

Our Ref/Ein Cyf:
Your Ref/Eich Cyf:
Date/Dyddiad: 11/11/09
Please ask for/Gofynnwch am: Emily Warren
Direct line/Llinell uniongyrchol: 02920468681
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WLGA • CLILC

Helen Mary Jones AM
Chair, Children & Young Peoples Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Dear Helen,

Following our evidence session to Committee on October 20th, I am now in a position to provide information on the additional points raised by the Committee.

The Committee requested additional information on the South East Wales Improvement Collaborative (SEWIC) Children's Services Commissioning Project, including timescales and how it will enable outcome focused commissioning, and also on the definition of 'critical' information about young people in care that should be shared between different agencies.

We have gathered a range of information for you that will provide answers to the questions raised. The information will provide a greater insight into work underway within SEWIC, and local processes to gather information when placing a child which ensures their needs and wellbeing are at the heart of the process.

The information is included in the supporting documents and includes:

- (A) For critical information on a child being placed in care:
 - Required placement Information
 - Placement information record
 - Referral and information record
 - Initial assessment record
 - Core Assessment record

- (B) For information on the SEWIC project:
 - Outcome based commissioning
 - Timescales of the project - operational by Spring 2010

Please do not hesitate to contact me should you require any further information.

Kind Regards

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Director of Health Improvement and Social Services

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Chief Executive
Prif Weithredwr

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Planned Placements

Where a child is to become looked after, a planning meeting should be arranged prior to or within 72 hours of the placement. At the planning meeting the Placement Information Record should be completed. The PIR provides foster carers with essential/ critical information needed in order to provide appropriate care for a child on a day to day basis. The foster carers should be provided with a copy of the PIR at the start of the placement as it contains key information including health information including whether the child has any allergies, dietary requirements and daily routines, particularly for younger children. Parents should be asked to provide written consent for the child to receive routine and emergency medical treatment. Consideration should also be given to arrangements and frequency for contact whilst the child is looked after.

The Placement Information Record also describes exactly who should carry out specific actions, eg, register the child with a GP, attend parents evening etc.

Parents and foster carers should be asked to sign their agreement to the placement.

A copy of the PIR should be provided to the foster carers, the parents and the Family Placement Social Worker. The PIR forms part of the Foster Placement Agreement.

Emergency Placements

On occasions, children become looked after on an emergency basis. Even so foster carers should be provided with the essential/ critical information, which will enable them to provide day to day care for the child. It is important that the social worker explains to the parents the importance of knowing about any health issues the child may have together with any medication they are receiving so that the foster carer can continue to ensure the child receives this in placement. It is also important that the social worker informs the foster carer of any specific routine that should be followed whilst the child is in their care. This should include specific dietary requirements, daily routines and proposed contact arrangements.

The social worker will complete as much information on the Placement Information Record at the start of the placement as possible so that the foster carers are equipped with the essential/ critical information about the child that they need in order to provide appropriate care. Parents and foster carers should be asked to sign their agreement to the placement.

Once the child is placed, a planning meeting should be arranged within 72 hours of the placement. The parents, foster carers and Family Placement Social Worker should attend the planning meeting where each section of the Placement Information Record should be fully discussed and actions agreed.

A copy of the Placement Information Record should be provided to the foster carers, the parents and the Family Placement Social Worker. The PIR forms part of the Foster Placement Agreement.

Placement Information Record
(incorporating the Foster Placement Agreement for
children placed with foster carers)



A Placement Information Record should be completed for all children and young people looked after away from home, including those receiving short break care. It may also be used for children and young people receiving regular day care services and support foster care which does not include overnight stays.

The Placement Information Record details the arrangements for meeting a child or young person's needs where responsibilities are divided between a number of people.

CHILD/YOUNG PERSON'S DETAILS

Family name _____ Given names _____
 Date of Birth _____ Male Female
 Child/ young person's first language or preferred method of communication: _____

PLACEMENT DETAILS

Reason for placement includes: Started to be looked after (code S); Change of legal status only (code L); Change of placement only (code P); Change of both legal status and placement at the same time (code B).

Category of need:
 N1: Abuse or Neglect; N2: Disability; N3: Parental illness or disability; N4: family in acute stress; N5: Family dysfunction; N6: Socially unacceptable behaviour; N7: Low income; N8: Absent Parenting N9: Adoption Disruption

A full list of the SSDA 903 codes can be found on page 18 of this Placement Information Record.
 This **Placement Information Record** fulfils the requirement under Regulation 12 of the Children's Homes regulations 2002 for the registered person in a children's home to prepare a child's Placement Plan.

