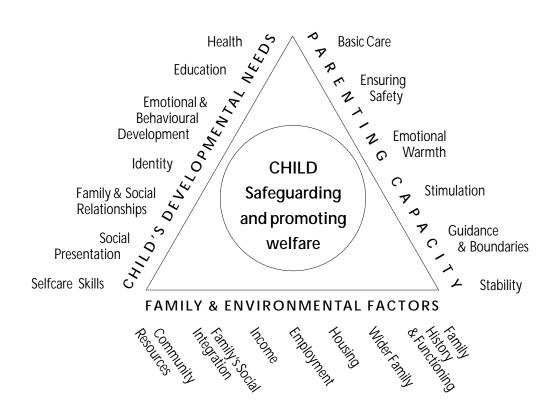
CORE ASSESSMENT RECORD

Child aged 3-4 years							
Name							
Gender Date of birth							
Address							
Telephone number							
Name of social worker completing assessment:							



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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	date provided
(please specify)	

Sources of information

Dates child and family members se	e n		
Name		Date(s) seen	
Agencies consulted/involved as pa	rt of the assessment		
Agency	Person		Contact number
	-		
	-		
	-		
Questionnaires, Scales or other Inst	truments used in assessmer	nt	
Questionnaire/Scale/Instrument			Date(s) used
Specialist Assessments			
Agency/person who undertook the	Purpose of the assessmer	nt	Date(s) assessment
assessment			commissioned and completed

Details concerning a core assessment

D1 What is the reason for undertaking the core assessment?
Data and a second start of
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 p	art of t	he chil	ld's ho	usehold
Birth father Parental responsibility	Yes		No		Name
Address					
Brothers and sisters					
Name(s)	Age		Ado	dress	
Others (please specify)					
	nship t	to child	Add	dress	
-					
					or a genetically inherited condition – please give details
anaemia, cystic fibrosis)	ai disa	ibility, s	sensory	/ impai	rment, Down's syndrome, encephalitis, autism, sickle cell
j					
B/K3 Key events which may have	had a	n imna	nct on t	he chi	dd.
(for example: death of brother or si					
B/K4 Other key events experienc	ed by	sibling	s or ot	her far	nily 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
			Yes	No	
Normally well is	H1	Child is normally well			
defined as unwell for 1 week or less in the	H2	Weight/height at expected level			
last 6 months.	H3	Hearing/vision is satisfactory			
Details of immunisations	H4	Child eats well			
in health record held by	H5	Child frequently soils the bed			
parents.	H6	Child is clean and dry in the day			
Children of 3 years should have had the	H7	Child has a regular sleep pattern			
following immunisations	H8	Has been appropriately immunised			
Diphtheria/Tetanus/	Н9	Has a persistent health problem			
Whooping cough; Polio; Hib;	H10	Has had many accidental injuries			
Meningococcal C vaccine and Measles/ Mumps/Rubella.	H11	Other			
By 4 most can use the toilet by themselves.					
,	I	Parental capacity			Summary/clarification of family strengths or issues identified Note when issue is not relevant
		Basic care	Yes	No	
To gather further information consider	H12	Child is given an adequate and nutritious diet including fluids			
using the Home Conditions	H13	Child is bathed regularly			
Assessment.	H14	Child's teeth are cleaned regularly			
Disabled children can face barriers in	H15	Dress is appropriate to weather			
accessing routine dental and medical care.	H16	Home, including child's bed, is clean			
All children should be taken regularly to the	H17	Child's routine medical/dental appointments are generally kept			
dentist.	H18	Appropriate contact with H.V./ G.P.			
Black families may have less access to preventative and	H19	Parent has adequate explanation as to why immunisations not up to date			
support services than white families.	H20	Other			
		Ensuring safety			
The significance of the physical symptoms of the child's illness may not always be easily identified or understood. This may	H21	Periodic bouts of illness have a recognised medical explanation			
	H22	Injuries have always been appropriately attended to			
influence the way parents respond.	H23	Parent takes action to prevent common accidents			
	H24	Child is protected from abuse			
	H25	Marks on the child's body have an acceptable explanation			
	H26	Other			

