuries caused by the use of dangerous objects) and the number of injuries. Injury to the brain or other internal organs may cause death or irreversible disability. Marks left by a belt or electric cord on a child's body indicate the use of excessive forms of punishment. Numerous bruises at different stages of healing or many wounds and scars are evidence of regular punishment and therefore of a high level of risk. The mark left by a palm on a buttock suggests the use of excessive physical punishment on one occasion, indicating a fairly low level of risk.

2. Lack of food or drink, prolonged hunger

The lack of food in the home that is appropriate to the child's age and needs. Persistent malnourishment may be indicated by physical underdevelopment or emaciation which should be confirmed by a doctor's report to that effect.

3. The child is left unsupervised causing a threat (the child's age must be taken into account)

Leaving an infant or child of younger school age without supervision may be fatal due to their helplessness. Many injuries, accidents and poisonings of children under 14 take place due to neglect of their safety on the part of parents or other caregivers.

4. Emotional deprivation, psychological abuse and/or neglect of the child's needs

To develop normally, children need to receive sufficient emotional warmth, kind words and physical tenderness from those bringing them up.

Psychological (mental, emotional) abuse can take a number of forms:

- Disregard: depriving children of the necessary emotional stimulation and empathy, neglect of their need to be close to their parents, to receive their support, the parents' or other caregivers' failure to display attachment, love or care.

- Rejection: making excessive demands, constant criticism, public humiliation, accentuating shortcomings and so on.

- Threats, terrorizing: threatening violence to the child or those he or she loves, including threats of beating or killing, and also name-calling, insults and humiliation.

- Isolation: restricting contacts with peers, relatives, other people important to the child, confining him or her to the home.

- Corruption: inducing the child to theft, begging or prostitution, drawing the child into the use of drugs or alcohol, encouraging self-destructive behaviour.

5. Exploitation of the child

Involving the child in the commission of crimes and antisocial activities: theft, prostitution, begging and so on, using the child and the results of his or her labour for personal enrichment or commercial benefit (including excessive amounts of housework).

6. Sexual abuse of the child

Sexual abuse of a child is a criminal offence punishable under the Criminal Code of the Russian Federation. Detecting sexual abuse can be difficult, because it is necessary to consider all the signs in combination: physical indicators of sexual abuse, psychological consequences, emotional disorders, cognitive disorders, behavioural disturbances, disruptions of interpersonal relations.

The degree to which the child is traumatised depends on age, level of awareness of sexual relations, the specifics of the child's nervous system, and also on the actual circumstances of the abuse (the use of force, deceit, threats, the seriousness of the physical harm, the duration of the abuse and the child's relationship with the abuser). Sexual abuse has the greatest impact on children in their teens.

7. Lack of the necessary basic care for the child (particularly for children under three)

Basic care means meeting for the child's primary physical needs, providing appropriate medical care, including dental care, and so on. This includes providing food, water, warmth, shelter, the necessary clothing and the maintenance of adequate personal hygiene. For infants and young children this factor is particularly important and includes the necessary physical care for a baby.

The most frequent consequence of a lack of necessary basic care is retarded development — physical, psychological, in speech acquisition, that is to say a loss of the ability to develop. However, the child should be checked by doctors to ensure there are no physical reasons for retarded development.

8. Lack of the necessary medical care for a child that may have serious health-impairing consequences

Most likely to suffer from the lack of necessary medical care are young children with an acute illness, as well as children with chronic illnesses and with disabilities. The following questions must be answered: does the child have medical recommendations and doctor's orders about his or her treatment? are those doctor's orders compulsory or only recommendations?

9. Inaction/non-intervention by the parents where there is a threat of cruelty or actual cruelty from some third person

The threat to children's life and health is reduced if they are able to protect themselves from a person inflicting cruelty. If the person inflicting cruelty has unrestricted access to a child (i.e. can approach the child without hindrance at any time) then the degree of threat to the child is very high. The level of access depends on the following:

- the offender's relationship to the child
- the physical proximity of the offender to the child (do they live together in the same apartment/room, etc.)
- the offender's opportunity to gain physical access to the child
- the desire and ability of other family members to restrict the offender's access to the child.

10. Housing in a hazardous state and unfit for the purpose, representing an immediate threat

Dangerous living conditions can be caused by various things, including the lack of windows or of heating, rodent infestation, the presence of animal or human faeces, bare electric wires, a non-functioning water-supply and drainage with no alternative, living in an attic or cellar.

11. Failure to observe standards of hygiene and rules of safe behaviour when there is a dangerous infection in the household, putting the child at risk of infection

The important point here is not the presence of the dangerous infection, but how the parents behave with regard to it. If despite the existence of a dangerous infection (tuberculosis, syphilis, etc.) the parents are aware of the possible risks, follow the rules of safe behaviour and employ a range of preventive measures, then this does not constitute a threat to the child's life and health.

12. Circumstantial indications of cruelty to the child (physical, psychological, sexual abuse and/or neglect of needs)

If a child is suffering abuse, it may be determined by the following circumstantial indications:

- troubled sleep
- withdrawal, unsociability
- changes from usual behaviour
- unmotivated learning problems
- missing lessons for no good reason
- aggressiveness
- conflict with teachers, parents, peers
- apathy, depression
- changing friends
- neurotic reactions: bed-wetting, stuttering

13. Previous instances of cruelty to a child in the family

This box should be ticked if the specialists have information about a history of cruelty to a child and/or failure to fulfil parental responsibilities (in respect of this child or others), confirmed by documentation from the police or other institutions. The comment should indicate the exact nature of the cruelty, when it was committed, by whom and on whom, and the measures taken as a consequence (criminal proceedings, proceedings for an administrative offence, initiation of proceedings for the termination or restriction of parental rights).