Reason for placement: _____ Reason for placement code: _____
Category of Need: N1 N2 N3 N4 N5 N6 N7 N8 N9
 Date placement (or series of short breaks) began: _____
 If a series of short breaks, what is the period covered by this placement? months
 Date this form first completed: _____
 Child/young person's current **legal status** (e.g. accommodation/care order):
(Please refer to 903 guidance for full list of legal status codes)
 Placement address: _____
 Postcode _____ Tel. _____
 Type of placement: _____ Type of placement code: _____

1.	Placement with parent(s)	<input type="checkbox"/>	7.	Specialist residential placement (therapeutic)	<input type="checkbox"/>
2.	Placement with relatives/friends	<input type="checkbox"/>	8.	Specialist residential placement (residential school)	<input type="checkbox"/>
3.	Foster placement with relatives/friends	<input type="checkbox"/>	9.	Specialist residential placement (health, including CAMHS)	<input type="checkbox"/>
4.	Foster placement	<input type="checkbox"/>	10.	Secure accommodation	<input type="checkbox"/>
5.	Placement with adopters	<input type="checkbox"/>	11.	Supported lodgings	<input type="checkbox"/>
6.	Residential placement (children's home)	<input type="checkbox"/>	12.	Other, <i>please specify:</i> _____	<input type="checkbox"/>

Is there anyone to whom the child/young person's address should not be given? Yes No

If **Yes**, please provide details:

Name: _____
 Address: _____
(if known)

Relationship to child:
(if known)

OUT OF HOURS CONTACT

Name (please print) South East Wales Emergency Duty Team	Telephone 0800 328 4432
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CARERS' DETAILS

Where a child/young person is placed in any type of residential unit the name of the key worker and unit manager should be recorded.

Name of foster carers/key worker/relatives or friends providing accommodation	Relationship to child/young person (if any)

The details of household members should correspond to Family Placement Records

Other Household members (if placed with foster carers, relatives or friends). If household members do not have a relationship to the child/young person please give their relationship to main carers

Name	Relationship to child/young person	Relationship to main carers

PROVISION OF INFORMATION TO CARERS

The Referral and Information Record in conjunction with the Placement Information Record will form the foster carer agreement. If the carers have not been provided with the Referral and Information Record for the child/young person then the Placement Information Record will not constitute a Foster Placement Agreement under Schedule 6 of the Fostering Services (Wales) Regulations 2003. Carers should keep both records together in the one place.

Have the carers been given the child/young person's Referral and Information Record?

Yes No

If No, when will it be given to carer(s)?

If a Care Plan has not been completed or given to the carers, why does the child/young person have to be looked after now. E.g. Family crisis, place of safety?

... [1]

Did a previous placement end? Yes No If Yes, please explain the reasons:

Please specify SSDA 903 code X1 if previous placement ends and new placement begins on the same day

A risk assessment should be undertaken to identify the impact of the child/young person's placement, including the adult's with whom the child/young person will have contact at the placement on all

Has a risk assessment been completed for the placement? Yes No

What arrangements have been made for the child/young to visit prior to the placement commencing?

Date	Arrangements

other children in the household. The information from this risk assessment should inform the Placement Information Record	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

This should be the person authorised by or on behalf of the responsible authority.

Please record the name and address of the social worker:

Name

Address
Postcode Telephone

Email address:

How frequently will s/he visit the placement?

Please record the name of the family placement worker:

Name

Address
Postcode Telephone

How frequently will s/he visit the placement?

Do the carer(s) know the level of financial support they will receive and the arrangements for payment?

- Yes No
 Not yet, but they will be informed within 24 hours

What support services are available to carer(s) outside office hours?

Have the carers and the child's parents been given the dates and venues of all reviews and planning meetings concerning this child?

- Carer(s) Yes No None yet arranged
Parent(s) Yes No None yet arranged

If **No**, Information will be given before:

PLACEMENT ASSESSMENT

<p>Fostering Services Regulations:- Assessment needs to ensure child has own bed, arrangements reflect the need for privacy and space and for needs resulting from a disability (Standard 6.4); If child has been abused or has abused others there should not be a decision to allow sharing of bedrooms without a recorded assessment for suitability of this (Standard 6.5);- The environment contains safety barriers and equipment appropriate to child's age, development and level of ability (Standard 6.6);- If carer is providing transport this has been assessed as safe and appropriate to the child's needs (Standard 6.7)</p> <p>Children's Homes Regulations: "The potential for abusive behaviour is taken into account before agreeing to the sharing of bedrooms" (Standard 24.7)</p>	<p>Has the placement been assessed as suitable for the child (where a child will be sharing a bedroom this should include a risk assessment) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Will the child be sharing a bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>If Yes, is the placement exempt from the requirement to provide a child with a separate bedroom <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>If No, why is the child being placed in this placement?</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
	<p>If Yes, when was the assessment completed? <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/></p>
<p>Name of person who assessed the suitability of the placement _____</p>	
<p>Designation _____</p>	
<p>Please record any additional comments on the placement</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

