



PAN DORSET INTER-AGENCY SAFEGUARDING PROCEDURES

CHAPTER 4

4.5 FAMILY CONCERNS CHECKLIST

Procedures Effective from: November 2011

Review Date:

If you have any comments or queries about the pan-Dorset procedures please contact your agency representative on the Pan Dorset Policy and Procedures Group or notify the LSCB using the following email addresses:

info@dorsetlscb.co.uk

info@bournemouth-poole-lscb.org.uk

This checklist has been developed for professionals who come into contact with families in the course of their work. The purpose of the checklist is to help to identify and clarify areas of “risk” within the whole family, but is not a formal risk screen or assessment. It should however assist you to articulate the areas of concern identified when sharing information with other agencies.

It has been based on the five outcomes for children:

- Be healthy
- Stay safe
- Enjoy and achieve
- Not be economically disadvantaged
- Make a positive contribution

How to Use the Checklist

The checklist should be used as a prompt to help you bring together your concerns about a family. The checklist has three columns which enables you to consider each area for the child, the parents/carers or another adult living in the home.

At the end of each section there is an opportunity for you to consider any other information along with any protective factors which may be in place.

A tick in a column *may* identify a vulnerable area and the comment box added at the end of each section allows for expansion and consideration as to whether this area of concern requires further action.

The 5 outcome areas covered by the checklist allow for a wide ranging assessment which may not be needed by all workers. It is therefore possible for you to only complete the section of the checklist that is most relevant to your area of work.

E.g. Schools may want to focus on the sections “Enjoy and Achieve and Making a Positive Contribution” where as Health agencies may wish to concentrate on the sections “Be Healthy and Stay Safe”.

It is however, useful to be aware of the content of all the areas as this may prompt the worker to consider areas of concern previously not considered.

The addition of the safeguarding flowchart is hoped to act as a reminder to workers of what to do if they have a safeguarding concern and the contact details of both child and adult Social Care offices and of the Police.

What to do once the checklist has been completed

This checklist is for your use and you are not required to submit it to any agency. You should use the checklist as a way of collating your concerns in one area and therefore informing any decisions you may take regarding action. The completed checklist could be used within a supervision session with your manager.

If the checklist reinforces your concerns you should then action this by contacting Social Care and sharing the information you hold. You should keep the completed checklist within the notes in your agency for future reference.

This checklist is not a risk assessment or an evaluation/assessment tool and does not replace such tools as the Common Assessment Framework (CAF) or the Graded Care Profile.

Family Concerns Checklist

| Family Details | | |
|----------------|----------|---------------|
| Surname | Forename | Date of Birth |
| | | |
| | | |
| | | |

| | | | |
|------------------------|--|--------------|--|
| Name of worker: | | Date: | |
|------------------------|--|--------------|--|

| 1. Stay Safe | In child | In parent/carer | Other adult (specify relationship) |
|---|--------------------------|--------------------------|------------------------------------|
| Maltreatment, neglect, violence, sexual exploitation | | | |
| Unaware of the risk posed by others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At risk of exploitation from others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| History of domestic violence or neglect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current evidence of domestic violence or neglect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bullying and discrimination | | | |
| History of running away from home or school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Currently running away from home or school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Security and being cared for | | | |
| Inadequate child care provision provided by carer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exposed to age inappropriate sexual material or influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accidental injury and death | | | |
| Unsafe management of hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of safety equipment, e.g. stair gates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unsafe storage of hazardous substances e.g. medicines or bleach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concerns about the suitability of pets and their care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driving concerns e.g. whilst under the influence of substances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crime, antisocial behaviour in and out of school | | | |
| History of use of or access to weapons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current use of or access to weapons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Police have attended the premises for any reason | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent parent/carer absence from home e.g. prison or hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any additional comments and/or protective factors | | | |
| | | | |

| 2. Be Healthy | In child | In parent/carer | Other adult (specify relationship) |
|--|--------------------------|--------------------------|------------------------------------|
| Physical Health | | | |
| Poor Diet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obese | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor physical appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Failure to meet milestones | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Failure to receive immunisations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical illness or disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impairment or experiencing chronic pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self Harming or demonstrates injurious behaviours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harmful use of alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Failure to access appropriate healthcare when ill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does not take prescribed medication as directed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parental relationship | | | |
| Lack of parental warmth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inappropriate attachment or bonding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disproportionate use of boundaries or discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to express feelings and emotions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to show empathy (seeing the others point of view) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Displays behavioural problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of daily structure and routine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has an Educational Statement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