14. Inappropriate behaviour on the part of a parent representing a threat to the child (including behaviour under the influence of alcohol or narcotics)

Inappropriate or unpredictable behaviour by the parents may be occasioned by abuse of alcohol or narcotics that remove moral inhibitions to

committing violence. The behaviour of a parent suffering from a psychological disorder may represent a danger to the child. One possible inappropriate reaction to a baby crying — violent shaking is among the most unpleasant forms of physical violence as it may lead to a cerebral haemorrhage or concussion and even death.

15. Other (specify)

This box should be ticked, if other negative factors are identified, with details in the Comments section.

After this section is completed, a conclusion is reached about the presence or absence of a threat to the child's life and health. If there is a threat, the specialist from child protection services should take a decision about the immediate removal of the child.

When a child is removed from the family, the specialist is expected to justify the decision taken, establishing in each specific case the exact nature of the danger to the child's life and health. The large Comments box at the bottom of the page should therefore be used to repeat as precisely as possible the key factors threatening life and health.

Page 3 of the Report is used for information on the reasons why the parents are not fulfilling their parental obligations properly, about the parents' motivation to change and to keep the child in the family, and also about the measures necessary to ensure the child's safety and welfare. At the bottom of the page there is a section for the signatures of the specialists present at the inspection, the parents (or those acting in their stead), and, if necessary, witnesses.

9. The situation within the family — the characteristics of the family in which the child is being brought up are very important. The parents' mental problems, alcohol or drug dependency and its degree make an unfavourable outcome to the situation more likely. Disability and the parents' own negative experience of childhood reduce the probability of successful parenthood. All this, research has shown, also influences the parents' ability to react appropriately to the needs of the child. That is why it is important not merely to record the existence of problems, but also to indicate who is affected by them and how they influence the parents' capacity to fulfil their obligations. An understanding of the causes also makes it possible to establish what keeps the parents from fulfilling their obligations in a proper manner — is it the result of blameworthy behaviour or a consequence of their limited abilities. Depending on this, individual preventive work can be carried out in different ways.
The reason(s) why the parents are failing to fulfil their parental obligations properly should be ticked, with an indication alongside of which parent it applies to — the mother, father or both.

10. Parents' motivation to change — the parents' motivation to be there for the child and take care of her or him can express itself in specific actions. This section should indicate what precisely the parents are prepared to do and in what timeframe. It should be noted whether there is a history of the parents carrying out or failing to carry out necessary measures to provide for the child's safety.

11. Measures to provide for the child's safety — those measures should be ticked that need to be implemented immediately for the protection of the specific child, to ensure his or her safety and provide the necessary care. The planned date of implementation and the necessary contact details of the official body, institution or person responsible should be given below. For example, if the family is being referred to a social services centre, the centre should be specified and also the name and position of the person who will be responsible for working with the family. If the decision has been taken to pass the child to the other parent or to a different relative acting as guardian, the complete contact details of the adult who will be responsible for the child should be shown.

First of all it should be considered whether it is possible to ensure the child's safety and provide the necessary care without resorting to removal. For example, if only one of the adults in a family is behaving violently towards the child, then it should

first be considered whether there is the possibility of restricting the offender's access to the child and whether in that event the other adult(s) are capable of providing the child with the necessary care and attention. It is important to remember that removal of the child is an extreme measure that should be resorted to only when other means of ensuring her or his safety and necessary care do not exist.
At the bottom of the page there is a section for the signatures of the specialists who participated in the inspection, the parents (or those acting in their stead), and, if necessary, witnesses. The Report should be signed at the time when it is completed.

12. Plan of action — this section is used to record the taking of immediate measures to ensure the child's safety, to indicate what specific actions need to be taken, when, by whom exactly (a specialist or parent) and with an indication of the planned date for implementation.

The Report is approved by the head of the organization whose specialist was responsible for carrying out the inspection.

3.2 Guidelines for completing the St Petersburg Common Assessment Form for the child and the family

The present guidelines are intended to assist specialists from various organizations to use the Common Assessment Form for the child and the family (CAF).

The CAF is designed for one specific child and should be completed for each child in the family. It makes it possible to bring together diverse information about the child and the family, while keeping the focus on the needs of the child. The use of the CAF helps specialists to take a well-founded decision, guaranteeing the best interests of the child.

The procedure for handling a case depicted in the flowchart in Figure 5, shows clearly when the assessment should be made.

When is the CAF completed?

If there is a need to carry out an in-depth assessment, then a CAF should be filled in at the start of work with a new child or family before any decisions are taken. Since completion of this form requires a certain amount of time and resources, the use of a CAF is recommended in the following cases:

- when there is a need to take a major decision that will influence the child's life going forwards, including the question of the termination or restriction of parental rights, or the return of the child to the biological family.

- when working with a family at risk or in a difficult situation requiring prolonged intervention or prolonged support of the family (three months or more)

