CORE ASSESSMENT RECORD

Child aged 0–2 years

Name _____

Gender _____ *Date of birth* _____

Address _____

_____

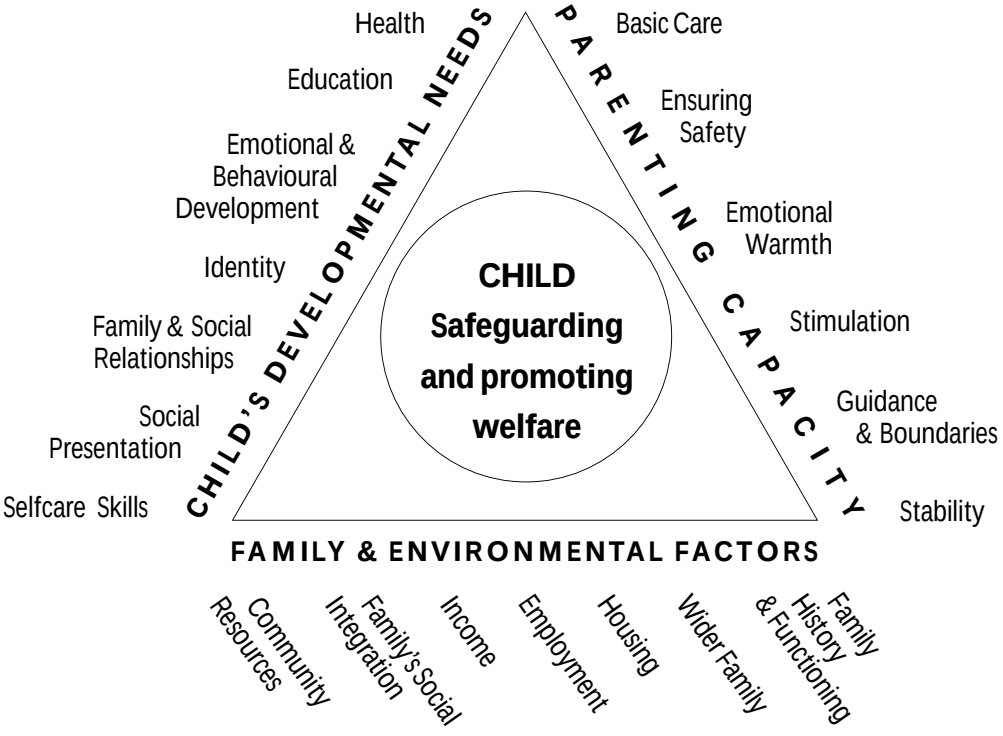
_____

_____

Telephone number _____

Name of social worker completing assessment:

_____



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Undertaking the core assessment

- The Core Assessment Record provides a framework for systematically recording the findings from the core assessment. Whilst the Assessment Record provides some guidance on the areas that should be covered in a core assessment, it is a tool and should not be used as a substitute for a professionally informed assessment process, analysis and judgement.
- The questionnaires and scales published in the accompanying materials to the Framework for the Assessment of Child in Need and their Families may be useful in obtaining the information in specific areas (Department of Health, Cox and Bentovim, 2000). The Assessment Record indicates where particular questionnaires and scales may be useful. Practitioners may also choose to use other assessment tools to assist them.
- The Core Assessment Record may be completed in a number of different ways. For example, the social worker may wish to discuss each area with the family before completing the record and then share this with the family. Alternatively, having undertaken some or all of the core assessment the social worker may wish to complete the form with the child's parents or carers.
- Parents and carers invariably want to do the best for their children. Completing the record will help social workers to recognise the strengths that families have as well as identifying areas where they may need further help.
- Completing the core assessment should always be done in a way that helps parents or carers, children and other relevant family members to have their say and encourages them to take part. Space has been provided within the forms for parents/carers and older children to be involved in the assessment.
- It is expected that other agencies should be involved, as appropriate, during the core assessment process. Parental permission to contact other agencies should be obtained except in cases where the safety of the child would be jeopardised (paragraphs 7.27 to 7.38 of Working Together to Safeguard Children provides guidance on this issue). Permissions should be obtained from other agencies to share their information with the family.
- It is important that all sections of the Core Assessment Record are considered carefully. The analysis of the information gathered should be recorded in the plan. In some cases it will not be appropriate to complete particular sections, and in such situations the reason why should be recorded in the summary section. The information gathered is then used to develop case objectives and plans.
- In competing the record, it should be possible to see what help and support the child and family need, and which agencies might be best placed to give that help. This might include more detailed assessments of specific issues.
- Families should be provided with the following information:

Complaints procedures	date provided _____
Information on access to records	date provided _____
Other relevant/available information *(please specify)*	date provided _____

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 Childen'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

_____

_____

_____

Others (please specify)

Name(s) Relationship to child Address

_____

_____

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

Child's needs | **Summary/clarification of child's needs**

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.

