CORE ASSESSMENT RECORD

Child aged 5–9 years
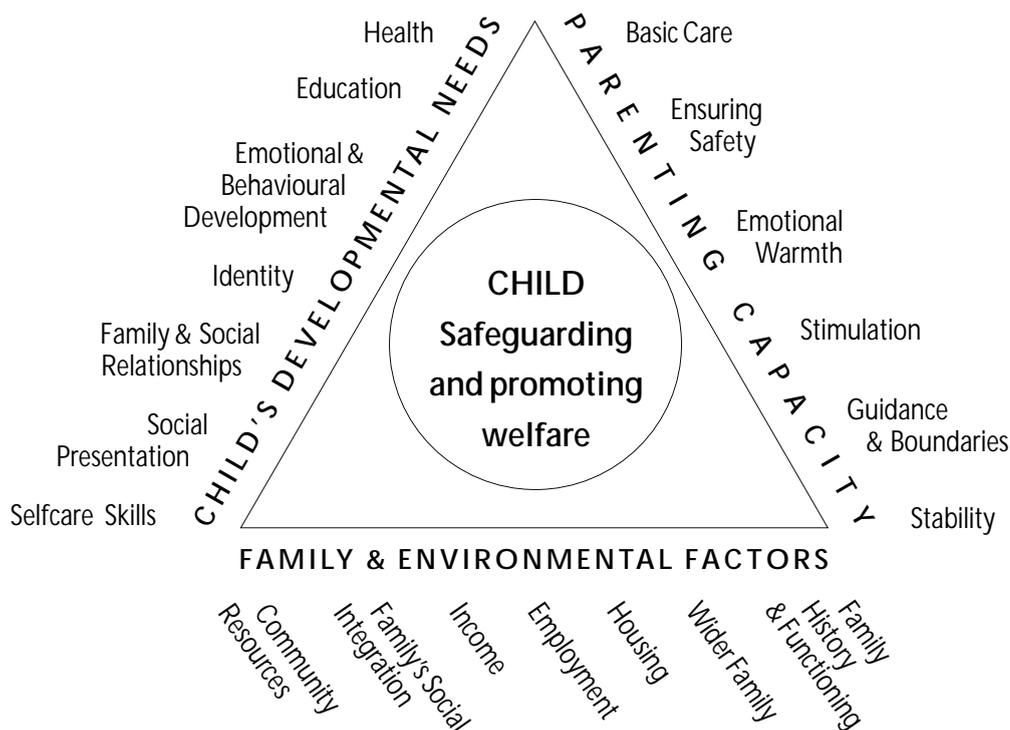
Name

Gender _____ *Date of birth* _____

Address

Telephone number

Name of social worker completing assessment:

Health

Education

Emotional &
Behavioural
Development

Identity

Family & Social
Relationships

Social
Presentation

Selfcare Skills

CHILD'S DEVELOPMENTAL NEEDS

PARENTING CAPACITY

Basic Care

Ensuring
Safety

Emotional
Warmth

Stimulation

Guidance
& Boundaries

Stability

CHILD
Safeguarding
and promoting
welfare

FAMILY & ENVIRONMENTAL FACTORS

Community
Resources

Family's Social
Integration

Income

Employment

Housing

Wider Family

Family
History
& Functioning

Contents

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 will 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 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

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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.

Child at 5 has had the full course of the following immunisations Polio, Hib, Diphtheria, Tetanus, Whooping cough, Men C, Measles/Mumps/Rubella.

When children start school they may have had a medical examination.

	Child's needs	Yes	No
H1	Weight/height at expected level	☐	☐
H2	Hearing/vision is satisfactory	☐	☐
H3	Child is normally well	☐	☐
H4	Child has a regular sleep pattern	☐	☐
H5	Child eats well	☐	☐
H6	Child frequently wets the bed	☐	☐
H7	Soils without physical explanation	☐	☐
H8	Has been appropriately immunised	☐	☐
H9	Has an ongoing health problem (i.e. diabetes, asthma, epilepsy)	☐	☐
H10	Has had many accidental injuries	☐	☐
H11	Other	☐	☐

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.