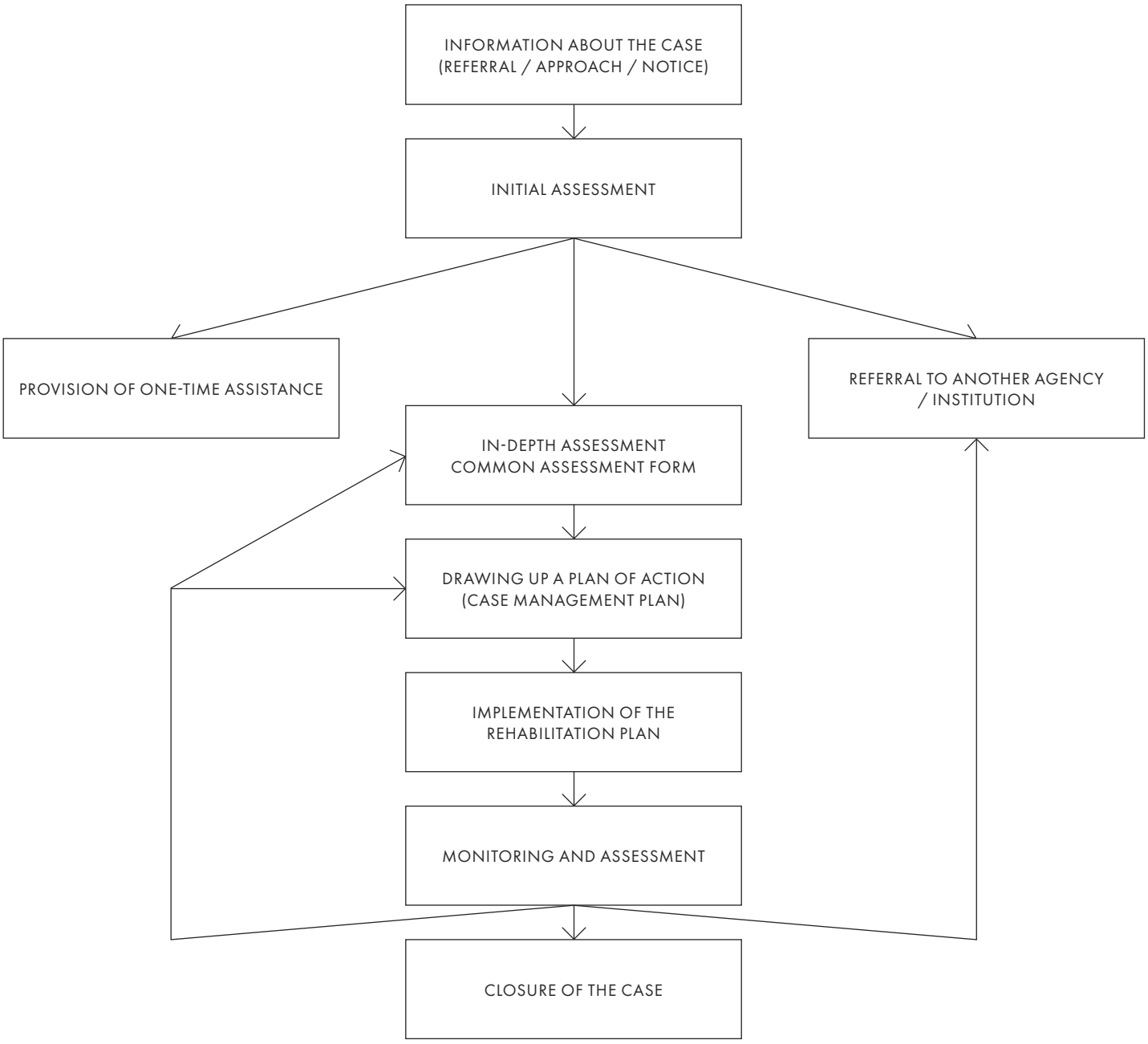
How much time is needed to complete the CAF?

The CAF can be completed by a single specialist. That person should have access to the child and the family and the possibility to establish a professional, frank, trusting relationship with them — immediately or over time. Most probably, this person will be a specialist in social work, but it could be a specialist from another field whose work entails interaction with the family. It should be the specialist responsible for managing the case and most closely connected with the child and the family. The decision on the appointment of the specialist to be responsible for the case is usually taken by the organization.

It is better if the filling in the form is done in collaboration with other specialists who are familiar with the family, but one person should remain responsible for the completion of the CAF. She or he should ensure that all possible sources are used to gather information and also be accountable for the completed document meeting all necessary requirements.

Information should be gathered from as many sources as possible — among them, agencies and institutions that have previously worked or are now

Figure 5. The place of the CAF within the case-management procedure



working with the family, medical institutions (school nurse, polyclinic, etc.), parents or guardians, the child, relatives, neighbours and also specialists of the case manager's own organization or any other. This is important as such an approach makes it possible to check information, confirm its accuracy and identify contentious statements. The chief source should be the child himself or herself and the family, with the collection of information from other sources taking place either at the same time or later.

When should a fresh CAF be completed?

If work with the child and the family goes on for more than a year, the recommendation is to fill in a CAF every six months.

Completion of a fresh CAF is also recommended in the event of a child being transferred to a different institution or redirected to a different institution or organization for guidance (except when the transfer of the child takes place immediately after the completion of the CAF). Irrespective of the timeframe, it is recommended that copies of the completed document be passed on to the institution or organization that will continue the work with the family and the child.

A fresh CAF should also be completed in the event of significant changes in the child's life that may lead to a change in the aim of the work and the long-term plan. For example, situations such as the death of a relative significant for the child (a biological parent), or the child contracting a life-threatening or very grave illness also require considerable change in what help needs to be provided to the child and the family.

Sections of the CAF

The first pages of the CAF are the Basic Information section that contains the basics about the child, parents, the composition of the family, addresses and telephone numbers, sources of the information obtained and reasons for making the assessment. A genogram (a diagram of the structure of the family) is also drawn up.

Then come eight sections that make it possible to analyse the main aspects of the life of the child and the family. Each section contains a series of relevant questions. At the end of each section space is provided for an analysis of the strengths that will help to achieve the aim, the family's difficulties that need to be taken into account and a conclusion relative to that section.

1. Housing/work/income: information about the family's living conditions, the stability of their residence, the occupations of family members, income level, existence of debts, possession of necessary documents.

2. Health and safety: information about the provision of safety and the necessary care for the child's health. Among other things, it examines displays of concern about health and what form they take, the existence of a preventive approach to health care, information about medical examinations, possession of a medical insurance policy.

3. Selfcare and social skills: information about how family members are furthering the child's development of selfcare skills necessary in later life: evaluation of appearance, clothing, communications skills, the ability to cope with money and public transport.

4. Education: information about whether the child attends an educational establishment, how family members regard education, stimulate the children and encourage them to realize their own potential; whether the children have toys, books and so on appropriate to their age; whether the child's educational level is in keeping with his or her age; how the family copes with its existing difficulties.

5. Identity: information about what the child thinks of herself or himself, whether he or she is aware of the family history and his or her place in the world around, position and role in the family; whether the child identifies with peers, knows community and family customs and traditions and their influence.

