|  |
| --- |
| **Doncaster Safeguarding Children Partnership**C:\Users\NatashaWat\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\HDU0GZM4\DSCP_Logo.jpg**Tel:****Fax:** |
| **Episode Record** |
| **Details of** |
| Family Name | Richards | Given Names | Tom, Ricky, Leo, Charley. Kia and Donna |
| Actual DOB | *Tom 21.02.2001**Ricky 03.04.2002**Leo 22.12. 2003**Charley 16.06.2007**Kia 08.07.2008**Donna 04.03.2015* | Gender | *Male**Male**Male**Female**Female**Female* |
| Ethnicity | *White British* | Primary Language | English |
| Primary Address | *1 Sunbeam Road**Doncaster* | Telephone |  |
| Mobile | *0700 0000000* |
| **Outcomes Star** |
| Type of Star |  |
| **Closure Record** |
| **Closure Start Date Details** |
| Start Date of Episode | 06.01.2016 |
| Date Closure Record Started | **15.06.2016** |
| **Closure End Date Details** |
| End Date of Episode | 15.06.2016 |
| **Closure Issues** |
| Presenting Issue/s | Crime, ASB, Parental substance misuse, housing and tenancy issues, low school attendance |
| Primary Prenenting Issue | Parental substance misuse |
| **Closure Analysis** |  |
| End Reason | Outcomes met  |
| In your professional view, how effective has the family plan been in improving life for this child / young person and family |  |
| Parents / Carers Views |  |
| How effective has the Family Plan been for the child / young person in improving their life |  |
| What are the next steps that need to be / are being taken for this child / family |  |
| Success Rating |  1 2 3 4 5 (5 being very succesful)  |
| Rationale for Success Rating Chosen |  |
| **Final Stronger Families Eligibility Checklist** |
| 1. Parents and children involved in crime or antis-social behaviour | **Yes No** |
| Give Reasons |  |
| 2. Children who have not been attending school regularly | **Yes No** |
| Give Reasons |  |
| 3. Children who need help | **Yes No** |
| Give Reasons |  |
| 4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness | **Yes No** |
| Give Reasons |  |
| 5. Families affected by Domestic Abuse | **Yes No** |
| Give Reasons |  |
| 6. Parents and children with a range of health issues | **Yes No** |
| Give Reasons |  |
| Has the Area FIO been informed | **Yes No** |
| **Overall Level of Need** |
| Overall Level of Need | **Universal Universal Plus Partnership Safeguarding**  |
| **Manager Authorisation** |
| Managers Rationale |  |
| **Attaschments (0)** |
|  |
| **Recorded Feedback** |
| **The completed Episode should be discussed with the child/young person and their parents/carers** |
| Person | Discussed | If no, when | Given | If no, when |
|  |  |  |  |  |