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	Parent ensures child bathes regularly	☐	☐
H14	Parent ensures that the child's teeth are regularly cleaned	☐	☐
H15	Dress is appropriate to weather	☐	☐
H16	The home, including the child's bed, is clean	☐	☐
H17	Child's medical/dental appointments are generally kept	☐	☐
H18	Parent has adequate explanation as to why immunisations are not up to date	☐	☐
H19	Other	☐	☐

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

	Ensuring safety	Yes	No
H20	Injuries have always been appropriately attended to	☐	☐
H21	Injuries have an understandable accidental cause	☐	☐
H22	Child is protected from abuse	☐	☐
H23	Marks on the child's body have an acceptable explanation	☐	☐
H24	Other	☐	☐

CORE ASSESSMENT RECORD   Child aged 5–9 years

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.

Increasing numbers of children are suffering obesity. Regular physical exercise is an important preventative measure.

Disabled children may need special help or equipment for exercise.

Disabled or children with a health problem need information and opportunities to help them understand and learn about themselves.

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

Emotional warmth

		Yes	No
H25	Parents/carers give comfort when child is ill/distressed/injured	☐	☐
H26	Other	☐	☐

Stimulation

H27	Child is encouraged to be active	☐	☐
H28	Child plays regularly out of doors	☐	☐
H29	Other	☐	☐

Guidance and Boundaries

H30	Parent/carer tries to ensure the child gets adequate and undisturbed sleep	☐	☐
H31	Parent/carer provides the child with an adequate and nutritious diet	☐	☐
H32	Child is supervised by responsible adults, or plays in an environment parents have checked is safe	☐	☐
H33	Other	☐	☐

Stability

H34	Parent/carer provides regular and consistent routines for the child (mealtimes, bedtimes, bath times)	☐	☐
H35	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

SATs are given to pupils in the summer term of Years 2, 6, & 9 (ages 7, 11 & 14).

At 7 years most children are performing at level 2 of Key Stage 1.

School refusal at this age is rare. Black pupils often underachieve at school.

Black pupils are 4 times more likely to be excluded than white pupils. Excluded black children are usually of higher ability with fewer chronic disruptive behaviours than white pupils who are excluded.

		Yes	No	*date*	*Subject*	*level*
E1	Child's educational progress is satisfactory in reading, writing and maths. **Note SATS results**	☐	☐		English Maths Science	
E2	Child is happy to go to school	☐	☐			
E3	Child attends school regularly (note number of unauthorised days absent in past year)	☐	☐			
E4	Child arrives at school on time	☐	☐			
E5	Child has a friend at school	☐	☐			
E6	Child has a good relationship with a member of staff	☐	☐			
E7	Child responds appropriately to adult instruction	☐	☐			
E8	Child shows challenging/disruptive behaviour at school	☐	☐			
E9	Child's lack of concentration impedes learning	☐	☐			
E10	Child is excluded from school	☐	☐			
E11	Other	☐	☐			

Parental capacity

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

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

Not all children with impairments will need a statement of Special Educational Needs.

Disabled children may need financial help, equipment or adaptations to allow them to get to school.

Parents' circumstances may mean they are unable to take the child to school, or may delegate the task to others.

These adults must not present a risk to the child.

		Yes	No
Basic care			
E12	Child has a range of safe appropriate toys/learning materials	☐	☐
E13	Parent/carer regularly attends school events	☐	☐
E14	Parent/carer supports and encourages homework	☐	☐
E15	If child is not achieving at school: Is there an Individual Education Plan?	☐	☐
	Is there a statement of Special Educational Needs?	☐	☐
E16	Other	☐	☐
Ensuring safety			
E17	Home has safe play areas	☐	☐
E18	Where appropriate, the child is always accompanied to school	☐	☐
E19	Responsible, known adults take and fetch the child from school	☐	☐
E20	Where necessary, parents have taken action over bullying	☐	☐
E21	Other	☐	☐

CORE ASSESSMENT RECORD   Child aged 5–9 years

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

Parents own problems may mean they are not always able to offer the intellectual stimulation a child of this age needs.

