

CORE ASSESSMENT RECORD

Child aged 3–4 years

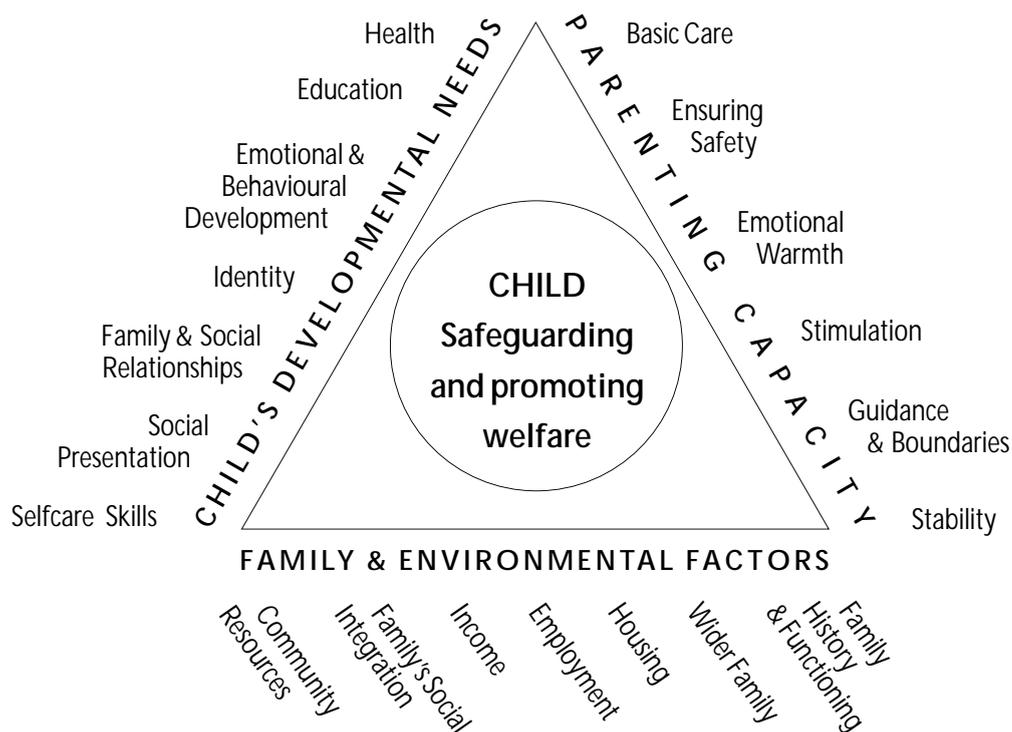
Name _____

Gender _____ Date of birth _____

Address _____

Telephone number _____

Name of social worker completing assessment: _____



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Sources of information

Dates child and family members seen

Name	Date(s) seen

Agencies consulted/involved as part of the assessment

Agency	Person	Contact number

Questionnaires, Scales or other Instruments used in assessment

Questionnaire/Scale/Instrument	Date(s) used

Specialist Assessments

Agency/person who undertook the assessment	Purpose of the assessment	Date(s) assessment commissioned and completed

Details concerning a core assessment

D1 What is the reason for undertaking the core assessment?

Date core assessment started

Date core assessment ended

The Government's Objectives for Children's Social Services (1999) require the core assessment to be completed within 35 working days.

D2 Are there specific communication needs for child/parent (eg. impairment affecting communication or English is not the first language)?

If so, what action has been taken to address this ie. use of an interpreter or a signer?

Background details concerning the child

(This information supplements the information recorded on the Referral and Initial Assessment Record)

B/K1 Significant relatives who are not part of the child's household

Birth father Parental responsibility Yes No Name _____

Address _____

Brothers and sisters

Name(s)	Age	Address
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Others (please specify)

Name(s)	Relationship to child	Address
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B/K2 If the child has any health conditions, impairment(s) or a genetically inherited condition – please give details (include for example: physical disability, sensory impairment, Down's syndrome, encephalitis, autism, sickle cell anaemia, cystic fibrosis)

B/K3 Key events which may have had an impact on the child
(for example: death of brother or sister, circumstances surrounding conception)

B/K4 Other key events experienced by siblings or other family members which may affect the child

Key research sources

The Assessment Record is based on research information drawn from a number of sources

Assessment

Cleaver H, Wattam C and Cawson P (1998) *Assessing Risk in Child Protection*. NSPCC, London.

Department of Health, Department for Education and Employment and Home Office (2000) *Framework for the Assessment of Child in Need and their Families*. The Stationery Office, London.

Department of Health, Cox A and Bentovim A (2000) *The Family Assessment Pack of Questionnaires and Scales*. The Stationery Office, London.

The NSPCC and University of Sheffield (2000) *The Child's World: Assessing Children in Need. Training and Development Pack*. NSPCC, London.