Parental capacity

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

		Emotional warmth	Yes	No
Poverty and poor social conditions are related to	H27	Child is usually with a parent/carer when awake		
poor child health and development and increased risk of	H28	Parents/carers give comfort when child is ill/distressed/injured		
accidents.	H29	Other		
Disabled children may need special help or				
equipment for exercise.		Stimulation		
Parents with severe problems may not be able to always	H30	Child is encouraged to be active within a safe environment		
concentrate long enough to ensure that	H31	Child is taken out regularly		
the child's physical needs are adequately met.	H32	Other		
		Guidance and Boundaries		
	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		
Eating and sleeping patterns need to be set	H36	Parent/carer provides regular and consistent routines for the child		
within the context of the family's culture.	1107	(mealtimes, bedtimes, bath times)		
	H37	Other		
Social worker's sun appropriately	nmary	y of the child's needs in this area a	nd th	e extent to which parents are responding

Education

Child's needs Summary/clarification of child's needs Yes No Most children of 3-4 E1 Child is making expected progress understand colour with speech and language names, count to 3, E2 Child plays at age-appropriate level enjoy matching shapes etc, looking at books, E3 Child shows an interest in stories understand pretend and play materials play. E4 Child is able to settle to task and Consider referring can concentrate for approximately children with 10 minutes communication difficulties for a E5 Child responds to instructions specialist assessment (i.e. speech therapist). E6 Other Parental capacity Summary/clarification of family strengths or issues identified Note when issue is not relevant Basic care Yes No When a child has E7 Child has a range of safe toys/ not reached an expected objects to play with developmental E8 Child has frequent opportunities milestone consider referring for a specialist to communicate/play with others assessment. E9 Other When a parent has a learning disability only 15% of children are **Ensuring safety** similarly affected. E10 Parent shows approval of child's Safe outside play areas achievements are important because accidents are the major E11 Child has somewhere safe to play cause of death amongst at home children. E12 Parent ensures that out of home At 3 many children play areas are safe benefit from regular attendance at pre-E13 The child is closely supervised school. by an adult in and out of the Parents' circumstances may mean they are E14 If the child attends pre-school unable to take the child he/she is always collected to pre-school or they may delegate the task E15 A small number of safe adults, to others. These adults known to the child, take and should present no risk collect the child from pre-school to the child. E16 Other Pre-school may be less accessible to a disabled child.

Parental capacity

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

		Emotional warmth	Yes	No
Parents own problems may mean they are less able to offer the stimulation a child of this age needs.	E17	Parent generally responds positively to child's conversation		
	E18	Parent offers praise when child attempts new activities		
All children need adequate and appropriate	E19	Parent supports child when attempts at new activities fail		
stimulation.	E20	Other		
To gather further information consider using the Family		Stimulation		
Activity Scale. When a child has	E21	Child is encouraged to talk and join in conversation		
profound or complex impairments it may be necessary to check with a specialist before	E22	Parent regularly reads, tells stories, plays counting games, watches TV with child		
completing this section.	E23	Child explores new places outside the home under supervision		
	E24	Other		
-		Guidance and Boundaries		
	E25	The child has a range of toys/play materials suitable to his/her stage of development		
	E26	Distractions are minimised		
	E27	Child usually arrives at preschool on time		
	E28	Other		
		Stability		
The key to children's educational progress is	E29	Parent/carer consistently encourages the child to learn		
a parent or significant adult who takes an interest in their learning	E30	If child goes to pre-school, attendance is regular		
and offers praise and encouragement.	E31	Child's toys/books are looked after		
	E32	Other		
Social worker's sum appropriately	nmary	y of the child's needs in this area a	ınd th	ne extent to which parents are responding

