

An overview of the child's background information

(previously titled: "LASTA screening form")

1. Background information

Police case number	Child's name	
Date of request for assistance	Child's personal identity code	Child's age (years and months)

2. Child's gender

<input type="checkbox"/> Girl	<input type="checkbox"/> Boy	<input type="checkbox"/> Other
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3. Suspected crime

If there is a previous suspicion of the child having been a victim of a crime, add in the date and specify the source of this information.

<input type="checkbox"/> a) Assault	<input type="checkbox"/> d) Recurrent incident
<input type="checkbox"/> b) Sexual crime	<input type="checkbox"/> e) One-time incident
<input type="checkbox"/> c) Other, what? _____	<input type="checkbox"/> f) Involves online activity
	<input type="checkbox"/> g) Indications of the human trafficking

Additional information:

4. The date and time of the suspected crime

Accurate information about the time or time frame of the incident is important information from the viewpoint of forensic medical examination. If the case involves repeated violence, please write down any available information about the timing of the most recent incident.

Date and time of the incident
Additional information:

5. Forensic medical examination related to the suspected crime

It is recommended to ask for a doctor's opinion on conducting a forensic medical examination, and consulting a doctor of a Barnahus unit or social pediatrics unit is encouraged. The doctor should consider

- a) what the child has disclosed during the medical exam,
- b) what findings were made that require a doctor's assessment of causality,
- c) has the passing of time between the most recent suspected incident and the examination enabled healing of any possible wounds,
- d) the use of any weapon or item that was not designed to be used as a weapon,
- e) if the child is under 5 years old, is a consultation by a social pediatrician needed to assess the need of medical examination, if it has not already been conducted or requested and
- f) the need for a health check for a victim of suspected sexual crime (lab screens for any contagious diseases)

<input type="checkbox"/> Have been requested/conducted: date
Additional information:

6. Family's awareness of the suspected crime

Specify which family members are aware of the child welfare notification and/or police report. Describe how the child and/or parent have explained the incident or what alternative explanations they have offered.

Explain how the matter has been handled with the family: has the child been met alone/with parents?

How has the issue been discussed with the child and/or the parents?

Has a guardian ad litem been appointed for the child protection process (include the person's name and contact details)?

Is the suspected perpetrator from within the family / child's circle of trust or someone outside the family?

What actions has been taken in child protection services based on the suspicion?

Include any other relevant information not found in the police report.

- a) Family is aware of the child welfare notification
- b) Family is aware of the report made to the police
- c) A professional has previously suspected/confirmed the child as a crime victim
- d) Family is unaware of the report made to the police

Additional information:

7. Child's living arrangements

If the selected living arrangement is 'Other', please provide additional details here. Also list other individuals living in the same household as the child, such as siblings and the parents' partners. If the child resides in out-of-home care, provide the name of the care facility.

- With both parents
- With one parent
- Alternating custody
- In substitute care
- Other (specify below)

Additional information:

8. Child's custody

Provide details of information regarding the child's contact arrangements or visitation arrangements with the non-residential parent.

- a) Joint custody
- b) Sole custody, who?
- c) Additional guardianship, who?

Additional information:

9. Native language and nationality

For each individual, please write down both their native language and nationality.

Provide both native language and nationality for each of the following:

Child	Mother	Father
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Additional information:

10. Need for interpretation

<input type="checkbox"/> Yes, for mother	<input type="checkbox"/> Yes, for father	<input type="checkbox"/> Yes, for child	Language used in public services:
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Additional information:

11. Child's daily life

Provide the name of the child's daycare unit, group and contact person.
For school-aged children, provide school name, grade level, and teacher's name.
If the child is not in daycare, fill in "cared for at home".

Information on the child's daycare or school
Additional information:

12. Child's current social welfare involvement

Provide details on the social welfare services the child receives and the reasons for them, including any recently offered supportive services and an assessment of their effectiveness.
Describe any other relevant cooperation with other support agencies and include their contact information.

<p>a) Needs assessment</p> <p>b) Recipient of social welfare services</p> <p>c) Open-care child protection services</p> <p>d) Placed in open care</p> <p>e) Emergency placement</p>	<p><input type="checkbox"/> f) Child welfare foster/residual care</p> <p><input type="checkbox"/> g) Child protection aftercare services</p> <p><input type="checkbox"/> h) No involvement</p> <p><input type="checkbox"/> i) I don't know</p> <p><input type="checkbox"/> Contact information of the social worker assigned to the child</p>
Additional information:	

13. Previous child protection / social welfare services provided to the child

Describe the types of concerns that previous child protection notifications have addressed. If emergency home visits have taken place, document the reasons for those visits.

- Have there been other/previous child protection notifications or contacts?
- Have there been any emergency home visits to the family? If yes, how many in the past 12 months?
- c) Has the child or their siblings received social welfare and/or child protection services before the current suspicion?

Additional information:

14. Any concerns about the family based on documents

Tick the box if the documents indicate concern, even if not confirmed, such as previous child protection notifications. Describe the family's situation here in more detail from the perspective of these risk factors. Specify which parent or family member is the cause for the concern and on what grounds.

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|--|---|
| <input type="checkbox"/> a) Substance abuse | <input type="checkbox"/> g) Exhaustion / stressful life situation |
| <input type="checkbox"/> b) Mental health issues | <input type="checkbox"/> h) Deficiencies in parenting skills |
| <input type="checkbox"/> c) Parent's own experiences of violence | <input type="checkbox"/> i) Negative attitude toward the child |
| <input type="checkbox"/> d) Aggressive/impulsive behavior | <input type="checkbox"/> j) Positive attitude toward corporal punishment |
| <input type="checkbox"/> e) Financial difficulties | <input type="checkbox"/> k) Negative attitude toward authorities / support measures |
| <input type="checkbox"/> f) Lack of supportive social network | <input type="checkbox"/> l) Custody dispute or difficult separation |

Additional information:

15. Child's health and development / any considerations regarding the interview

Provide here any essential information from the child's healthcare. Describe any diagnosed trauma or injury with unclear origin. Specify any chronic illnesses. Explain any indications of mental health issues or traumatic experiences (e.g., witnessing domestic violence, involvement in accidents). Provide details on any health care contacts (e.g., family counseling, school psychologist, child psychiatry). Include information regarding the child's development and the source of any such information. Also report if there have been no concerns about the child's development raised in, for example, child health clinics, as this may affect the planning of the interview. Finally, specify the sources from which the provided information has been obtained.

The child has:	
<input type="checkbox"/> a) Chronic illnesses	<input type="checkbox"/> e) Cognitive development issues
<input type="checkbox"/> b) Several missed healthcare appointments	<input type="checkbox"/> f) Records of unexplained/concerning injuries or accidents
<input type="checkbox"/> c) Behavioral or mental health issues	<input type="checkbox"/> g) Suicidal tendencies
<input type="checkbox"/> d) Language development issues	<input type="checkbox"/> h) Existing contact with health care

Additional information:

16. Form completed by

Provide contact details of the person filling out the form.
Time period from which the information was collected
From whom the information was collected
How the information was collected (by phone or by reading documents)

17. Additional information from the person filling out the form

Include views on the need for a preliminary investigation and whether child protection / social welfare services already have taken effective means to meet the child's and family's needs and to ensure the child's safety (assessment by the social worker assigned to the child).

18. Any other information