Sinclair R, Garnett L and Berridge D (1995) *Social Work and Assessment with Adolescents*. National Children's Bureau, London.

Ward H (ed) (1995) *Looking After Children: Research into Practice*. HMSO, London.

Child development

Department of Health (1996) *Focus on Teenagers: Research into Practice*. HMSO, London.

Department of Health (1997) *Young Carers: Making a Start*. Department of Health, London.

Fahlberg VI (1994) *A Child's Journey Through Placement*. BAAF, London.

Jones DPH (forthcoming) *Communicating with children who may have been traumatised or maltreated*.

Rutter R and Rutter M (1992) *Developing Minds: Challenge and Continuity across the Life Span*. Penguin, Harmondsworth.

Smith PK and Cowie H (1993) *Understanding Children's Development* (2nd Edition). Blackwell, Oxford.

Varma VP (1991) *The Secret Life of Vulnerable Children*. Routledge, London.

Parenting capacity

Cleaver H, Unell I and Aldgate J (1999) *Children's Needs — Parenting Capacity: The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development*. The Stationery Office, London.

Falkov A, Mayes K, Diggins M, Silverdale N and Cox A (1998) *Crossing Bridges — Training resources for working with mentally ill parents and their children*. Pavilion Publishing, Brighton.

Reder, P and Lucey, C (1995) *Assessment of Parenting: Psychiatric and psychological contributions*. Routledge, London.

Family and environmental factors

Cochran M (ed) (1993) *Parenting: an ecological perspective*. Lawrence Erlbaum Associates, New Jersey.

Cochran M, Larner M, Riley D, Gunnarsson L and Henderson C (eds) (1990) *Extending families: the social networks of parents and their children*. Cambridge University Press, Cambridge.

Jack G and Jordan B (1999) Social capital and child welfare. *Children and Society*. 13 (5): 242-256.

Wallace SA, Crown JM, Berger M and Cox AD (1997) *Child and Adolescent Mental Health*. In Stevens A and Rafferty J (1997) *Health Care Needs Assessment: 2nd Series*. Radcliffe Medical Press, Oxford.

Iwanec D (1995) *The emotionally abused and neglected child*. Wiley, Chichester.

Stevenson O (1998) *Neglected Children: Issues and Dilemmas*. Blackwell Science, Oxford.

Child's developmental needs

Health

Normally well is defined as *unwell* for 1 week or less in the last 6 months.

Details of immunisations in health record held by parents.

Children of 3 years should have had the following immunisations
Diphtheria/Tetanus/Whooping cough;
Polio; Hib;
Meningococcal C vaccine and Measles/Mumps/Rubella.

By 4 most can use the toilet by themselves.

Child's needs

Summary/clarification of child's needs

	Yes	No
H1 Child is normally well	<input type="checkbox"/>	<input type="checkbox"/>
H2 Weight/height at expected level	<input type="checkbox"/>	<input type="checkbox"/>
H3 Hearing/vision is satisfactory	<input type="checkbox"/>	<input type="checkbox"/>
H4 Child eats well	<input type="checkbox"/>	<input type="checkbox"/>
H5 Child frequently soils the bed	<input type="checkbox"/>	<input type="checkbox"/>
H6 Child is clean and dry in the day	<input type="checkbox"/>	<input type="checkbox"/>
H7 Child has a regular sleep pattern	<input type="checkbox"/>	<input type="checkbox"/>
H8 Has been appropriately immunised	<input type="checkbox"/>	<input type="checkbox"/>
H9 Has a persistent health problem	<input type="checkbox"/>	<input type="checkbox"/>
H10 Has had many accidental injuries	<input type="checkbox"/>	<input type="checkbox"/>
H11 Other	<input type="checkbox"/>	<input type="checkbox"/>

Parental capacity

Summary/clarification of family strengths or issues identified Note when issue is not relevant

To gather further information consider using the Home Conditions Assessment.

Disabled children can face barriers in accessing routine dental and medical care.

All children should be taken regularly to the dentist.

Black families may have less access to preventative and support services than white families.

The significance of the physical symptoms of the child's illness may not always be easily identified or understood. This may influence the way parents respond.