Immunisations 2-4 months: Diphtheria/Tetanus/ Whooping cough; Polio;Hib; meningococcal C vaccine

12-15 months: Measles/Mumps/ Rubella.

Babies of substance using mothers may suffer: tremors screaming,

		Yes	*No*
H1	The child is normally well	☐	☐
H2	Weight/height at expected level	☐	☐
H3	Hearing/vision is satisfactory	☐	☐
H4	Child eats well	☐	☐
H5	Child has a regular sleep pattern	☐	☐
H6	Has been appropriately immunised	☐	☐
H7	Symptoms/signs of exposure to drugs/alcohol in utero	☐	☐
H8	Has an ongoing health problem (ie diabetes, asthma, epilepsy)	☐	☐
H9	Has had many accidental injuries	☐	☐
H10	Usually happy with parent/carer	☐	☐
H11	Other	☐	☐

Parental capacity | **Summary/clarification of family strengths or issues identified**
Note when issue is not relevant

Disabled children can face barriers in accessing routine medical care.

All children should be taken regularly to the dentist from 2 years of age.

To gather further information consider using the Home Conditions Assessment.

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

	Basic care	*Yes*	*No*
H12	Child is given an adequate and nutritious diet including fluids	☐	☐
H13	Child is bathed regularly	☐	☐
H14	Child's teeth regularly cleaned	☐	☐
H15	Child is dressed to suit the weather	☐	☐
H16	Home, including child's bed is clean	☐	☐
H17	Child's routine medical appointments are generally kept	☐	☐
H18	Appropriate contact with the health visitor and G.P.	☐	☐
H19	Parent has adequate explanation as to why immunisations not up to date	☐	☐
H20	Other	☐	☐

	Ensuring safety		
H21	Injuries have always been appropriately attended to	☐	☐
H22	Parent takes action to prevent common accidents	☐	☐
H23	Child is protected from abuse	☐	☐
H24	Marks on the child's body have an acceptable explanation	☐	☐
H25	Other	☐	☐

Parental capacity

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

Poverty and poor social conditions are related to poor child health and development and increased risk of accidents.

Disabled children may need special help or equipment for exercise.

Parents with severe problems may not always be able to concentrate long enough to complete the baby's feeding or nappy change.

Eating and sleeping patterns need to be set within the context of the family's culture.

	Emotional warmth	*Yes*	*No*
H26	Child is usually with a parent/carer when awake	☐	☐
H27	Parents/carers give comfort when child is ill/distressed/injured	☐	☐
H28	Other	☐	☐
	Stimulation		
H29	Child is encouraged to be active within a safe environment	☐	☐
H30	Child is taken out regularly	☐	☐
H31	Other		
	Guidance and Boundaries		
H32	Child's nappy is changed regularly	☐	☐
H33	Parent/carer tries to ensure that the child gets adequate and undisturbed sleep	☐	☐
H34	Parent/carer provides the child with an adequate and nutritious diet	☐	☐
H35	Other	☐	☐
	Stability		
H36	Parent/carer provides regular and consistent routines for the child (mealtimes, bedtimes, bath times)	☐	☐
H37	Other	☐	☐

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

Education

Child's needs | **Summary/clarification of child's needs**

Soon after birth children respond to sound and voices. By 2 there is an increase in vocabulary.

After 6 months children start to engage in social play. Pretend play starts at approx. 12–15 months.

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

E1	Child is making expected progress with speech and language	☐	☐
E2	Child responds appropriately to sounds and voices	☐	☐
E3	Child shows curiosity about his/her environment, people, toys etc	☐	☐
E4	Child plays at an age-appropriate level	☐	☐
E5	Child responds to instructions during second year of life	☐	☐
E6	Other	☐	☐

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.

	Basic care	*Yes*	*No*
E7	Child has a range of safe toys/ objects to play with	☐	☐
E8	Child has frequent opportunities to communicate/play with others	☐	☐
E9	Other	☐	☐

	Ensuring safety		
E10	Child has somewhere safe to play at home	☐	☐
E11	Parent ensures that out of home play areas are safe	☐	☐
E12	Child is closely supervised by an adult in and out of the home	☐	☐
E13	Other		

Parental capacity

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

Parents own problems may mean they respond less frequently to their child's cues.