6. Emotional development: information about the child's level of emotional development and emotional relationships within the family. Examines whether the child has emotional difficulties and the emotional reactions of family members; how family members support the child at difficult times; whether the family members ever use violence.

7. Family and social relationships: information about the existence or absence of the child's attachment to any family member(s), trust within the family, the existence of collective family activities, whether the adults give the child their attention. Examines whether the family members exchange information and emotional experiences, whether they have the support of a social network, whether there are conflicts within the family.

8. Behaviour: information on whether behaviour deviating from the norm is observed in the family and how the family copes with it; whether the views of all family members are respected, how established behavioural boundaries and social norms are maintained, and also whether the parents react consistently to the child's behaviour.

The completed sections of the assessment form provide a basis for determining the long-term aims and tasks for work with the family. **Long-term aims and tasks** are those that guarantee a comprehensive solution to the social problems of the child and the family, the achievement of stable results through the collaboration of specialists and the family to provide for the best interests of the child right through to adulthood.

Sort-term aims and tasks seek to provide for the interests of the child as well as can be in the next 3–6 months, while also taking the long-term prospect into account.

The plan is drawn up by an interdisciplinary team. It includes a list of necessary measures, of people responsible for those measures and a timeframe for their implementation, in the short term and the long term to provide for the best interests of the child.

After completion of the CAF, a consultation has to be held with the child and/or the family. The CAF is signed by the specialists who carried out the assessment, their superiors and the child's parents.

Recommendations for the completion of the CAF

The CAF can be completed in two ways — either by hand on a printed blank (see the specimen in the Appendix) or as an electronic version on a computer with subsequent printing of the completed document (the electronic version of the CAF is on the disk accompanying this publication). The contents of the two formats are identical.

The Basic Information section contains basic details about the family and the child. Some questions may seem inapplicable to a specific case, but the specialists should seek to obtain as much information as possible.

Each of the following eight sections contains a series of questions, the answers to which should be entered in the adjoining column. These are closed questions, envisaging three possible answers: "Yes", "No" and "Not Applicable". When the form is being filled out by hand, we would suggest using the symbols "+", "-", and "n/a".

The answer "Yes" should be chosen if there is practical proof or information confirming an affirmative answer to the question. "No" if there is proof or confirmatory information justifying a negative answer. If it is not possible to answer the question at the time of the completion of the form, an entry should be made in the Comments section to that effect — "Further information needed" (or simply a question mark "?"). The short-term plan at the end of the CAF should then include a point about obtaining that information. Finally, the answer "Not Applicable" indicates that the question does not apply to the child presently being assessed (due, for example, to age or developmental level).

In the electronic version of the form, the answer can be chosen from a dropdown list.

In each section, the questions are divided into two lists: those dealing with the needs of the child and those dealing with the capabilities of the parents (or those acting in their stead).

To the right of the answer column there are boxes for comments that the specialist makes when filling in the form. The aim is to explain the Yes/No answers by giving the most important details. Among other things, this column makes the task of correlating questions within a section or across different sections easier.

Depending on the situation and the age of the specific child, some sections may be more relevant than others. The same applies to individual questions. So specialists can make their own decision on the importance of this or that question. IT SHOULD BE REMEMBERED, however, that the more information that is gathered about the child and the family, the easier it will be to take a decision that meets the child's interests to the maximum.

How should the information obtained be analysed?

During the subsequent analysis of the information in each section, it is important to identify the family's main strengths (what the parents cope with well) and also the weaknesses (the risk areas that have a strong influence on various aspects of the child's development and the parents' capabilities). It is important to set the needs of the specific child (taking into account age, individual traits, state of heath and so on) against the capabilities of the parents (or those acting in their stead) to meet those needs and provide everything necessary for the child to thrive. The strengths and weaknesses in each section are set down in the corresponding segments of the form.

The Conclusions segment should detail the actions necessary to provide for those needs of the child that are covered in that section.

The final component of the analysis is an assessment of the family's level of functionality.

The family's level of functionality

The "level of functionality" refers to how well the family copes with the tasks it faces in bringing up the child and to what extent the adults provide everything necessary for the child's all-round development.

For each section, depending on the results of the assessment, the family should be allotted to one of four levels of functionality: critical, poor, satisfactory or good. Below are brief criteria for the selection of the level of functionality.

Critical level

The family or child is in a socially dangerous situation. Immediate intervention is required to ensure the safety and wellbeing of the child.

Poor level

There are significant difficulties with which the family is unable to cope and which are affecting the child. If support/intervention is not provided, there is a risk that the child will end up in a socially dangerous situation.

Satisfactory level

There are some difficulties, but the family is in a condition to cope with them independently or with minimal support. The family's existing difficulties do not have a substantial influence on the child. There is no risk that the child will end up in a socially dangerous situation.

Good level

The family is coping fully with all its tasks and providing everything for the all-round development/ upbringing of the child.

It is important to realize that the situation in the family may be uneven. For example, a family might cope fully with the task of education/training the child, but have considerable difficulties in the area of discipline and setting boundaries for behaviour. For this very

reason, it is suggested that a judgement should be made about the level of functionality for each section separately.

The assessment of the level of functionality should be based on the information gathered for the given section and be in accordance with the conclusions drawn. For example, if the family is assessed to be at the critical level, then the Weaknesses segment should list the factors confirming a danger to the child, while the Conclusions segment should detail the urgent measures to be taken. If the Conclusions segment states that "The family provides for the child's basic needs in this sphere; intervention is not required", then it follows that the family's level of functionality is good.

There follow brief recommendations that may help specialists in carrying out an analysis of the information.