	Yes	No
Basic care		
H12 Child is given an adequate and nutritious diet including fluids	<input type="checkbox"/>	<input type="checkbox"/>
H13 Child is bathed regularly	<input type="checkbox"/>	<input type="checkbox"/>
H14 Child's teeth are cleaned regularly	<input type="checkbox"/>	<input type="checkbox"/>
H15 Dress is appropriate to weather	<input type="checkbox"/>	<input type="checkbox"/>
H16 Home, including child's bed, is clean	<input type="checkbox"/>	<input type="checkbox"/>
H17 Child's routine medical/dental appointments are generally kept	<input type="checkbox"/>	<input type="checkbox"/>
H18 Appropriate contact with H.V./ G.P.	<input type="checkbox"/>	<input type="checkbox"/>
H19 Parent has adequate explanation as to why immunisations not up to date	<input type="checkbox"/>	<input type="checkbox"/>
H20 Other	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring safety		
H21 Periodic bouts of illness have a recognised medical explanation	<input type="checkbox"/>	<input type="checkbox"/>
H22 Injuries have always been appropriately attended to	<input type="checkbox"/>	<input type="checkbox"/>
H23 Parent takes action to prevent common accidents	<input type="checkbox"/>	<input type="checkbox"/>
H24 Child is protected from abuse	<input type="checkbox"/>	<input type="checkbox"/>
H25 Marks on the child's body have an acceptable explanation	<input type="checkbox"/>	<input type="checkbox"/>
H26 Other	<input type="checkbox"/>	<input type="checkbox"/>

Child's needs

Summary/clarification of child's needs

Most children of 3–4 understand colour names, count to 3, enjoy matching shapes etc, looking at books, understand pretend play.

Consider referring children with communication difficulties for a specialist assessment (i.e. speech therapist).

	Yes	No
E1 Child is making expected progress with speech and language	<input type="checkbox"/>	<input type="checkbox"/>
E2 Child plays at age-appropriate level	<input type="checkbox"/>	<input type="checkbox"/>
E3 Child shows an interest in stories and play materials	<input type="checkbox"/>	<input type="checkbox"/>
E4 Child is able to settle to task and can concentrate for approximately 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>
E5 Child responds to instructions	<input type="checkbox"/>	<input type="checkbox"/>
E6 Other	<input type="checkbox"/>	<input type="checkbox"/>

Parental capacity

Summary/clarification of family strengths or issues identified
Note when issue is not relevant

When a child has not reached an expected developmental milestone consider referring for a specialist assessment.

When a parent has a learning disability only 15% of children are similarly affected.

Safe outside play areas are important because accidents are the major cause of death amongst children.

At 3 many children benefit from regular attendance at pre-school.

Parents' circumstances may mean they are unable to take the child to pre-school or they may delegate the task to others. These adults should present no risk to the child.

Pre-school may be less accessible to a disabled child.

	Yes	No
Basic care		
E7 Child has a range of safe toys/ objects to play with	<input type="checkbox"/>	<input type="checkbox"/>
E8 Child has frequent opportunities to communicate/play with others	<input type="checkbox"/>	<input type="checkbox"/>
E9 Other	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring safety		
E10 Parent shows approval of child's achievements	<input type="checkbox"/>	<input type="checkbox"/>
E11 Child has somewhere safe to play at home	<input type="checkbox"/>	<input type="checkbox"/>
E12 Parent ensures that out of home play areas are safe	<input type="checkbox"/>	<input type="checkbox"/>
E13 The child is closely supervised by an adult in and out of the home	<input type="checkbox"/>	<input type="checkbox"/>
E14 If the child attends pre-school he/she is always collected	<input type="checkbox"/>	<input type="checkbox"/>
E15 A small number of safe adults, known to the child, take and collect the child from pre-school	<input type="checkbox"/>	<input type="checkbox"/>
E16 Other	<input type="checkbox"/>	<input type="checkbox"/>

Parental capacity

Summary/clarification of family strengths or issues identified

Note when issue is not relevant

Parents own problems may mean they are less able to offer the stimulation a child of this age needs.

All children need adequate and appropriate stimulation.

To gather further information consider using the Family Activity Scale.

When a child has profound or complex impairments it may be necessary to check with a specialist before completing this section.

The key to children's educational progress is a parent or significant adult who takes an interest in their learning and offers praise and encouragement.

Emotional warmth		<i>Yes</i>	<i>No</i>
E17	Parent generally responds positively to child's conversation	<input type="checkbox"/>	<input type="checkbox"/>
E18	Parent offers praise when child attempts new activities	<input type="checkbox"/>	<input type="checkbox"/>
E19	Parent supports child when attempts at new activities fail	<input type="checkbox"/>	<input type="checkbox"/>
E20	Other	<input type="checkbox"/>	<input type="checkbox"/>
Stimulation			
E21	Child is encouraged to talk and join in conversation	<input type="checkbox"/>	<input type="checkbox"/>
E22	Parent regularly reads, tells stories, plays counting games, watches TV with child	<input type="checkbox"/>	<input type="checkbox"/>
E23	Child explores new places outside the home under supervision	<input type="checkbox"/>	<input type="checkbox"/>
E24	Other	<input type="checkbox"/>	<input type="checkbox"/>
Guidance and Boundaries			
E25	The child has a range of toys/play materials suitable to his/her stage of development	<input type="checkbox"/>	<input type="checkbox"/>
E26	Distractions are minimised	<input type="checkbox"/>	<input type="checkbox"/>
E27	Child usually arrives at pre-school on time	<input type="checkbox"/>	<input type="checkbox"/>
E28	Other	<input type="checkbox"/>	<input type="checkbox"/>
Stability			
E29	Parent/carer consistently encourages the child to learn	<input type="checkbox"/>	<input type="checkbox"/>
E30	If child goes to pre-school, attendance is regular	<input type="checkbox"/>	<input type="checkbox"/>
E31	Child's toys/books are looked after	<input type="checkbox"/>	<input type="checkbox"/>
E32	Other	<input type="checkbox"/>	<input type="checkbox"/>