To gather further information consider using the Family Activity Scale.

All children need adequate and appropriate stimulation.

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.

		Yes	*No*
	Emotional warmth		
E14	Parent responds to the child's efforts to communicate/talk	☐	☐
E15	Parent enjoys communicating with the child	☐	☐
E16	Parent shows approval of the child's achievement	☐	☐
E17	Other	☐	☐
	Stimulation		
E18	Parent talks, sings and plays with the child	☐	☐
E19	Parent reads to/looks at books with/watches TV with the child	☐	☐
E20	Child has some freedom to explore his/her environment	☐	☐
E21	Other	☐	☐
	Guidance and Boundaries		
E22	Toys/play are suitable to child's stage of development	☐	☐
E23	Child is 'overstimulated' e.g. given too many toys at once	☐	☐
E24	Distractions are minimised	☐	☐
E25	Other	☐	☐
	Stability		
E26	Parent/carer consistently encourages the child to learn	☐	☐
E27	Child's toys/books are looked after	☐	☐
E28	Other	☐	☐

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

Children who show poor attachment may be suffering from substance withdrawal symptoms.

Short lived temper tantrums are to be expected.

To gather further information consider using The Parenting Daily Hassles Scale.

Children who are abused or witness domestic violence may wake up screaming or crying.

		Yes	*No*
B&S1	Child is usually happy	☐	☐
B&S2	When the child is crying he/she can usually be readily comforted	☐	☐
B&S3	Child is often wary/anxious	☐	☐
B&S4	Temper tantrums lasting 15 mins occur daily	☐	☐
B&S5	Child readily engages in joint play with familiar adults	☐	☐
B&S6	Child can play quietly for at least brief periods	☐	☐
B&S7	Mealtimes and bedtimes are generally hassle free	☐	☐
B&S8	Child is beginning to feed/dress him/herself	☐	☐
B&S9	Other		

Parental capacity

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

Children as young as 18 months can become distressed during angry exchanges between adults.

Most at risk are children who are victims of aggression, or are neglected.

Children who are abused or witness domestic violence are particularly traumatised.

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.

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.

	Basic care	*Yes*	*No*
B&S10	Parents are responsive to the child's emotional needs	☐	☐
B&S11	Disagreements between parents/carers are resolved in non-violent ways	☐	☐
B&S12	Other	☐	☐

	Ensuring safety		
B&S13	Child is left with strangers	☐	☐
B&S14	Child is smacked or physically chastised	☐	☐
B&S15	Parent/carers have sought help or advice if they are experiencing difficulties in managing the child's behaviour	☐	☐
B&S16	Other	☐	☐

	Parental capacity			Summary/clarification of family strengths or issues identified Note when issue is not relevant
	Emotional warmth	*Yes*	*No*	
	B&S17 Child is comforted when distressed	☐	☐	
	B&S18 Child is exposed to frequent criticism/hostility	☐	☐	
	B&S19 Parent takes pleasure in appropriate physical contact with their child	☐	☐	
	B&S20 Other	☐	☐	
Depression can affect parents' capacity to care about their child.	**Stimulation**			
	B&S21 Child is often exposed to parental emotional distress	☐	☐	
	B&S22 Child is encouraged to play with others	☐	☐	
	B&S23 Other	☐	☐	
Positive methods for encouraging good behaviour include: praise, negotiation, modelling, rewards, distraction, play, persuasion and explanation.	**Guidance and Boundaries**			
	B&S24 Parent uses a variety of positive methods to get the child to behave	☐	☐	
	B&S25 There are clear family rules and limits about behaviour	☐	☐	
	B&S26 Child is helped to control his/her feelings	☐	☐	
	B&S27 Child is taught how to behave with other children and adults	☐	☐	
	B&S28 Other	☐	☐	
	Stability			
	B&S29 Child's behaviour is responded to in a relatively consistent manner	☐	☐	
	B&S30 Parents/carers generally support each other in applying family rules	☐	☐	
	B&S31 Parent responses to the child are reasonably predictable	☐	☐	
	B&S32 Other	☐	☐	

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

Child's needs | **Summary/clarification of child's needs**

9-12 months is the beginning of self identity.

At end of second year children can recognise self in mirror and are aware of physical differences.

At 6–9 months children reach for familiar persons.

By 12–18 months children develop a sense of me and mine.