To gather further information consider using the Family Activity Scale.

Emotional warmth

		Yes	No
E22	Parent shows an interest in the child's school work	☐	☐
E23	Parent shows approval of educational achievements	☐	☐
E24	Parent places great pressure on the child to achieve	☐	☐
E25	Other	☐	☐

All children need adequate and appropriate stimulation. When a child has profound or complex impairments it may be helpful to check with a specialist before completing this section.

Stimulation

E26	Parent regularly reads, tells stories, plays counting games, watches TV with child	☐	☐
E27	Other	☐	☐

Guidance and Boundaries

E28	Parent supports regular school attendance	☐	☐
E29	Ensures prompt attendance	☐	☐
E30	Supports school rules	☐	☐
E31	Ensures child is ready on time for school	☐	☐
E32	Other	☐	☐

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.

Stability

E33	Parent/carer consistently encourages learning	☐	☐
E34	Child's toys/books/school work are looked after	☐	☐
E35	Other	☐	☐

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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Emotional and Behavioural Development

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

Consider using the Strengths and Difficulties Questionnaire.

When a child is disabled or sensory impaired behaviours such as rocking or constant screaming are significant and should not be dismissed.

	Child's needs	Yes	No
B1	Child is usually happy	☐	☐
B2	Temper tantrums lasting 15 mins occur weekly	☐	☐
B3	Child is gaining control over the expression of strong emotions	☐	☐
B4	Child's challenging/disruptive behaviour affects his/her safety	☐	☐
B5	Child enjoys appropriate physical closeness with familiar adults	☐	☐
B6	Child talks about feelings with a trusted adult	☐	☐
B7	Shares/takes turns with others	☐	☐
B8	Has some understanding of the concept of ownership	☐	☐
B9	Child inflicts injuries on him/her self (i.e. scratching, head banging)	☐	☐
B10	Child is preoccupied with violence	☐	☐
B11	Child bullies other children	☐	☐
B12	Child wanders from home	☐	☐
B13	Child spends long periods alone	☐	☐
B14	Other	☐	☐

At this age concepts of ownership may not be fully established.

Self harm must be treated seriously and appropriate help sought.

Children may cope with upsetting parental behaviours by withdrawing or running away.

Parental capacity

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

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

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

	Basic care	Yes	No
B15	Parent/carer loves the child unconditionally (i.e. without strings attached)	☐	☐
B16	Family disagreements are resolved in non-violent ways	☐	☐
B17	Other	☐	☐

	Ensuring safety		
B18	Child's whereabouts are always known	☐	☐
B19	Child is frequently left alone	☐	☐
B20	Child is hit or physically chastised	☐	☐
B21	Parents/carers have sought help or advice if they are experiencing difficulties in managing the child's behaviour	☐	☐
B22	Other	☐	☐

Consider whether the feelings and behaviour that troubles the child and parent would benefit from specialist assessment and help.

CORE ASSESSMENT RECORD   Child aged 5–9 years

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

Emotional warmth

Yes *No*

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

B23 Child is comforted when frightened or distressed ☐ ☐

B24 Child is exposed to frequent criticism/hostility ☐ ☐

Children may have difficulty talking about their feelings and find it easier to discuss them in retrospect.

B25 Child is encouraged to talk about fears and worries ☐ ☐

B26 Other ☐ ☐

Stimulation

Discussing feelings becomes more difficult when children depend on non verbal methods of communication.

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

B27 Child is often exposed to parents' emotional distress ☐ ☐

B28 Child is encouraged to share and play with others ☐ ☐

B29 Other ☐ ☐

Guidance and Boundaries

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

B30 Parent uses a variety of positive methods to get the child to behave ☐ ☐

B31 Child is encouraged to help adults doing household tasks/to put toys away ☐ ☐

B32 There are clear family rules and limits about behaviour ☐ ☐

B33 Child is helped to control feelings ☐ ☐

B34 Parents do not burden the child with their own problems ☐ ☐

When children witness violence they have difficulty in controlling their own emotions and behaviour.