Social worker's summary of the child's needs in this area and the extent to which parents are responding appropriately

Emotional and Behavioural Development: Selfcare skills

	Child's needs	Summary/clarification of child's needs		
		Yes	No	
<p>When distressed most children will turn to adults for comfort.</p> <p>Short lived temper tantrums are to be expected.</p> <p>To gather further information consider using The Parenting Daily Hassles Scale.</p> <p>Consider using the Strengths and Difficulties Questionnaire.</p> <p>Any self harm must be treated seriously and appropriate help sought.</p> <p>When a child is disabled or sensory impaired behaviours such as rocking or constant screaming are significant and must not be dismissed.</p> <p>By 4 years about half of all children can dress without supervision.</p>	B&S1	Child is usually happy	<input type="checkbox"/>	<input type="checkbox"/>
	B&S2	When crying the child can usually be readily comforted	<input type="checkbox"/>	<input type="checkbox"/>
	B&S3	Child is often wary/anxious	<input type="checkbox"/>	<input type="checkbox"/>
	B&S4	Temper tantrums lasting 15 mins occur daily	<input type="checkbox"/>	<input type="checkbox"/>
	B&S5	Child readily engages in joint play with familiar adults	<input type="checkbox"/>	<input type="checkbox"/>
	B&S6	Child generally sleeps through the night	<input type="checkbox"/>	<input type="checkbox"/>
	B&S7	Mealtimes and bedtimes are generally hassle free	<input type="checkbox"/>	<input type="checkbox"/>
	B&S8	Child relates well to others (does not bite, pinch or attack)	<input type="checkbox"/>	<input type="checkbox"/>
	B&S9	Child's challenging/disruptive behaviour affects his/her safety	<input type="checkbox"/>	<input type="checkbox"/>
	B&S10	Child inflicts injuries on him/her self (i.e. scratching, head banging)	<input type="checkbox"/>	<input type="checkbox"/>
	B&S11	Child trusts known adults	<input type="checkbox"/>	<input type="checkbox"/>
	B&S12	Child attempts to dress him/herself	<input type="checkbox"/>	<input type="checkbox"/>
	B&S13	Child feeds him/herself	<input type="checkbox"/>	<input type="checkbox"/>
	B&S14	Other	<input type="checkbox"/>	<input type="checkbox"/>

	Parental capacity	Summary/clarification of family strengths or issues identified		
		Note when issue is not relevant		
<p>Most at risk are children who are victims of aggression, or are neglected.</p> <p>Children who are abused or witness domestic violence are particularly traumatised.</p>	Basic care	Yes	No	
	B&S15	Disagreements between parents/carers are resolved in non-violent ways	<input type="checkbox"/>	<input type="checkbox"/>
	B&S16	Parents teach the child basic self care skills	<input type="checkbox"/>	<input type="checkbox"/>
<p>Younger or disabled children may be at greater risk than older, more articulate children because they are less able to tell anyone about their experiences and distress.</p> <p>A disabled child may not protest when left with strangers because they have been handled by many unknown people. Nonetheless it remains a matter for concern.</p>	B&S17	Other	<input type="checkbox"/>	<input type="checkbox"/>
	Ensuring safety			
	B&S18	Child is left with strangers	<input type="checkbox"/>	<input type="checkbox"/>
	B&S19	Child is hit or physically chastised	<input type="checkbox"/>	<input type="checkbox"/>
	B&S20	Parents/carers have sought help or advice if they are experiencing difficulties in managing the child's behaviour	<input type="checkbox"/>	<input type="checkbox"/>
B&S21	Other	<input type="checkbox"/>	<input type="checkbox"/>	