Emotional and Behavioural Development: Selfcare skills

		Child's needs			Summary/clarification of child's needs
			Yes	No	
When distressed most	B&S1	Child is usually happy			
children will turn to adults for comfort.	B&S2	When crying the child can usually be readily comforted			
Short lived temper tantrums are to be	B&S3	Child is often wary/anxious			
expected. To gather further	B&S4	Temper tantrums lasting 15 mins occur daily			
information consider using The Parenting Daily Hassles Scale.	B&S5	Child readily engages in joint play with familiar adults			
Consider using the Strengths and	B&S6	Child generally sleeps through the night			
Difficulties Questionnaire.	B&S7	Mealtimes and bedtimes are generally hassle free			
Any self harm must be treated seriously and appropriate help	B&S8	Child relates well to others (does not bite, pinch or attack)			
when a child is disabled	B&S9	Child's challenging/disruptive behaviour affects his/her safety			
or sensory impaired behaviours such as rocking or constant	B&S10	Child inflicts injuries on him/her self (i.e. scratching, head banging)			
screaming are significant and must not	B&S11	Child trusts known adults			
be dismissed.	B&S12	? Child attempts to dress him/herself			
By 4 years about half of all children can dress	B&S13	Child feeds him/herself			
without supervision.	B&S14	Other			
		Parental capacity			Summary/clarification of family strengths or issues identified Note when issue is not relevant
		Basic care	Yes	No	
Most at risk are children who are victims of aggression, or are	B&S15	Disagreements between parents/ carers are resolved in non- violent ways			
neglected. Children who are	B&S16	Parents teach the child basic			
abused or witness domestic violence are particularly traumatised.	B&S17	self care skills Other			
Younger or disabled		Ensuring safety			
children may be at greater risk than older,	B&S18	Child is left with strangers			
more articulate children because they are less	B&S19	Child is hit or physically chastised			
able to tell anyone about their experiences and distress.	B&S20	Parents/carers have sought help or advice if they are experiencing difficulties in managing the			
A disabled child may not protest when left	B&S21	child's behaviour Other			
with strangers because they have been handled by many unknown people. Nonetheless it					

remains a matter for

Parental capacity

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

		Emotional warmth	Yes	No
	B&S22	Child is comforted when distressed		
	B&S23	Child is exposed to frequent criticism/hostility		
	B&S24	Child is encouraged to talk about fears and worries		
	B&S25	Parent takes pleasure in appropriate physical contact with the child		
	B&S26	Other		
		Stimulation		
Depression can affect parent's capacity to care	B&S27	Child is often exposed to parents' emotional distress		
about their child.	B&S28	Child is encouraged to share and play with others		
	B&S29	Other		
		Guidance and Boundaries		
Positive methods for encouraging good behaviour include:	B&S30	Parent uses a variety of positive methods to get the child to behave		
praise, negotiation, modelling, rewards, distraction, play,	B&S31	Child is encouraged to play alongside adults doing household tasks/ to put toys away		
persuasion and explanation.	B&S32	There are clear family rules and limits about behaviour		
	B&S33	Child is helped to control feelings		
	B&S34	Parents do not burden the child with their own problems		
	B&S35	Child is protected from witnessing odd or frightening adult behaviour		
	B&S36	Other		
		Stability		
	B&S37	Child is responded to in a relatively consistent and predictable manner		
	B&S38	Parents/carers generally support each other in applying family rules		
	B&S39	Other		
Social worker's sum appropriately	nmary of	the child's needs in this area a	nd th	e extent to which parents are responding

Identity and Social Presentation

		Child's needs			Summary/clarification of child's needs
			Yes	No	
	ID&P1	Child is self confident			
	ID&P2	Child has a positive view of self			
	ID&P3	Child takes pride in achievements			
At this age most children know their first	ID&P4	Child knows own name/age/ gender			
and last name, age and gender.	ID&P5	Child asserts rights with sibs/ peers			
	ID&P6	Has a developing sense of own culture			
	ID&P7	Child's language and behaviour are usually socially appropriate			
	ID&P8	Other			
		Parental capacity			Summary/clarification of family strengths or issues identified Note when issue is not relevant
		Basic care	Yes	No	
Children who grow up in families which experience many stresses and problems	ID&P9	Child's clothes are clean: not soiled with urine, excrement, or food			
will need positive messages to avoid developing a negative	ID&P10	Child's clothes are routinely washed			
self image and poor self esteem. Disabled children need even	ID&P11	The name by which the child is known is consistent within the family			
more help.	ID&P12	Other			
-		Ensuring safety			
Disabled children have a right to be dressed appropriately but their dress should not impede movement, endanger stability or aggravate their skin.	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