It is very important to analyse the answers to the questions. They should be viewed in various ways, so as to make an objective assessment of the potential risk to the upbringing of the child in the particular family. During the analysis, the specialist should take into account his or her own knowledge of the given case. A professional should also draw on the experience of working with other cases, theoretical knowledge acquired during training, knowledge obtained from observation, supervision and discussions with other specialists. All this should be applied in the analysis of the specific case, using one's own skills and expertise. More questions should be asked in those areas where, in your opinion, more detailed information is needed. For example, if a girl is often absent from home and no-one in the family knows where she is, while the girl says that she simply wanders the streets, then you will naturally want more information.

Another example: members of a family that includes a teenager and a young child say that they live in a single room, while the mother has several boyfriends. Such information should prompt a specialist to investigate the mother's relationships. The specialist should determine where the children are while the mother is spending time with a man in the one room that she shares with them. The specialist should also find out the mother's attitude to the older child and the teenager's attitude to the mother's relationships, as well as clarifying questions about the child's personal space.

Perhaps depending on what is found, on analysing the information you will realize that some types of risk are minimal, or, on the contrary, you will find the risk confirmed by various sources.

Sometimes on analysing various sections it becomes clear that to complete the CAF properly additional information is required from the child and/or the family or from other significant persons or specialists. In some instances, it will be necessary to obtain that information during the completion process, in others the decision might be taken that obtaining more detailed information is to be included as one of the required tasks within the short-term plan.

There are many different factors that affect the capability of parents (or those acting in their stead) to react properly to the child's needs. It is important to know their strengths and weaknesses. Research has shown that all the factors listed below may affect the parents' capabilities.

- physical illness
- mental illness
- a learning disability
- alcohol abuse, narcotics
- domestic violence
- abusive treatment in their childhood
- a history of abusive treatment of children

The summary table of assessment results

Family's level of functionality / Section of the CAF	Critical	Poor	Satisfactory	Good
1. Housing / work / income				
2. Health and safety				
3. Selfcare and social skills				
4. Education				
5. Identity				
6. Emotional development				
7. Family and social relationships				
8. Behaviour				

The summary table of assessment results

At the end of the assessment form, it is proposed to enter all the functionality levels for each of the sections in a single table and to produce a profile of the family's functionality. An example would be:

This profile makes it possible to see the picture as a whole and also gives a clear visual impression of those areas in which the family needs particular support. Furthermore, if a second assessment is made after a period of time (for example, after the family has been receiving support for six months), the two profiles can be compared to see what has changed.

Important: only an all-round view of the situation will allow specialists to take well-founded decisions about the family and the child, taking maximum consideration of the child's interests.

The main conclusions from the family functionality profile should include identifying those areas (segments of the assessment) in which the family is functioning successfully (its strengths) and those areas where intervention is needed. It is also important to indicate what needs to be done first of all and what can be left until later.

On the following page there should be a brief account of the opinions of the child and of the parents (or those acting in their stead) regarding the conclusions that have been made on the basis of the assessment and the measures needing to be taken.

Remember that the child's opinion should always be elicited, her or his view of the problems she or he is encountering, and also the solution she or he proposes, taking account of the child's age and level of development. This does not, however, mean that when taking a decision the specialist should look only to the opinion of the child and/or the parents. The specialist should take a decision considering the opinion of the child and the parents and, when possible, in conjunction with them, but only if that does not run contrary to the interests of the child, and only after all the information obtained has been analysed. There should be certainty that the decision that is adopted guarantees the realization of the child's best interests.

The child has a right to express an opinion when any question touching on his or her interests is being decided in the family and the right to be heard in the course of any legal or administrative proceedings. Once children have reached the age of ten, their opinion has to be taken into account, except in instances when that would be contrary to their own interests.

It is also important to clarify the link between the child's viewpoint and the parents'. Teenagers may, for example, believe that their parents are imposing their opinion in not allowing them to decide how to spend their time, while the parents believe that they are showing concern for the child's safety.

Short-term and long-term aims and tasks with regard to the child and family

As soon as all possible information has been gathered, the specialists brought in to work with the child should draw up a joint plan of action that is recorded at the end of the CAF. The first page of the plan contains aims and tasks for the work in the long-term, up to the child's coming-of-age; the second short-term aims and tasks, for the next three or six months. (Regarding long-term and short-term aims and tasks, see above as well.) The first priority is to set long-term aims and tasks. The plan for the next three or six months should be drawn up with the goal of satisfying the child's pressing needs and ensuring his or her safety at the present time, but it must without fail consider the long-term needs. The short-term plan should aid the achievement of the long-term aims and tasks. In other words, the short-term aims and tasks are subordinate to the long-term ones, and not the other way around.

The table records the overall aim(s) of the work, tasks in respect of each of the eight sections of the form, the person responsible for carrying out each of the tasks (which can be both a specialist and the parents

themselves) and a timetable for completing them. It is also desirable to indicate measures to be taken in the event of obstacles arising to the accomplishment of the aims set. The final column of the table will later be used to make a note of the accomplishment of the task or else of changes made.

When defining aims and tasks, the following aspects should be borne in mind:

- How will the child's needs connected with development be constantly met? What actions need to be taken and what tasks tackled?

- Problems that have a negative effect of the capability of the parents (or those acting in their stead) and hindering the meeting of the child's needs.

- Factors associated with relatives or the surroundings that have a negative influence on the child and family, but also the strengths of relatives and the community.

Signatures

The last page of the CAF should carry the signatures of the specialists responsible for completing the document, their superiors and the parents (or those acting in their stead). In every case where the child's age and level of development permit, the child should also be acquainted with the main conclusions and plan of action. A teenage child may also assume responsibility for performing some elements of the plan (such as "regularly getting to school on time").

Coming back to the stages of case management, the completion of a CAF is an in-depth (all-round) assessment that ends with the drawing up of a plan of action (determining the aims and tasks of the work). The following stage is carrying out the planned measures, in the course of which the specialist responsible for the case should monitor the fulfilment of the tasks and review the plan as and when needed. In the course of work it may become necessary to review the aims and tasks due to changed circumstances or to provide for more precise effects indicated in the plan. Another reason for a review might be the impossibility of accomplishing some tasks. A review makes it possible to make sure that things are being done in the interests of the child and meet them as far as possible. It is also necessary that the specialists act within a definite timespan defined when the action plan for the given child was drawn up.