Parental capacity

Summary/clarification of family strengths or issues identified

Note when issue is not relevant

Emotional warmth		<i>Yes</i>	<i>No</i>
B&S22	Child is comforted when distressed	<input type="checkbox"/>	<input type="checkbox"/>
B&S23	Child is exposed to frequent criticism/hostility	<input type="checkbox"/>	<input type="checkbox"/>
B&S24	Child is encouraged to talk about fears and worries	<input type="checkbox"/>	<input type="checkbox"/>
B&S25	Parent takes pleasure in appropriate physical contact with the child	<input type="checkbox"/>	<input type="checkbox"/>
B&S26	Other	<input type="checkbox"/>	<input type="checkbox"/>
Stimulation			
B&S27	Child is often exposed to parents' emotional distress	<input type="checkbox"/>	<input type="checkbox"/>
B&S28	Child is encouraged to share and play with others	<input type="checkbox"/>	<input type="checkbox"/>
B&S29	Other	<input type="checkbox"/>	<input type="checkbox"/>
Guidance and Boundaries			
B&S30	Parent uses a variety of positive methods to get the child to behave	<input type="checkbox"/>	<input type="checkbox"/>
B&S31	Child is encouraged to play alongside adults doing household tasks/ to put toys away	<input type="checkbox"/>	<input type="checkbox"/>
B&S32	There are clear family rules and limits about behaviour	<input type="checkbox"/>	<input type="checkbox"/>
B&S33	Child is helped to control feelings	<input type="checkbox"/>	<input type="checkbox"/>
B&S34	Parents do not burden the child with their own problems	<input type="checkbox"/>	<input type="checkbox"/>
B&S35	Child is protected from witnessing odd or frightening adult behaviour	<input type="checkbox"/>	<input type="checkbox"/>
B&S36	Other	<input type="checkbox"/>	<input type="checkbox"/>
Stability			
B&S37	Child is responded to in a relatively consistent and predictable manner	<input type="checkbox"/>	<input type="checkbox"/>
B&S38	Parents/carers generally support each other in applying family rules	<input type="checkbox"/>	<input type="checkbox"/>
B&S39	Other	<input type="checkbox"/>	<input type="checkbox"/>

Depression can affect parent's capacity to care about their child.

Positive methods for encouraging good behaviour include: praise, negotiation, modelling, rewards, distraction, play, persuasion and explanation.

Social worker's summary of the child's needs in this area and the extent to which parents are responding appropriately

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Identity and Social Presentation

Child's needs

Summary/clarification of child's needs

At this age most children know their first and last name, age and gender.

		Yes	No
ID&P1	Child is self confident	<input type="checkbox"/>	<input type="checkbox"/>
ID&P2	Child has a positive view of self	<input type="checkbox"/>	<input type="checkbox"/>
ID&P3	Child takes pride in achievements	<input type="checkbox"/>	<input type="checkbox"/>
ID&P4	Child knows own name/age/ gender	<input type="checkbox"/>	<input type="checkbox"/>
ID&P5	Child asserts rights with sibs/ peers	<input type="checkbox"/>	<input type="checkbox"/>
ID&P6	Has a developing sense of own culture	<input type="checkbox"/>	<input type="checkbox"/>
ID&P7	Child's language and behaviour are usually socially appropriate	<input type="checkbox"/>	<input type="checkbox"/>
ID&P8	Other	<input type="checkbox"/>	<input type="checkbox"/>

Parental capacity

Summary/clarification of family strengths or issues identified Note when issue is not relevant

Children who grow up in families which experience many stresses and problems will need positive messages to avoid developing a negative self image and poor self esteem. Disabled children need even more help.

	Basic care	Yes	No
ID&P9	Child's clothes are clean: not soiled with urine, excrement, or food	<input type="checkbox"/>	<input type="checkbox"/>
ID&P10	Child's clothes are routinely washed	<input type="checkbox"/>	<input type="checkbox"/>
ID&P11	The name by which the child is known is consistent within the family	<input type="checkbox"/>	<input type="checkbox"/>
ID&P12	Other	<input type="checkbox"/>	<input type="checkbox"/>

Disabled children have a right to be dressed appropriately but their dress should not impede movement, endanger stability or aggravate their skin.

	Ensuring safety	Yes	No
ID&P13	Child's dress is appropriate for age, gender, culture and religion and where necessary, impairment	<input type="checkbox"/>	<input type="checkbox"/>
ID&P14	Parents help the child to distinguish familiar and trusted people from strangers	<input type="checkbox"/>	<input type="checkbox"/>
ID&P15	Other	<input type="checkbox"/>	<input type="checkbox"/>

Parental capacity

Summary/clarification of family strengths or issues identified

Note when issue is not relevant

For children to develop a positive self image they need to feel loved and valued for themselves.

In all cultures disabled children may be treated as younger than their actual age. This is a particular risk for learning disabled children.

When parents are overwhelmed by their own problems children may be left to meet their own basic needs (i.e. for food, drinks, bedtimes).

Children who are routinely rejected come to see themselves as unloved and unlovable.