		Yes	*No*
ID&P1	Child is self confident	☐	☐
ID&P2	Child has a positive view of self	☐	☐
ID&P3	Child takes pride in his/her achievements	☐	☐
ID&P4	Child responds to own name by 1 year and knows own name by 2 years	☐	☐
ID&P5	Child approaches familiar persons		
ID&P6	Child asserts 'rights' with sibs/ peers by 2 years	☐	☐
ID&P7	After 2 years, the child knows his or her own gender	☐	☐
ID&P8	Other	☐	☐

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	☐	☐
ID&P10	Child's clothes are routinely washed	☐	☐
ID&P11	The name by which the child is known is consistent within the family	☐	☐
ID&P12	Other	☐	☐

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

	Ensuring safety		
ID&P13	Child's dress is appropriate for age, gender, culture and religion and where necessary impairment	☐	☐
ID&P14	Parents help the child to distinguish familiar and trusted people from strangers	☐	☐
ID&P15	Other	☐	☐

	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 a learning disabled child. Children who are routinely rejected come to see themselves as unloved and unlovable.	**Emotional warmth**	*Yes*	*No*	
	ID&P16 Parent often shows spontaneous affection to the child	☐	☐	
	ID&P17 Child is valued for his/her self	☐	☐	
	ID&P18 Parent shows pride in the child	☐	☐	
	ID&P19 Other	☐	☐	
	Stimulation			
	ID&P20 Child is encouraged to do appropriate things for him/herself	☐	☐	
	ID&P21 Child is offered simple choices	☐	☐	
	ID&P22 Child's efforts to be independent are respected	☐	☐	
	ID&P23 Other	☐	☐	
	Guidance and Boundaries			
	ID&P24 Child is taught to respect others and other's possessions	☐	☐	
	ID&P25 Other	☐	☐	
	Stability			
	ID&P26 Child is accepted as a member of the family	☐	☐	
	ID&P26 Child is included in family celebrations, e.g. birthdays	☐	☐	
	ID&P27 Child is reassured when separated from the parent	☐	☐	
	ID&P28 Other	☐	☐	

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

Child's needs

Summary/clarification of child's needs

By 1 year children are able to distinguish strangers from familiar people.

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

At 2 children develop an awareness of the emotions of others.

		Yes	*No*
F1	Child shows attachment behaviour to main carers by 1 year	☐	☐
F2	Child is relaxed in the presence of main carers	☐	☐
F3	Child plays happily with siblings	☐	☐
F4	By 2 child is gentle and kind to other children and animals	☐	☐
F5	By 2 child is beginning to share with familiar peers and siblings	☐	☐
F6	By 2 child is playing comfortably along-side peers	☐	☐
F7	Other	☐	☐

Parental capacity

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

Parental problems may result in children 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	☐	☐
F9	Parents behave towards child in a way that encourages a strong, positive relationship to develop	☐	☐
F10	Parents/carers spend sufficient time with the child to sustain a strong relationship	☐	☐
F11	Other	☐	☐

	Ensuring safety		
F12	Siblings are generally gentle with the child	☐	☐
F13	Parents/carers monitor interactions between child and siblings	☐	☐
F14	Other	☐	☐

Parental capacity

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

The presence of a supportive adult can help stressed parents to cope.

For a disabled child, practical and social barriers can make taking the child out difficult, but it remains essential to the child's wellbeing.

Of central importance to a child in all families is a loving and protective relationship.

	Emotional warmth	*Yes*	*No*
F15	Parent/carer responds sensitively to the child	☐	☐
F16	Parent/carer encourages affectionate family relationships	☐	☐
F17	Other	☐	☐
	Stimulation		
F18	Child is taken to meet other parents and children	☐	☐
F19	Child visits family friends and relatives	☐	☐
F20	Other	☐	☐
	Guidance and Boundaries		
F21	Parent's relationships with others provides a good example to child	☐	☐
F22	Child is taught to take turns	☐	☐
F23	Child is encouraged to negotiate	☐	☐
F24	Child is discouraged from violent or cruel behaviour	☐	☐
F25	Other	☐	☐
	Stability		
F26	There is a stable pattern of care in the child's day to day life	☐	☐
F27	Child has a long-term, stable relationship with at least 1 adult	☐	☐
F28	There is continuity of carers	☐	☐
F29	A limited number of known, safe adults deliver intimate care	☐	☐
F30	Other	☐	☐

Continuity and stability are key aspects of the attachment process.