It is important that the aims and tasks are reviewed after a set period of time: after the first completion of a CAF, the review should take place in three months' time. It is necessary to examine whether the short-term aims and tasks set have been accomplished, what has not been done and for what reason. Current problems should also be tackled with the aim of preventing them arising in future.

Later a review can be carried out after six months, with completion of a fresh CAF. This is bound up with the continuous nature of the assessment process and with the fact that changes will constantly be taking place in the life of the child and the family.

Important: If a situation that threatens the child's life or health arises during the assessment process, urgent measures must be taken to ensure the safety and protection of a minor.

ANNEX 1

Name of organization	

Position and name of the specialists completing the CAF	1.
	2.

Assessment begun on (date):		Assessment completed on:	

Full name of child:	

Date of birth:		Present age in years:		Sex: M	Sex: F

Actual address where the child is currently living and contact telephone number:	
Address where the child is officially registered: *	
Full names and dates of birth of parents:	1.
	2.
Full names and dates of birth of parents:	1.
	2.
Address(es) where the parents are registered:	1.
	2.
Full name and DOB of the child's legal representative, relationship to the child:	
Actual address where the legal representative is currently living and contact telephone number:	
Address where the legal representative is registered:	

* In Russia everyone is supposed to have a registered address.

Other children in the family

Full name	Date of birth	Actual current address

Other persons of significance to the child (relatives, neighbours, family friends, etc.)

Full name	Relationship to child	Actual current address

Reasons why your organization is carrying out an assessment of the child

1. Referring agency/institution, reason for referral and expected results (assistance). (Indicate where the referral/ information came from, the reason for the approach and request.)
2. How do the child and the parents regard the referral?
3. Why is your organization is carrying out an assessment of the child?

Educational institution attended by the child

Type and name (kindergarten, school (give the class), other)	Address	Contact person (name, position)	Telephone number

Dates of contacts between specialists and the family

Date	Name of family member involved

Specialists and other who have provided information about the child (medical workers, social workers, caregivers, teachers, neighbours, family friends, etc.)

№	Organization	Name	Contact details
1.			
2.			
3.			
4.			
5.			
6.			

Has an assessment / diagnosis of the child been carried out by other specialists or organizations (St Petersburg CAF or other)? All relevant documents, reports, etc. should be attached (originals or copies)

	Yes		No		not known

Date of assessment and summary of information provided by the other specialists / organizations

1.
2.
3.
4.

Genogram

Briefly summarize all the known circumstances of the child's life from birth to the present

1. Housing / work / income	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
1.1. Does the child have a stable place of residence?		Indicate whether owned by the family, state-owned, municipal, privately rented, or other
1.2. Does the child's place of residence change frequently?		
1.3. Does the child have his/her own place to play, to do homework, to sleep?		Is its condition satisfactory?
1.4. Does the child have personal belongings (i.e. toys, books)?		
Capabilities of the parents (or those acting in their stead)		
1.5. Are there frequent changes in the composition of the family?		
1.6. Is the housing in a satisfactory state? (Indicate if dangerous, unfit for the purpose, fails to meet health and sanitations standards, etc.)		What steps have the parents taken to improve the living conditions?
1.7. Does the family have access to basic amenities? (gas, water, heating, etc.)		
1.8. Does the neighborhood have adequate infrastructure? (nearby educational institutions, polyclinic, park, etc.)		
1.9. Are the parents (or those acting in their stead) in work?		If not, are they actively seeking employment?
1.10. Does their work schedule allow them to care for the child?		
1.11. Does the family have other sources of income?		
1.12. Are the sources of income stable?		
1.13. Does the family claim benefits, concessions, etc.?		
1.14. Is the family in debt or arrears? Why?		
1.15. Is the family making payments? (loan repayments, child support, or other)		
1.16. Does the family need help in obtaining necessary documents?		If so, specify which documents are lacking

The family has _____ members and occupies (mark and complete as relevant)

☐ an apartment with _____ rooms, total floor area _____ m^2, area of rooms _____ m^2

☐ part of a communal apartment, in which it has _____ room(s), with an area of _____ m^2

☐ the whole apartment is _____ m^2, total No of rooms _____ No of neighbours _____

☐ a house, total floor area _____ m^2, rooms _____ other info _____

☐ other housing (describe) _____

Total family income:		Living space per person:	
Income per person:		Number of persons living in the same room as the child (what relation are they to the child)	

Analysis of information in the Housing / Work / Income section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section:*

☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

* for explanations of each level, see the Guidelines for completion of the CAF

2. Health and safety	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
2.1. Is the child's physical development in accordance with her/his age? (height, weight, motor development, etc.)		
2.2. Does the child have any health problems? (hearing or sight impairment, physical or mental disorders)		
2.3. Does the child's health condition necessitate special care or equipment?		If so, specify what is needed
2.4. Is the child being monitored by any health specialists?		
2.5. Does the child require medical examination?		If so, give the reason
2.6. Are there any indications of cruelty towards the child? (physical, emotional or sexual abuse, neglect)		If so, specify
2.7. If so, are urgent measures required to protect the child and preserve his/her health?		Indicate what measures are needed
2.8. Does the child drink alcohol, use drugs or similar?		Includes cigarettes, alcohol, solvents, glue, drugs
Capabilities of the parents (or those acting in their stead)		
2.9. Are the conditions being provided for the child's healthy development in accordance with her/his needs? (including questions 2.3, 2.4 and 2.5)		
2.10. Can the parents* provide details of the medical history of the child's biological family?		
2.11. Is the family/child covered by state health insurance? (with the required paperwork)		
2.12. Is the child having the necessary medical check-ups? Have all the necessary vaccinations been done?		