Emotional warmth		<i>Yes</i>	<i>No</i>
ID&P16	Parent often shows spontaneous affection to the child	<input type="checkbox"/>	<input type="checkbox"/>
ID&P17	Child is valued for his/her self	<input type="checkbox"/>	<input type="checkbox"/>
ID&P18	Parent shows pride in child	<input type="checkbox"/>	<input type="checkbox"/>
ID&P19	Other	<input type="checkbox"/>	<input type="checkbox"/>
Stimulation			
ID&P20	Child is encouraged to do appropriate things for his/her self	<input type="checkbox"/>	<input type="checkbox"/>
ID&P21	Child is offered simple choices	<input type="checkbox"/>	<input type="checkbox"/>
ID&P22	Child's efforts to be independent are respected	<input type="checkbox"/>	<input type="checkbox"/>
ID&P23	Other	<input type="checkbox"/>	<input type="checkbox"/>
Guidance and Boundaries			
ID&P24	Parent teaches respect for others and other's possessions	<input type="checkbox"/>	<input type="checkbox"/>
ID&P25	Parents teach/encourage appropriate behaviour in public settings, including modesty	<input type="checkbox"/>	<input type="checkbox"/>
ID&P26	Child is frequently left to look after him/herself	<input type="checkbox"/>	<input type="checkbox"/>
ID&P27	Other	<input type="checkbox"/>	<input type="checkbox"/>
Stability			
ID&P28	Child is accepted as a member of the family	<input type="checkbox"/>	<input type="checkbox"/>
ID&P29	Child is included in family celebrations, e.g. birthdays	<input type="checkbox"/>	<input type="checkbox"/>
ID&P30	Child is reassured when separated from the parent	<input type="checkbox"/>	<input type="checkbox"/>
ID&P31	The home provides the child with a stable base	<input type="checkbox"/>	<input type="checkbox"/>
ID&P32	Other	<input type="checkbox"/>	<input type="checkbox"/>

Social worker's summary of the child's needs in this area and the extent to which parents are responding appropriately

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Family and Social Relationships

Child's needs

Summary/clarification of child's needs

Strong attachment relationships can be formed with a number of carers.

Children of this age show pro- social behaviour such as sharing, helping or comforting.

Children of this age are less distressed by short separations from key carers than are infants.

	Yes	No
F1 Child shows attachment behaviour/ is relaxed with main carers	<input type="checkbox"/>	<input type="checkbox"/>
F2 Child plays happily with siblings	<input type="checkbox"/>	<input type="checkbox"/>
F3 Child is gentle and kind to children and animals	<input type="checkbox"/>	<input type="checkbox"/>
F4 Child shares with familiar peers/siblings	<input type="checkbox"/>	<input type="checkbox"/>
F5 Child plays comfortably with peers		
F6 Child relates differently towards known people as opposed to strangers	<input type="checkbox"/>	<input type="checkbox"/>
F7 Other	<input type="checkbox"/>	<input type="checkbox"/>

Parental capacity

Summary/clarification of family strengths or issues identified Note when issue is not relevant

Parental problems may result in the child being looked after by a large number of different people.

A good attachment relationship is associated with parents being emotionally available and consistent in their parenting.

Love and affection are shown in different ways depending on culture and individual characteristics.

Basic care	Yes	No
F8 A small number of familiar and appropriate adults look after the child	<input type="checkbox"/>	<input type="checkbox"/>
F9 Parent/carers behave towards the child in a way that will encourage a strong, positive relationship to develop	<input type="checkbox"/>	<input type="checkbox"/>
F10 Parent/carer spends enough time with the child to sustain a strong relationship	<input type="checkbox"/>	<input type="checkbox"/>
F11 Other	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring safety		
F12 Siblings are generally gentle with the child	<input type="checkbox"/>	<input type="checkbox"/>
F13 Parent monitors interactions between child and siblings	<input type="checkbox"/>	<input type="checkbox"/>
F14 Child is protected from witnessing adult sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>
F15 Other	<input type="checkbox"/>	<input type="checkbox"/>

Issues affecting parents'/carers' capacities to respond appropriately to the child's needs

Parental issues	Yes	No	Professional/agency involved	Note identity of parent/carer for whom the issue is relevant. Record strengths and difficulties
C1 Illness:				
Physical	<input type="checkbox"/>	<input type="checkbox"/>		
Mental	<input type="checkbox"/>	<input type="checkbox"/>		
C2 Disability:				
Physical	<input type="checkbox"/>	<input type="checkbox"/>		
Learning	<input type="checkbox"/>	<input type="checkbox"/>		
Sensory impairment	<input type="checkbox"/>	<input type="checkbox"/>		
C3 Period in care during childhood	<input type="checkbox"/>	<input type="checkbox"/>		
C4 Childhood abuse	<input type="checkbox"/>	<input type="checkbox"/>		
C5 Known history of child abuse	<input type="checkbox"/>	<input type="checkbox"/>		
C6 Known history of violence	<input type="checkbox"/>	<input type="checkbox"/>		
C7 Problem drinking/ drug use	<input type="checkbox"/>	<input type="checkbox"/>		
C8 Other	<input type="checkbox"/>	<input type="checkbox"/>		

Social worker's summary of how the above issues have an impact on the parents'/carers' capacities to respond appropriately to the child's needs

Family and Environmental Factors which may impact on the child and parenting capacity

Additional details as appropriate
Note identity of person for whom the issue is relevant

Include all household and relevant family members, living in or out of the home, when exploring family history and functioning.

