**CHILD / YOUNG PERSON’S SUMMARY SHEET**

**Child / Young**

**Person’s Name** ……………………………………………………………………………………………………………………………………

**Practitioner** ……………………………………………………………………………………………………………………………………

**Date** ……………………………………………………………………………………………………………………………………

**Agency** ……………………………………………………………………………………………………………………………………

|  |
| --- |
| **Universal Needs** |
| **Additional Needs** |
| **Complex Needs** |
| **Acute Needs** |
| **Unknown at this time** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AREAS OF NEED** | **INDICATOR OF NEED** | | | | | **EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON** | **PARENT / CARER’S VIEW** | **CHILD / YOUNG PERSON’S VIEW** |
| **AREA 1: Physical Care** | | | | | | | | |
| Food |  |  |  |  |  |  |  |  |
| Quality of Housing |  |  |  |  |  |  |  |  |
| Stability of Housing |  |  |  |  |  |  |  |  |
| **AREAS OF NEED** | **INDICATOR OF NEED** | | | | | **EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON** | **PARENT / CARER’S VIEW** | **CHILD / YOUNG PERSON’S VIEW** |
| **AREA 1: Physical Care continued** | | | | | | | | |
| Child’s Clothing |  |  |  |  |  |  |  |  |
| Animals |  |  |  |  |  |  |  |  |
| Hygiene |  |  |  |  |  |  |  |  |
| **AREA 2: Health** | | | | | | | | |
| Safe sleeping arrangements and co-sleeping for babies |  |  |  |  |  |  |  |  |
| Appropriate sleeping arrangements for older children |  |  |  |  |  |  |  |  |
| Seeking advice and intervention |  |  |  |  |  |  |  |  |
| Disability and illness |  |  |  |  |  |  |  |  |
| **AREA 3: Safety and Supervision** | | | | | | | | |
| Safety awareness and features |  |  |  |  |  |  |  |  |
| Supervision of the child / young person |  |  |  |  |  |  |  |  |
| Handling of baby / response to baby |  |  |  |  |  |  |  |  |
| Care by other adults |  |  |  |  |  |  |  |  |
| Responding to adolescents |  |  |  |  |  |  |  |  |
| Traffic awareness and in-car safety |  |  |  |  |  |  |  |  |
| **AREAS OF NEED** | **INDICATOR OF NEED** | | | | | **EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON** | **PARENT / CARER’S VIEW** | **CHILD / YOUNG PERSON’S VIEW** |
| **AREA 4: Love and Care** | | | | | | | | |
| Parent / carer’s attitude to child/young person, warmth and care |  |  |  |  |  |  |  |  |
| Boundaries |  |  |  |  |  |  |  |  |
| Adult arguments and violence |  |  |  |  |  |  |  |  |
| Young caring |  |  |  |  |  |  |  |  |
| Positive values |  |  |  |  |  |  |  |  |
| Adult mental health |  |  |  |  |  |  |  |  |
| Substance misuse |  |  |  |  |  |  |  |  |
| **AREA 5: Stimulation and Learning** | | | | | | | | |
| Unborn |  |  |  |  |  |  |  |  |
| 0 – 2 years |  |  |  |  |  |  |  |  |
| 2 – 5 years |  |  |  |  |  |  |  |  |
| Learning opportunities |  |  |  |  |  |  |  |  |
| Physical activity and leisure |  |  |  |  |  |  |  |  |
| Friendships |  |  |  |  |  |  |  |  |
| Addressing bullying |  |  |  |  |  |  |  |  |
| **AREA 6: Capacity & Commitment to change** | | | | | | | | |
| Acceptance of issue |  |  |  |  |  |  |  |  |
| Taking responsibility |  |  |  |  |  |  |  |  |
| Sustaining change |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is our specific goal / outcome?** | **What actions or support are required to achieve the outcome?** | **Who will do this?** | **Date this will be reviewed?** | **Date action completed?** |
|  |  |  |  |  |