2.13. If required, has the child been registered as disabled and does she / he have an individual programme of rehabilitation?		If not required, put «Not applicable»
2.14. Are the parents able to react appropriately to a medical emergency?		
2.15. Is the child left at home unsupervised?		If so, specify how often, for how long, how the child's safety is ensured for that time, etc.
2.16. Do any family members have problems with physical or mental health, mental handicap, behaviour, alcohol or drug abuse?		

Analysis of information in the Health and safety section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section:*

☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

* for explanations of each level, see the Guidelines for completion of the CAF

3. Selfcare and social skills	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
3.1. Is the child's standard of personal hygiene normal? (tidiness, teeth, hair, nails, etc.)		
3.2. Has the child properly mastered the selfcare skills appropriate to her/his age?		
3.3. Does the child follow advice from adults?		
3.4. Is the child dressed appropriately?		Consider whether clothing is right for the weather, neat and clean, appropriate for school , and so on.
3.5. Does the child get pocket money?		
3.6. Does the child understand the value of money?		
3.7. Can the child use public transport?		
3.8. Does the child have an adequate sense of danger?		
3.9. Is the child able to spend time with other children and their families?		
3.10. Does the child have a close friend?		
Capabilities of the parents (or those acting in their stead)		
3.11. Are the parents' selfcare skills normal?		
3.12. Do the parents take proper care of the child in accordance with his/her age and condition?		
3.13. Do the parents encourage the child to develop her/his skills?		

Analysis of information in the Selfcare and social skills section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section: *

☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

* for explanations of each level, see the Guidelines for completion of the CAF

4. Education (including stimulation for pre-school children)	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
4.1. Does the child attend kindergarten, school or another establishment regularly?		
4.2. Does the child regularly arrive there on time?		
4.3. Is the child coping with the educational programme?		
4.4. Does the child have a favourite teacher or subject?		
4.5. Does the child have difficulty concentrating?		
4.6. Is an assessment of the child's educational level required?		
4.7 Does the child have a good attitude to his / her studies?		
4.8. Is the child involved in extracurricular activities?		
4.9. Are the child's relations with teachers good?		
Capabilities of the parents (or those acting in their stead)		
4.10. Do the adults show an encouraging attitude to the child's education?		
4.11. Does the child have everything necessary for his / her studies?		
4.12. Do the parents encourage the child to study / develop in keeping with her / his capabilities?		
4.13. Do the adults take steps to overcome any difficulties with the child's studies?		
4.14. Do the parents have any contact with the staff of the educational institution?		
4.15 Do the parents push the child to achieve good results?		
4.16. Do the adults provide the stimulation and interaction necessary for the child's development, especially at an early age?		

Analysis of information in the Education section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section: *

☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

* for explanations of each level, see the Guidelines for completion of the CAF

5. Identity (including self-concept, sense of belonging to the family, to society, and so on)	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
5.1. Does the child show self-confidence?		
5.2 Is the child proud of his / her achievements?		
5.3. Is the child aware of his / her sex? *		Is there a disparity between the child's sex and his / her behavior?
5.4. Is there a contradiction between the child's sex and the style of upbringing?		
5.5. Does the child have an attachment to any family member?		
5.6. Does the child know relatives who do not live with his / her immediate family?		
5.7. Does the child know her/his family history?		
5.8. Does the child consider himself / herself a member of any grouping or religious sect?		
Capabilities of the parents (or those acting in their stead)		
5.9. Do the parents treat the child with respect?		
5.10. Is the child always addressed by name?		
5.11. Is the child's opinion considered?		
5.12. Does the family have its own traditions?		
5.13. Are the roles in the family firmly defined?		
5.14.Is there a head of the family?		Indicate who it is
5.15. Is the family religious?		
5.16. Do the family member recognize the rights and obligations of the parents?		
5.17. Does the family take steps to enable the child to realize her/his abilities?		

Analysis of information in the Identity section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section: *

☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

* for explanations of each level, see the Guidelines for completion of the CAF

6. Emotional development (including warm emotional relationships)	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
6.1. Are the child's emotional reactions within the norm for her/his age?		If not, give details
6.2. Is the child withdrawn, unsociable?		
6.3. Does the child have strong outbursts of anger, beyond the bounds of normal behaviour?		If so, how often, in what circumstances?
6.4. Does the child cope with failure and anger? How?		
6.5. Does the child show an interest in violence and cruelty?		
6.6. Does the child self-harm?		
6.7. Does the child have suicidal thoughts?		
6.8. Does the child need in-depth psychological examination?		
Capabilities of the parents (or those acting in their stead)		
6.9. Was the child wanted?		
6.10. Do the parents know about the child's emotional needs?		If not, give details
6.11. Do the parents provide the child with emotional support in all life situations?		
6.12. Is the child encouraged when wanting to share her/his fears, anxieties or problems?		
6.13. Is the child encouraged to be self-confident?		
6.14. Do family problems get settled without violence?		
6.15 Is the child criticized or subjected to hostility?		

Analysis of information in the Emotional development section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section: *

☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

* for explanations of each level, see the Guidelines for completion of the CAF

7. Family and social relationships	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
7.1. Are the child's social surroundings stable? (a limited number of familiar adults)		
7.2. Does the child show attachment to the person who looks after him/her most of all?		Primarily important for infants and pre-school children
7.3. Does the child feel unconstrained in the presence of family members?		
7.4. Is the child taken to visit relatives who live separately?		
7.5. Does the child have normal relationships with other children in the family and with her/his peers?		
7.6. Does the child frighten other children or is he/she frightened by them?		
7.7. Is the child involved in caring for family pets?		
7.8. Does the child witness or get drawn into family conflicts / violence?		
7.9. Is there an adult that the child trusts and tells about her/his feelings?		
Capabilities of the parents (or those acting in their stead)		
7.10. Do the parents play with the child?		
7.11. Does the child get enough bodily contact with the parents?		
7.12. Is the child's leisure time organized?		
7.13. Does the family have the support of a social network? (relatives, friends, social services, and so on)		
7.14. Do the parents have a positive experience of childhood to draw upon when bringing up their own children?		Consider whether the parents suffered abuse, were brought up in an institution, whether a parent has a mental disorder, regular arguments and the like.
7.15. Has the family suffered a traumatic loss or crisis in the past six months?		If so, has the family coped? Is support needed?
7.16. Do the adults looking after the child have agreed approach to bringing him/her up?		
7.17. Is there trust between members of the family?		
7.18. Does the family have common interests and enthusiasms?		
7.19. Do the parents have a positive attitude to the child's friends?		
7.20. Does the family maintain relations with the neighbours?		