To gather further information consider using: The Recent Life Events Questionnaire; A genogram; An eco map.

How parents bring up their children is rooted in their own childhood experiences.

Consider whether a separate carers' assessment is required.

Both positive and negative parenting styles can be passed from one generation to another.

To gather further information consider using: The Adult Well-being Scale; The Alcohol Scale.

Wider family may extend beyond blood relatives to include people who feel like family to parent or child.

Family History		Yes	No
FE1	Has a member of the household experienced a stressful childhood? Note childhood abuse; in care	<input type="checkbox"/>	<input type="checkbox"/>
FE2	Have the family suffered a traumatic loss or crisis which is unresolved? (e.g. bereavement)	<input type="checkbox"/>	<input type="checkbox"/>
FE3	Other	<input type="checkbox"/>	<input type="checkbox"/>
Family Functioning			
FE4	Does child's impairment/behaviour have a negative impact on siblings?	<input type="checkbox"/>	<input type="checkbox"/>
FE5	Child's impairment/behaviour affects parent(s) capacity to continue care	<input type="checkbox"/>	<input type="checkbox"/>
FE6	Does a member of the household experience:		
	poor mental health	<input type="checkbox"/>	<input type="checkbox"/>
	poor physical health	<input type="checkbox"/>	<input type="checkbox"/>
	behaviour problem	<input type="checkbox"/>	<input type="checkbox"/>
	physical disability	<input type="checkbox"/>	<input type="checkbox"/>
	learning disability	<input type="checkbox"/>	<input type="checkbox"/>
	sensory impairment	<input type="checkbox"/>	<input type="checkbox"/>
	problem alcohol/drug use	<input type="checkbox"/>	<input type="checkbox"/>
FE7	Has an adult member of the household got a history of violence?	<input type="checkbox"/>	<input type="checkbox"/>
FE8	Are there frequent family rows?	<input type="checkbox"/>	<input type="checkbox"/>
FE9	Other	<input type="checkbox"/>	<input type="checkbox"/>
Wider Family			
FE10	Do wider family provide:		
	practical help	<input type="checkbox"/>	<input type="checkbox"/>
	emotional support	<input type="checkbox"/>	<input type="checkbox"/>
	financial help	<input type="checkbox"/>	<input type="checkbox"/>
	information and advice	<input type="checkbox"/>	<input type="checkbox"/>
FE11	Is there an adult in the home who helps the parent care for the child?	<input type="checkbox"/>	<input type="checkbox"/>
FE12	Other	<input type="checkbox"/>	<input type="checkbox"/>

**Additional details as appropriate
Note identity of person for whom the issue is relevant**

Basic amenities include safe water, heating, cooking facilities, food storage, sleeping arrangements and cleanliness.

The Home Conditions Assessment may help gather this information.

Jobs may be lost because parents' circumstances result in them behaving in a bizarre or unpredictable way.

Parents' circumstances may mean too much family income is used to satisfy parental needs.

Adult services may help a disabled parent respond to their child's needs.

The family may be vulnerable to future financial problems (i.e. extraordinary medical, funeral expenses, need to help out a relative).

Social isolation and rejection by the community may have affected the family for generations.

Housing		<i>Yes</i>	<i>No</i>
FE13	Is the family homeless?	<input type="checkbox"/>	<input type="checkbox"/>
FE14	Is the family vulnerable to eviction or in temporary accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
FE15	Is the house and its immediate surroundings safe for the child?	<input type="checkbox"/>	<input type="checkbox"/>
FE16	Does home have basic amenities?	<input type="checkbox"/>	<input type="checkbox"/>
FE17	Does home require any adaptations to meet the child's needs?	<input type="checkbox"/>	<input type="checkbox"/>
FE18	Is the home overcrowded?		
FE19	Other	<input type="checkbox"/>	<input type="checkbox"/>
Employment		<i>Yes</i>	<i>No</i>
FE20	Is a parent in paid employment?	<input type="checkbox"/>	<input type="checkbox"/>
FE21	Does parent's pattern of work adversely impact on child care?	<input type="checkbox"/>	<input type="checkbox"/>
FE22	Is employment reasonably secure?	<input type="checkbox"/>	<input type="checkbox"/>
FE23	Are family members who seek employment adequately supported?	<input type="checkbox"/>	<input type="checkbox"/>
FE24	Other	<input type="checkbox"/>	<input type="checkbox"/>
Income			
FE25	Are all entitled benefits claimed?	<input type="checkbox"/>	<input type="checkbox"/>
FE26	Are household bills paid regularly?	<input type="checkbox"/>	<input type="checkbox"/>
FE27	Is the family managing on the income they receive?	<input type="checkbox"/>	<input type="checkbox"/>
FE28	If in debt, is this increasing?	<input type="checkbox"/>	<input type="checkbox"/>
FE29	Is the family worried about future financial commitments?	<input type="checkbox"/>	<input type="checkbox"/>
FE30	Other	<input type="checkbox"/>	<input type="checkbox"/>
Family's Social Integration			
FE31	Does the family feel accepted within their community?	<input type="checkbox"/>	<input type="checkbox"/>
FE32	Do family members experience discrimination/harassment?	<input type="checkbox"/>	<input type="checkbox"/>
FE33	Does the family have local friends?	<input type="checkbox"/>	<input type="checkbox"/>
FE34	Is the family involved in local organisations/activities?	<input type="checkbox"/>	<input type="checkbox"/>
FE35	Other		