B35 Child is protected from witnessing odd or frightening adult behaviour ☐ ☐

B36 Other ☐ ☐

Stability

B37 Child is responded to in a relatively consistent and predictable manner ☐ ☐

B38 Parents/carers generally support each other in applying family rules ☐ ☐

B39 Other ☐ ☐

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

Child's needs

Summary/clarification of child's needs

Cultural identity develops from all aspects of the child's experience.

The way in which black disabled children define themselves is affected by their personal experience of both racism and disability.

Dual heritage does not always result in identity problems/conflicts.

Racism and bullying are common-place in the lives of black children

		Yes	No
ID1	Child is self confident	☐	☐
ID2	Child takes pride in his/her appearance	☐	☐
ID3	Child takes pride in achievements	☐	☐
ID4	Child is able to stand up for him/herself appropriately	☐	☐
ID5	Child has a developing sense of his/her own culture	☐	☐
ID6	Knows full name/birthdate/address	☐	☐
ID7	Can identify important relatives	☐	☐
ID8	Child is comfortable with his/her own racial identity	☐	☐
ID9	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
ID10	Child's clothes are clean: not soiled with urine, excrement, or food	☐	☐
ID11	Child's clothes are routinely washed	☐	☐
ID12	Parents see the child as having unique strengths and encourages them	☐	☐
ID13	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			
ID14	Child's dress is appropriate for age, gender, culture and religion and where necessary, impairment	☐	☐
ID15	Child is supervised appropriately taking into account the child's personality and developmental level	☐	☐
ID16	Parents support the child who is exposed to racism or bullying	☐	☐
ID17	Other	☐	☐

CORE ASSESSMENT RECORD   Child aged 5–9 years

	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 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.

ID	Item	Yes	No
ID18	Parent often shows spontaneous affection to child	☐	☐
ID19	Child is valued for his/her self	☐	☐
ID20	Parent/carer shows pride in child	☐	☐
ID21	Child's efforts/achievements are praised	☐	☐
ID22	Parent supports the child when exposed to harassment or racism	☐	☐
ID23	Other	☐	☐

Stimulation

Children need positive role models of the same racial/ethnic origins as him/ herself.

Children frequently believe they can control their parent's disturbing behaviour through magical thinking and actions.

ID	Item	Yes	No
ID24	Child has the opportunity to learn own cultural traditions/language	☐	☐
ID25	Child's efforts to be independent are respected	☐	☐
ID26	Other	☐	☐

Guidance and Boundaries

Children often suffer if they are included in the imaginary world of a mentally ill parent.

ID	Item	Yes	No
ID27	Child is taught respect/toleration of others and of different family/cultural traditions	☐	☐
ID28	Family is tolerant of different cultures, ethnic groups etc	☐	☐
ID29	Child is protected from parental mental illness/symptoms	☐	☐
ID30	Child is comforted/reassured when parent's behaviour is disturbing	☐	☐
ID31	Other		

Stability

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

ID	Item	Yes	No
ID32	Child accepted as a family member	☐	☐
ID33	Child is included in family celebrations, e.g. birthdays	☐	☐
ID34	Parent ensures that day to day living has order and stability		
ID35	Other	☐	☐

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**

		Yes	No
F1	Child shows strong attachment to a parent	☐	☐
F2	Child is relaxed with parents/carers	☐	☐
F3	Child plays happily/shares with siblings and familiar peers	☐	☐
F4	Child is gentle and kind to children and animals	☐	☐
F5	Child has a friend	☐	☐
F6	Child bullies other children	☐	☐
F7	Child's sexual knowledge and behaviour is age-appropriate	☐	☐
F8	Child frequently looks after younger brothers and sisters	☐	☐
F9	Child frequently looks after his/her parent/carer	☐	☐
F10	Other	☐	☐

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

Children who are unaccompanied asylum seekers experience acute loss.