		Emotional warmth	Yes	No
For children to develop a positive self image	ID&P16	Parent often shows spontaneous affection to the child		
they need to feel loved and valued for	ID&P17	Child is valued for his/her self		
themselves.	ID&P18	Parent shows pride in child		
In all cultures disabled children may be treated as younger than their actual age. This is a	ID&P19	Other		
particular risk for		Stimulation		
learning disabled children.	ID&P20	Child is encouraged to do appropriate things for his/her self		
When parents are overwhelmed by their	ID&P21	Child is offered simple choices		
own problems children may be left to meet their own basic needs	ID&P22	Child's efforts to be independent are respected		
(i.e. for food, drinks, bedtimes).	ID&P23	Other		
Children who are routinely rejected come		Guidance and Boundaries		
to see themselves as unloved and unlovable.	ID&P24	Parent teaches respect for others and other's possessions		
	ID&P25	Parents teach/encourage appropriate behaviour in public settings, including modesty		
	ID&P26	Child is frequently left to look after him/herself		
	ID&P27	Other		
-		Stability		
	ID&P28	Child is accepted as a member of the family		
	ID&P29	Child is included in family celebrations, e.g. birthdays		
	ID&P30	Child is reassured when separated from the parent		
	ID&P31	The home provides the child with a stable base		
	ID&P32	Other		
Social worker's sum appropriately	nmary of	the child's needs in this area a	nd th	e extent to which parents are responding

Family and Social Relationships

		Child's needs			Summary/clarification of child's needs
			Yes	No	
Strong attachment relationships can be formed with a number	F1	Child shows attachment behaviour/ is relaxed with main carers			
of carers.	F2	Child plays happily with siblings			
Children of this age show pro-social	F3	Child is gentle and kind to children and animals			
behaviour such as sharing, helping or comforting.	F4	Child shares with familiar peers/siblings			
Children of this age are	F5	Child plays comfortably with peers			
less distressed by short separations from key carers than are infants.	F6	Child relates differently towards known people as opposed to strangers			
	F7	Other			
		Parental capacity			Summary/clarification of family strengths or issues identified Note when issue is not relevant
		Basic care	Yes	No	
Parental problems may result in the child being looked after by a large number of different	F8	A small number of familiar and appropriate adults look after the child			
people. A good attachment relationship is associated with parents	F9	Parent/carers behave towards the child in a way that will encourage a strong, positive relationship to develop			
being emotionally available and consistent in their parenting.	F10	Parent/carer spends enough time with the child to sustain a strong relationship			
Love and affection are shown in different ways depending on culture	F11	Other			
and individual characteristics.		Ensuring safety			
	F12	Siblings are generally gentle with the child			
	F13	Parent monitors interactions between child and siblings			
	F14	Child is protected from witnessing adult sexual behaviour			
	F15	Other			

Parental capacity

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

		Emotional warmth	Yes	No
The presence of a supportive adult can help stressed parents to cope.	F16	Parents'/carers' relationships with others provides a good example to the child		
For a disabled child, practical and social	F17	Parent/carer encourages affectionate family relationships		
barriers can make taking the child out	F18	Other		
difficult, but it remains essential to the child's wellbeing.		Stimulation		
Of central importance to a child in all families	F19	Child is taken to meet other parents and children		
is a loving and protective relationship.	F20	Child visits family friends and relatives		
	F21	Other		
		Guidance and Boundaries		
	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		
Continuity and stability are key aspects of the attachment process	F26	There is a stable pattern of care in the child's day to day life		
attacriment process	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.		
Social worker's sun appropriately	nmary	of the child's needs in this area	and the	e extent to which parents are responding

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				
Sociapp	ial worker's summary of ho propriately to the child's nee	w the a	above iss	sues have an impact on th	e parents'/carers' capacities to respond

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 Include all household FE1 Has a member of the household and relevant family experienced a stressful childhood? members, living in or Note childhood abuse; in care out of the home, when exploring family history FE2 Have the family suffered a and functioning. traumatic loss or crisis which is To gather further unresolved? (e.g. bereavement) information consider FE3 Other using: The Recent Life **Events Questionnaire**: A genogram; An eco map. **Family Functioning** How parents bring up FE4 Does child's impairment/behaviour their children is rooted have a negative impact on siblings? in their own childhood experiences. FE5 Child's impairment/behaviour affects parent(s) capacity to continue care Consider whether a separate carers' FE6 Does a member of the household assessment is required. experience: Both positive and poor mental health negative parenting poor physical health styles can be passed from one generation to behaviour problem another. physical disability To gather further information consider learning disability using: The Adult Well-sensory impairment being Scale; The Alcohol Scale. 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 Wider family may FE10 Do wider family provide: extend beyond blood practical help relatives to include people who feel like emotional support family to parent or child. financial help information and advice FE11 Is there an adult in the home who helps the parent care for the child? FE12 Other