Plan for the child in need

- Having completed the information gathering, the following pages should be used to analyse the strengths and needs of the child and family members and to identify goals and specific objectives. This information is then used to formulate a plan of action. The decision about which methods are used and services are provided to achieve specific objectives should be evidence based. The expectations of a plan for a child in need are outlined in paragraphs 4.32 to 4.37 of the **Framework for the Assessment of Children in Need and Their Families** (2000).
- The plan for a child in need has been designed to enable it to be used for all children in need, including those about whom there are concerns they are suffering or likely to suffer significant harm.
- The plan should identify how the following will be addressed:
 - The identified developmental needs of the child;
 - Issues which impact negatively on parents/carers' capacity to respond to the child and needs of their child, drawing on their strengths;
 - Wider family and environmental factors which have a negative impact on the child and family, drawing on strengths in the wider family and community.
- The plan should be specific about the actions to be taken, identify who is responsible for each action, and any services or resources that will be required to ensure that the objectives set can be achieved within the agreed time scales. Statutory reviews should take place within statutory time limits and it is good practice for Child In Need plans to be reviewed at least every 6 months. Reviews should be formally recorded.
- The outcome section of the table should be completed following a review of the plan. When completing the outcome section record the outcome for each objective and whether the circumstances have; improved, remained the same, or deteriorated.
- The last page records which family members and agencies are party to the plan and the date when the plan will be reviewed. This should be signed by the child (where appropriate), family members/carers and the social worker.

The child: objectives and plans

Child's developmental needs	Objectives and plan of action	Person/Agency responsible	Objective to be achieved by (date)	Outcome (to be completed at the review)
Health				
Education				
Identity: Social presentation				
Family and social relationships				
Emotional and behavioural development: Selfcare skills				

The parents/carers: Objectives and plans

Parenting capacity	Objective and plan of action	Person/Agency responsible	Objective to be achieved by (date)	Outcome (to be completed at the review)
Basic care				
Ensuring safety				
Emotional warmth				
Stimulation				
Guidance and Boundaries				
Stability				

Wider Family and Environmental Factors: Objectives and plans

Family and environmental factors	Objective and plan of action	Person/Agency responsible	Objective to be achieved by (date)	Outcome (to be completed at the review)
Family history and functioning				
Wider family				
Housing				
Employment and/or income				
Family social integration				
Community resources				

Views of all parties

These objectives and plans should have been discussed with all interested parties/agencies
Family members/agencies who are party to the plan

Name (please print)	Signature	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agreed date for the review: _____

Lead professional/agency for the review: _____

If the objectives and plans have not been discussed with any of the parties/agencies concerned, please give reasons

What steps will be taken and who is responsible if any party/agency wants to alter these objectives and plans?

Date plan reviewed in supervision	Signature of Line Manger/Supervisor
_____	_____
_____	_____
_____	_____
_____	_____

Management information

Ethnicity of the child:

Caribbean Indian White British White and Black Caribbean Chinese

African Pakistani White Irish White and Black African Any other ethnic group

Any other Black background Bangladeshi Any other White background White and Asian Not given

Any other Asian background Any other mixed background

If other, please specify _____

Immigration status if applicable:

Asylum seeking Refugee status Exceptional leave to remain

Home Office registration number: _____

(H8) Details of immunisations:

Has the child been appropriately immunised? Yes No

2–4 months: Diphtheria/Tetanus, Whooping cough, Polio, Hib, Men C. 12–15 months: Measles/Mumps/Rubella

3–5 years: Diphtheria, Tetanus, Polio, Measles/Mumps/Rubella.

Child protection register:

Is the child's name on the Child Protection Register? Yes No

Category _____ Date of registration _____

Has the child previously been on the Child Protection Register? Yes No

Category	Date of registration	Date of deregistration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Court Order(s)

Is the child the subject of a court order? Yes No

Was the child previously subject of a court order? Yes No

Type of Order(s)	Date Order(s) made:	Type of Order(s)	Date Order(s) made	Date Order(s) revoked/changed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____