Family values are increasingly internalised.

Children can help look after younger siblings and parents but should not have overall responsibility.

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

Basic care		Yes	No
F11	A small number of familiar and appropriate adults look after the child	☐	☐
F12	Parent/carer spends enough time with the child to sustain a strong relationship	☐	☐
F13	Other	☐	☐

Family or child centred issues may result in the child being looked after by a large number of different people (i.e. family, friends, hospital care, or social services respite care).

Ensuring safety		Yes	No
F14	Siblings are generally gentle with the child	☐	☐
F15	Parent monitors interactions between child and siblings	☐	☐
F16	Child does not witness adult sexual behaviour	☐	☐
F17	Child does not witness adult violence	☐	☐
F18	Child is left alone at night	☐	☐
F19	Other	☐	☐

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.

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

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.

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 well being.

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

	Emotional warmth	Yes	No
F20	Parents/carers' relationships with others provides a good example to the child	☐	☐
F21	Parent/carer encourages affectionate family relationships	☐	☐
F22	Other	☐	☐

	Stimulation		
F23	Child is taken to meet other parents and children	☐	☐
F24	Child sees friends outside school	☐	☐
F25	Child has friends to visit at home	☐	☐
F26	Other	☐	☐

	Guidance and Boundaries		
F27	Child is encouraged to negotiate	☐	☐
F28	Child is discouraged from violent or cruel behaviour	☐	☐
F29	Child is frequently left to look after siblings	☐	☐
F30	Child has major responsibility for parental care	☐	☐
F31	Other	☐	☐

Continuity and stability are key aspects of the attachment process.

Untrained agency staff are not appropriate people to care for a disabled child.

	Stability		
F32	There is a stable pattern of care in the child's day to day life	☐	☐
F33	Child has a long-term, stable relationship with at least 1 adult	☐	☐
F34	There is continuity of carers	☐	☐
F35	A limited number of known, appropriate adults deliver intimate care	☐	☐
F36	Other	☐	☐

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

Children can make themselves understood by people outside the family.

		Yes	No
P1	Child's language and behaviour do not cause offence or embarrassment outside the family	☐	☐
P2	Child values adult attention	☐	☐
P3	Child is happy to talk/communicate about family and home	☐	☐
P4	Child is self-confident and appropriately open with adults	☐	☐
P5	Child is overly friendly with strangers	☐	☐
P6	Child is self-confident and open with peers	☐	☐
P7	Child plays with friends outside school hours	☐	☐
P8	Child relates differently and appropriately towards known people and strangers	☐	☐
P9	Other	☐	☐

Most children have learnt to adjust their conversation and behaviour to suit a variety of different situations.

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

A child who is well cared for will look as if someone is paying adequate attention to his/her personal needs.

For example, it should be clear from the child's appearance that he or she frequently bathes and his/her clothes as regularly washed and mended.

Basic care		Yes	No
P10	Parents/carers ensure that child's personal hygiene is adequate	☐	☐
P11	Other	☐	☐

Ensuring safety			
P12	Parents/carers teach the child how to behave appropriately with strangers	☐	☐
P13	Parents/carers teach appropriate behaviour in public settings, including modesty	☐	☐
P14	Parents/carers ensure the child is supervised/supported in potentially dangerous settings	☐	☐
P15	Other	☐	☐

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

The experience of racism, harassment or bullying may result in children having low self esteem.

When families are experiencing difficulties children keep silent because they fear telling some one will result in them 'getting into trouble', or being 'taken away'.

Children often shun social events or keep friends at bay in an attempt to keep the family's circumstances secret.