PROVISION OF INFORMATION TO CHILD/YOUNG PERSON

Has the child/ young person been provided with advice relating to the Guide to the Fostering Service or Children's Guide to the Children's Home including how to complain Yes No

Where the child/young person is placed in a Children's Home or other residential unit, do they have access to at least one person independent of the home or unit and the Local Authority Children's Social Services:

Yes No If no, when will one be appointed

If Yes, Please record their details:

Name			
Address			
	Postcode	Telephone	
Email address			

PLACEMENT OBJECTIVES

Please detail the overall objectives of the placement and how these relate to the Care Plan for the child/young person. Details of specific objectives for the child/young person are contained in the Care Plan.

Objective	Relationship to Care Plan	Any additional support that will be provided to carers to assist them to meet this objective	Anticipated Outcome

BRIEF SUMMARY OF CHILD'S PERSONAL HISTORY

This section should contain a brief summary of any information concerning the child/young person's history, and its impact on the child/young person that will assist carers to meet the child/young person's needs.

For example significant changes in the child/young person's household; Significant events such as bereavements, accidents,

PLACEMENT ROUTINES

Child/young person's routines *(please attach additional sheets if required)*

Communication:

Include details of how the child/young person make their wishes and feelings known

Mealtimes:

Include details of any likes and dislikes, whether there are dietary requirements through reasons of religion, health, culture or choice, whether the child/young person requires assistance and whether the child/young person has any behaviours that need to be managed at mealtimes.

For disabled children and young people it may be important to record the position in which they eat and details of any specialist equipment.

Bedtimes:

It is important to record details of the child/young person's bedtime routine; times, stories, light on or off, door open or closed, teddy or comforter and whether the child/young person wakes during the night, has nightmares, wets the bed, is upset through the night.

It is important to maintain the child/young person's routines wherever possible.

Will these routines be followed in the placement?

Yes No

If not, why and what will be the key changes for the child/young person?

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EMOTIONAL and BEHAVIOURAL DEVELOPMENT

Does the child/young person display any behaviour patterns including abusive incidents to self or others that have been of concern to current or previous carers?

Yes No

If **Yes**, please explain why *(please provide dates of any incidents where possible)*:

This could include aggression, anxiety/withdrawal, self-harm, inappropriate sexual behaviour, offending, substance misuse, lack of awareness of personal safety

How are these behaviours managed?

Has/Is the child or young person receiving support to deal with these issues?

Are there additional resources required or available to assist the carers in meeting the needs of the child/young person?

It is important that carers' are provided with information about positive aspects of a child or young person's behaviour and development and how to reward positive behaviour.

Is there further information about the child or young person's behaviour that the carer(s)' need to know at this time?

HEALTH

1. Has the child/young person had a health assessment Yes No

Health: Arrangements and actions

The name of the child/young person's GP and any other health professional involved with him/her should be recorded in the **Referral and Information Record**

If **No**, who is responsible for arranging a health assessment?

Name and designation

2. Is the child/young person disabled? Yes No

If **Yes**, please give details of all disabilities

For children and young people with complex needs, carers may require additional information to meet the child or young person's needs. This should be attached to the **Placement Information Record**.

3. Is the child/young person using any medication? Yes No

Medication	Purpose	Form e.g. cream, tablet	Dose	How Given	When given

4. Does the child/young person have any outstanding medical or dental appointments? Yes No

5. Is there an appointment card? Yes No

If **Yes**, has this been given to the carer(s)? Yes No

Date	Time	Name, designation and address of health professional concerned	Purpose
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

6. Who holds the child/young person's Personal Health Record?

Health: Arrangements and actions

If the carer is responsible for keeping the record up-to-date, have they been given a copy of the PCHR?

Yes No

If **No**, when will they receive it?

7. Is the child/young person known to suffer from any allergies? Yes No

Please specify:

8. How are these managed e.g. does the child/young person require an epipen?

Please specify:

An epipen may be prescribed if a child/young person suffers from extreme allergic reactions e.g. nuts, bee stings.

9. Does the child/young person have any other medical condition(s) which require monitoring?

Please specify:

Health: Arrangements and actions

Who will take the child/young person for routine medical and dental treatment?

Name and designation

Who will take the child/young person to any outstanding medical or dental appointments?