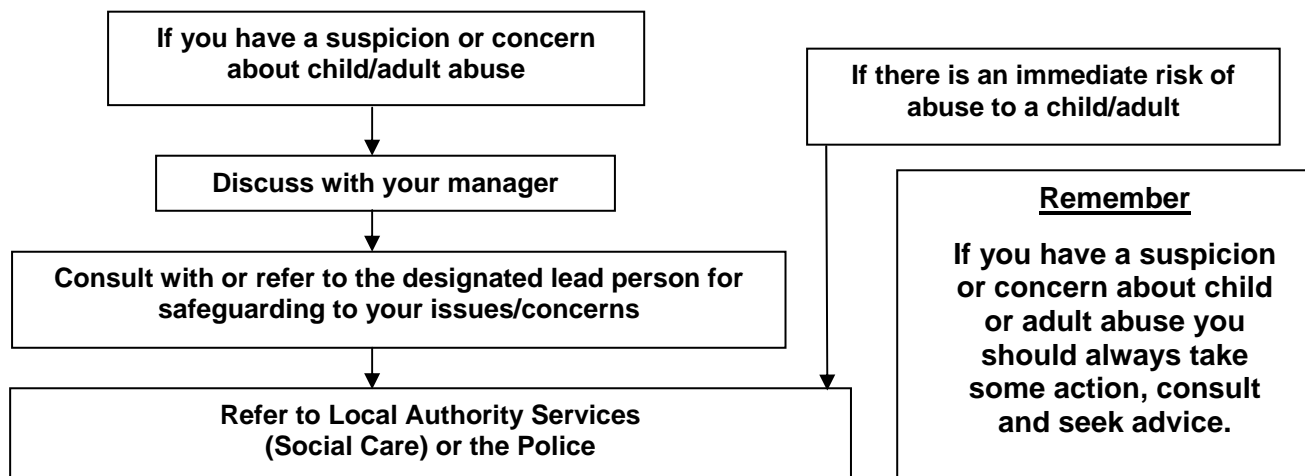
| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Emotional/Mental health | | | |
| Psychological concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delusional ideas about children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suicidal thoughts or ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Past history of post natal depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agoraphobia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor engagement with services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| History of abuse (all types) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of current abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anniversary of loss or trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recent traumatic life event or loss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual health | | | |
| Lack of access to contraception | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is pregnant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Underage sexual activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexually transmitted diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any additional comments and/or protective factors | | | |

| 3. Enjoy And Achieve | In child | In parent/carer | Other adult (specify relationship) |
|--|--------------------------|--------------------------|---|
| Ready for school | | | |
| Poor access to playgroup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No previous or current contact with other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Achieving at school | | | |
| Requires additional support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fails to complete homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inappropriate access to school materials and books | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No access to school activities e.g. field trips or social events | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited friendship and social groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Victim of bullying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attend and enjoy school | | | |
| Difficulty getting to and from school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inconsistently attending school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inappropriate school clothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor socialising with others and/or withdrawn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inappropriate contact with staff e.g. confrontational or clingy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Failure to access arranged school dinners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Presents as tired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrives at school hungry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently fails to have packed lunch provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents fails to attend school meetings e.g. parents evening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is volatile and displays extremes of emotion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently preoccupied/poor concentration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Achieve personal/social development and enjoy recreation | | | |
| Poor access to sport and social activities e.g. swimming or scouts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inappropriate behaviour with leaders or other adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any additional comments and/or protective factors | | | |

| 4. Make a positive contribution | In child | In parent/carer | Other adult (specify relationship) |
|--|--------------------------|--------------------------|------------------------------------|
| Engage in decision making | | | |
| Unable to deal with school administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to deal with work life administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to pay bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Develop positive relationships choosing not to discriminate | | | |
| Has poor social networks, limited friends and appears isolated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Experiencing domestic violence currently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| History of past domestic violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Engage in law abiding behaviour in and out of school | | | |
| Perpetrator of bullying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a lack of friendship groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behaviour is/has lead to police or YOT involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does not understand right or wrong (appropriate to their age) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does not understand the consequences of their behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any additional comments and/or protective factors | | | |
| | | | |

| 5. Not be economically disadvantaged | In child | In parent/carer | Other adult (specify relationship) |
|---|--------------------------|--------------------------|------------------------------------|
| Engage in further education | | | |
| Not accessing further education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of missed opportunity for achievement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ready for work | | | |
| Not attending work or training for work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to transport and material goods | | | |
| Physically unable to travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Live in decent homes | | | |
| Inappropriate living accommodation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty accessing social care or housing staff for help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial difficulties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to access benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to pay bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to provide appropriate clothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Displays criminal behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to meet cost of physical core needs including dental/medical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shoplifting, theft, fraud, prostitution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any additional comments and/or protective factors | | | |
| | | | |

What to do if you do have a concern:



Children's Social Care Offices:

| | |
|--------------------|--------------|
| Bridport: | 01308 422234 |
| Christchurch: | 01202 474106 |
| Bournemouth: | 01202 458102 |
| Dorchester: | 01305 221450 |
| Purbeck: | 01929 553456 |
| Poole: | 01202 735046 |
| Ferndown: | 01202 877445 |
| North Dorset: | 01258 472652 |
| Weymouth/Portland: | 01305 760139 |

Adult Social Care Offices:

| | |
|---------------|--------------|
| Bridport: | 01308 422234 |
| Christchurch: | 01202 474106 |
| Bournemouth: | 01202 454979 |
| Dorchester: | 01308 422234 |
| Purbeck: | 01929 553456 |
| Poole: | 01202 633902 |
| Ferndown: | 01202 877445 |
| Sherborne: | 01935 814104 |

Out of Hours Service for adult and children: 01202 657279

Dorset Police:

Emergency: 999 Non emergency: 101