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

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	☐	☐		
	Mental	☐	☐		
C2	Disability:				
	Physical	☐	☐		
	Learning	☐	☐		
	Sensory impairment	☐	☐		
C3	Period in care during childhood	☐	☐		
C4	Childhood abuse	☐	☐		
C5	Known history of child abuse	☐	☐		
C6	Known history of violence	☐	☐		
C7	Problem drinking/ drug use	☐	☐		
C8	Other	☐	☐		

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

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.

		Yes	No	**Additional details as appropriate** **Note identify of person for whom the issue is relevant**
	Housing			
Basic amenities include safe water, heating, cooking facilities, food storage, sleeping arrangements and cleanliness. **The Home Conditions Assessment may help gather this information.**	FE13 Is the family homeless?	☐	☐	
	FE14 Is the family vulnerable to eviction or in temporary accommodation?	☐	☐	
	FE15 Is the house and its immediate surroundings safe for the child?	☐	☐	
	FE16 Does home have basic amenities?	☐	☐	
	FE17 Does home require any adaptations to meet the child's needs?	☐	☐	
	FE18 Is the home overcrowded?			
	FE19 Other	☐	☐	
	Employment			
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.	FE20 Is a parent in paid employment?	☐	☐	
	FE21 Does parent's pattern of work adversely impact on child care?	☐	☐	
	FE22 Is employment reasonably secure?	☐	☐	
	FE23 Are family members who seek employment adequately supported?	☐	☐	
	FE24 Other	☐	☐	
	Income			
The family may be vulnerable to future financial problems (i.e. extraordinary medical, funeral expenses, need to help out a relative).	FE25 Are all entitled benefits claimed?	☐	☐	
	FE26 Are household bills paid regularly?	☐	☐	
	FE27 Is the family managing on the income they receive?	☐	☐	
	FE28 If in debt, is this increasing?	☐	☐	
	FE29 Is the family worried about future financial commitments?	☐	☐	
	FE30 Other	☐	☐	
	Family's Social Integration			
Social isolation and rejection by the community may have affected the family for generations.	FE31 Does the family feel accepted within their community?	☐	☐	
	FE32 Do family members experience discrimination/harassment?	☐	☐	
	FE33 Does the family have local friends?	☐	☐	
	FE34 Is the family involved in local organisations/activities?	☐	☐	
	FE35 Other			

Additional details as appropriate

Community resources include: shops, play areas, mother and toddler groups, health clinics etc.

In assessing community resources note: availability, accessibility and standard, and if appropriate to child and family needs.

	Community Resources	*Yes*	*No*
FE36	Are there accessible community resources?	☐	☐
FE37	Does the family take advantage of community resources?	☐	☐
FE38	Other	☐	☐

Social worker's summary of how the family and environmental factors have an impact on the child and parents'/carers' capacities to respond appropriately to child's needs.

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 these 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.

Summary of child's developmental needs and strengths

Information gathered in the core assessment

Summarise the child's developmental needs and strengths

Parents should be involved in the assessment

This space is for parents/carers to write their views of the child's strengths and needs

Summary of parenting capacity: Needs and strengths

Information gathered in the core assessment

Summarise how the parental issues, needs and strengths, which have been identified in the core assessment have an impact on the capacity of each parent/carer to respond appropriately to the child's needs

Parents should be involved in the assessment

This space is for parents/carers to write their views of their own strengths and difficulties and what impact they think these have on the child's development

Summary of wider family and environmental factors: Needs and strengths

Information gathered in the core assessment

Summarise how family and environment issues, which have been identified in the core assessment, have an impact either directly on the child or on the capacity of the parents/carers to respond appropriately to the child's needs

Parents should be involved in the assessment

This space is for parents/carers to write their views of the strengths and difficulties in their wider family and environment and what impact they think these have on the child's development

Analysis of the information gathered during the core assessment

The analysis should list the factors which have an impact on different aspects of the child's development and parenting capacity, and explore the relationship between them. This process of analysing the information available about the child's needs, parenting capacity and wider family and environmental factors should result in a clear understanding of the child's needs, and what types of service provision would best address these needs to ensure the child has the opportunity to achieve their potential

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

Parents'/carers' comments

I have seen the contents of this assessment form

Parent/carer's signature ..... **Date** ____/____/____

Parent/carer signature ..... **Date** ____/____/____

Parents/carers comments on the assessment

Have all relevant family members been given a copy of the assessment record? **Yes** ☐ **No** ☐

If not, what arrangements have been made to ensure this happens?

Social Worker's Signature ..... **Date** ____/____/____

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: .....

(H6) 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

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

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