Emotional warmth

Yes *No*

P16 Parents/carers encourage the child to be self-confident ☐ ☐

P17 Parents/carers praise the child for good social behaviour ☐ ☐

P18 Family members support each other over decisions about child's clothes and appearance ☐ ☐

P19 Other ☐ ☐

Stimulation

P20 Parents/carers encourage the child to bring his/her friends home ☐ ☐

P21 Child is encouraged to join in organised social activities ☐ ☐

P22 Child is encouraged to join in mixed age family activities ☐ ☐

P22 Other ☐ ☐

Guidance and Boundaries

P23 Parents/carers teach the child appropriate 'good manners' and respect for others ☐ ☐

P24 Parent's relationships with neighbours and those in authority are generally harmonious ☐ ☐

P25 Family members are engaged in criminal/antisocial activities ☐ ☐

P26 Other ☐ ☐

Stability

P27 Parents/carers engage in regular social activities with other adults ☐ ☐

P28 The family feels accepted by the local community ☐ ☐

P2 Other ☐ ☐

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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Selfcare skills

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

Younger children will need help with personal hygiene.

Although older children can generally manage their own personal hygiene, nonetheless they may need some monitoring.

		Yes	No
S1	Child has age appropriate self care skills – can attend to own personal hygiene (i.e. bathe, clean teeth, brush hair)	☐	☐
S2	Child has a realistic sense of personal danger	☐	☐
S3	Child can get drinks and some food for him/her self	☐	☐
S4	Child can answer telephone	☐	☐
S5	Older child can make calls	☐	☐
S6	Older child can do simply cooking under supervision	☐	☐
S7	Child accepts adult help with day to day tasks	☐	☐
S8	Child behaves like a little adult	☐	☐
S9	Other	☐	☐

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

Children will be able to help, but should not have overall responsibility for house-hold chores.

When parents' own concerns overwhelm them children may be left responsible for organising their day to day living (i.e. bed-times, meals, getting to school, cooking, shopping, cleaning).

Basic care

		Yes	No
S10	Parent/carer takes main responsibility for the day to day care of the child	☐	☐
S11	Parents/carers encourage the child to take responsibility for aspects of self care appropriate to age/stage of development	☐	☐
S12	Other	☐	☐

Ensuring safety

		Yes	No
S13	A parent/carer supervises/monitors the child's self care to ensure safety	☐	☐
S14	An adult has overall responsibility for looking after the home	☐	☐
S15	Other	☐	☐

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

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

Emotional warmth

		Yes	No
S16	Child is praised for appropriate self care	☐	☐
S17	Other	☐	☐

Stimulation

		Yes	No
S18	Child is encouraged to gain appropriate self care skills	☐	☐
S19	Other	☐	☐

Parents' own difficulties may result in young children assuming a major role in looking after the family.

Guidance and Boundaries

		Yes	No
S20	Parents place appropriate boundaries on self care activities according to the child's personality and stage of development	☐	☐
S21	The child is taught self care and safety in and out of the home (i.e. road safety, 'stranger danger', how to avoid/cope with every day dangers)	☐	☐
S22	Child knows how and who to contact when help is needed to cope with parental problems	☐	☐
S23	Other	☐	☐

Although children of this age can help look after a sick or disabled parent, an adult should retain overall responsibility.

Stability

		Yes	No
S24	There are stable arrangements for living and child care	☐	☐
S25	Parents/carers maintain the main responsibility for the care of the family	☐	☐
S26	Other	☐	☐

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

CORE ASSESSMENT RECORD   Child aged 5–9 years

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 house hold 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.

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

		Yes	No
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 house-hold got a history of violence?	☐	☐
FE8	Are there frequent family rows?	☐	☐
FE9	Other	☐	☐

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

Wider Family

		Yes	No
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	☐	☐

Housing	Yes	No	
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	☐	☐	

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

The Home Conditions Assessment may help gather this information.

Employment	Yes	No	
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	☐	☐	

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.

Income	Yes	No	
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	☐	☐	

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

Family's Social Integration	Yes	No	
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			

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

Community resources include: shops, recreation areas, after school clubs, 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 their 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

The child (where appropriate) and parents should be involved in the assessment

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

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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				
Emotional and behavioural development				
Identity				
Family and social relationships				
Social presentation				
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

CORE ASSESSMENT RECORD   Child aged 5–9 years

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

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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: _____

(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