Analysis of information in the Family and social relationships section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section: *

☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

* for explanations of each level, see the Guidelines for completion of the CAF

8. Behaviour (including boundaries and discipline)	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
8.1. Is the child's behaviour appropriate to his/her age?		
8.2. Can the child control her/his behaviour?		
8.3. Does the child engage in destructive behaviour?		(For example, aggression, hysterics, etc.)
8.4. Does the child behave adequately with other people?		
8.5. Does the child cope on his/her own with age-appropriate tasks?		
8.6. Does the child have particular behavioural difficulties?		If so, specify
8.7. Can the child tell good from bad?		
8.8. Does the child behave in public in keeping with the socially accepted norms and is she/he aware of those norms?		
8.9. Does the child have a police record?		
8.10. Is the child absent from home for long periods?		If so, indicate how long, how often, and where she/he spends that time
Capabilities of the parents (or those acting in their stead)		
8.11. Does the family have precise rules and boundaries for behaviour?		
8.12. Is there a consistent approach to setting rules and boundaries for behaviour?		
8.13. Do the parents react appropriately to any kind of behaviour on the child's part?		
8.14. Are the parents instilling respect for the law in the child?		
8.15. Do family members participate in criminal activity?		
8.16. Do the adults always know where the child is?		
8.17. Do the parents know the reason for the child's difficult behaviour?		

Analysis of information in the Behaviour section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section: *

☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

* for explanations of each level, see the Guidelines for completion of the CAF

Summary table of assessment results

Family's level of functionality (by section)

Family's level of functionality *	Critical	Poor	Satisfactory	Good
1. Housing / work / income				
2. Health and safety				
3. Selfcare and social skills				
4. Education				
5. Identity				
6. Emotional development				
7. Family and social relationships				
8. Behaviour				

Main conclusions on the profile of the family's level of functionality *

* for explanations of each level, see the Guidelines for completion of the CAF

What is the child's opinion of the conclusions made on the basis of the assessment (taking into account age and level of development)?
What is the parents' opinion of the conclusions made on the basis of the assessment?
What is the child's legal representatives' opinion of the conclusions made on the basis of the assessment?

LONG-TERM AIMS AND TASKS to ensure the achievement of the best possible results for the child up to coming of age.

Aim: _____

Child's developmental needs	Tasks	Responsible person / agency	Timetable	Aims and tasks met / Progress achieved / Changes agreed
1. Housing / work / income				
2. Health and safety				
3. Selfcare and social skills				
4. Education				
5. Identity				
6. Emotional development				
7. Family and social relationships				
8. Behaviour				

SHORT-TERM AIMS AND TASKS FOR THE CHILD, for 3 or 6 months (underline the relevant period)

Aim 1: _____

Aim 2: _____

Child's developmental needs	Tasks	Responsible person / agency	Timetable	Aims and tasks met / Progress achieved / Changes agreed
1. Housing / work / income				
2. Health and safety				
3. Selfcare and social skills				
4. Education				
5. Identity				
6. Emotional development				
7. Family and social relationships				
8. Behaviour				

The child is acquainted with the aims and tasks (if appropriate for his / her age and level of understanding)	

Important: the senior staff member who approved the aims and tasks must sign below:

Name(s) of the specialist(s) who completed the form	1.	Date ____ ____ _____	Signature _____
	2.	Date ____ ____ _____	Signature _____

Name of the senior staff member who approved the aims and tasks		Date when the aims and tasks were drawn up ____ ____ _____	Signature _____

Name of mother/ father/ those acting in their stead, acquainted with the list of aims and tasks	1.	Date ____ ____ _____	Signature _____
	2.	Date ____ ____ _____	Signature _____

ABOUT P4EC

The Non-Profit Organisation 'Centre for Innovative Social Services — Partnership for Every Child' (P4EC Russia) has worked since 2009 on preventing loss of parental care for children and ensuring that where children do have to leave the care of their family, they are protected in a safe, secure family environment in keeping with the provisions of the UNCRC and other international instruments.

Overall Organisational Goals

- Decreasing numbers of children entering formal care, particularly institutional care
- Increasing numbers of children reintegrated into family environment from institutions
- Contribution to strengthening the role of the family
- Facilitation in protection of parenthood and childhood
- Supporting the development of innovative social services, social support and child protection for children and families among state and non-state child welfare organisations and structures

P4EC works with **children without parental care or at risk of losing parental care** in Russia; with **parents** to change the situation in the family so that children at risk can remain in the care of their own family wherever possible; with **other family members** such as grandparents, aunts/uncles and with carers — foster carers, guardians, institution staff — to make sure that all possible options for meeting the child's individual needs are explored and activated.

P4EC works with **social workers, child protection specialists, judges, prosecutors, police, doctors, teachers and other professionals** involved in the child welfare system.

P4EC works with **decision-makers** at all levels — those who make decisions about the future of individual children, those who manage children's services, those who make decisions about local or Regional child welfare policy and services, those who make decisions about Federal child welfare policy or legislation and those who make decisions about funding the child welfare system.

You can learn more about P4EC and support its work at www.p4ec.ru.

NON-PROFIT ORGANIZATION "CENTER OF DEVELOPMENT OF INNOVATIVE SOCIAL SERVICES "PARTNERSHIP FOR EVERY CHILD"

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