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

	Housing	Yes	No
Basic amenities include	FE13 Is the family homeless?		
safe water, heating, cooking facilities, food storage, sleeping	FE14 Is the family vulnerable to eviction or in temporary accommodation?		
arrangements and cleanliness.	FE15 Is the house and its immediate surroundings safe for the child?		
The Home Conditions Assessment may help	FE16 Does home have basic amenities?		
gather this information.	FE17 Does home require any adaptations to meet the child's needs?		
	FE18 Is the home overcrowded?		
	FE19 Other		
	Employment	Yes	No
Jobs may be lost	FE20 Is a parent in paid employment?		
because parents' circumstances result in them behaving in a	FE21 Does parent's pattern of work adversely impact on child care?		
bizarre or unpredictable	FE22 Is employment reasonably secure?		
way. Parents' circumstances may mean too much	FE23 Are family members who seek employment adequately supported?		
family income is used to satisfy parental needs.	FE24 Other		
Adult services may help	I		
a disabled parent respond to their child's	Income		
needs.	FE25 Are all entitled benefits claimed?		
The family may be vulnerable to future	FE26 Are household bills paid regularly?	Ш	
financial problems (i.e. extraordinary medical,	FE27 Is the family managing on the income they receive?		
funeral expenses, need to help out a relative).	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	FE31 Does the family feel accepted within their community?		
affected the family for generations.	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 **Community Resources** Yes No include: shops, play areas, play groups and FE36 Are there accessible nurseries, health clinics community resources? etc. FE37 Does the family take advantage In assessing community of community resources? resources note: availability, accessibility FE38 Other and standard and if appropriate to child and family needs. 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 their children'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

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Summary of parental capacity: Needs and strengths

Information gathered in the core assessment

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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
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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

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

The parents/carers: Objectives and plans

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

Wider Family and Environmental Factors: Objectives and plans

Outcome (to be completed at the review)						
Objective to be achieved by (date)						
Person/Agency responsible						
Objective and plan of action						
Family and environmental factors	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 t	he review:	
	ne review.	
If the objectives and plans have	e not been discussed with any of th	ne parties/agencies concerned, please give reasons
What stops will be taken and w	who is responsible if any party/age	ncy wants to alter these objectives and plans?
vviiat steps will be taken and v	who is responsible if any party/age	incy wants to after these objectives and plans:
Date plan reviewed in supervis	ion	Signature of Line Manger/Supervisor
·		ŭ .

Parents/carer's 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	5?
Social Worker's Signature	Date

Management information

Ethnicity of the child	d:										
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 \square Any other mixed background \square											
If other, please specify											
Immigration status	if applicable:										
Asylum seeking	Refugee status		Exceptional leave to	o rema	in 🗆						
Home Office registration number:											
(H8) Details of imm	unisations:										
Has the child been app	ropriately immunised	?	Yes		No						
2–4 months: Diphther	a/Tetanus, Whoopin	g cough, l	Polio, Hib, Men C.		12–15 months: I	Vleasles,	/Mumps/Rubella				
3–5 years: Diphtheria,	Tetanus, Polio, Meas	les/Mum	ps/Rubella.								
Child protection reg	jister:										
Is the child's name on	the Child Protection F	egister?	Yes	[□ No						
Category	Date of regi	stration									
Has the child previous	ly been on the Child F	rotection	n Register? Yes	[No						
Category		Date of	registration			Date of	deregistration				
Court Order(s)											
Is the child the subject	of a court order?		Yes \square	ľ	lo 🗆						
Was the child previous	sly subject of a court o	rder?	Yes \square	1	lo 🗆						
Type of Order(s)	Date Order(s) made:	Тур	oe of Order(s)	Date C	Order(s) made	Date Or	rder(s) revoked/ch	anged			
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