Name and designation

If costs are incurred, for example if the appointment is some distance from the placement, how will these be met?

E.g. symbol book,
hearing aid, tube
feeding aids, special
footwear, special cup
or bottle

10. Does the child/young person use any special equipment?

Please specify:

Health: Arrangements and actions

If necessary, have arrangements been made for the carer(s) to receive any **essential** equipment required by the child/young person

Yes No
 Not yet, but within 24 hours

Please give details of any equipment needed and how necessary training will be provided to carer(s):

Which agency will provide the essential equipment?

Who will fit the equipment?

11. Does the child/young person have specific dietary needs or restrictions for health reasons or through their own choice i.e. young person might choose to be vegetarian? Yes No

Please specify:

12. Does the child/young person have a Health Care Plan? Yes No

Health: Arrangements and actions

If not, when will it be completed?

Details of the child/young person's new GP should be added to the **Referral and Information Record**

13. Can the child/young person remain registered with their own GP? Yes No

Health: Arrangements and actions

If no, who will register them with a local medical practice?

When will this be completed?

Details of the child/young person's new dentist should be added to the **Referral and Information Record**

14. Can the child/young person remain registered with their own dentist? Yes No

Health: Arrangements and actions

If no, who will register them with a local dental practice?

When will this be completed?

CONSENT TO MEDICAL TREATMENT

I/We, who have parental responsibilities for (child/young person) agree to CAERPHILLY CBC arranging the following surgical, medical and dental procedures or treatments for the above named child/young person whilst s/he is looked after by them, if the child/young person is not deemed able to give his or her own consent by an appropriately qualified medical practitioner.

Type of treatment	Yes	No	Please record the name and position of the person the authority has delegated the responsibility for giving consent to medical treatment
Emergency surgical, medical and dental examinations and intervention (including anaesthetics)	<input type="checkbox"/>	<input type="checkbox"/>	
Routine medical and dental intervention/treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person (including immunisations)	<input type="checkbox"/>	<input type="checkbox"/>	
Planned surgical intervention/treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person	<input type="checkbox"/>	<input type="checkbox"/>	
The issue of consent to medical treatment has been explained to me	<input type="checkbox"/>	<input type="checkbox"/>	

Additional agreements and consents might be required for children and young people with complex health needs. For example, agreement to psychiatric/psychologist assessments, consent to administration of non-prescription medicines such as Calpol or consent to the use and provision of specialist equipment such as tube feeding:

Additional Agreement – please specify	Parental consent

Parent(s) or people with parental responsibility may wish to give their views about any of the above treatments or procedures:

Signature of parent(s) or those with parental responsibility

Signature	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Designation	<input type="text"/>	Designation	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

EDUCATION

15. Name of pre-school nursery/school/college or other educational provision attended by child/young person before they moved to this placement:

Name and address of pre-school nursery/ school/college or other educational provision

Postcode	Telephone

Key contact i.e. Head Teacher, Form Tutor

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16. Will child/young person continue to attend this nursery/school/college? Yes No

17. If the child/young person cannot continue at their previous pre-school nursery/school/college has a new one been identified? Yes No

If **Yes**, please provide details:

Name and address of pre-school nursery/ school/college or other educational provision

Postcode	Telephone

Key contact i.e. Head Teacher, Form Tutor

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18. How will the child get to and from school/college/place of education?
- Walk
 - Public transport
 - Transport arranged by Social Services
 - Transport arranged by carers

Other:

--

19. Has the child/young person's school college been informed that s/he has become looked after or changed placement? Yes No

Name of person informed:

--

Children receiving short break care, do not require a Personal Education Plan

20. Does the child/young person have a Personal Education Plan? Yes No

Tick box if completed and attached

If not, when will it be completed:

Education: Arrangements and actions

If child/young person cannot continue at his/her present school/college, who is responsible for making alternative arrangements for the child/young person's education?

When will these arrangements be in place?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If necessary, who will inform the child/young person's pre-school nursery/school/educational establishment that s/he is looked after or has changed placement?

Who will liaise with the school on a day-to-day basis?

Who will receive correspondence/reports from the child/young person's pre-school nursery/school/educational establishment?

If not carer(s) how will information be shared with them?

If not parent(s) how will information be shared with them?

Who will attend parent and open evenings, and other school events?

Carer:
Parent:

Permission for the child/young person to go on school day trips may be given by?

Permission for the child/young person to go on longer school journeys may be given by?

Name:
Tel. No.:

... [2]

Are there any costs associated with the child's education i.e. school meals, fares, uniform?

If so, who will meet the costs?

FAMILY and SOCIAL RELATIONSHIPS

Family and Social Relationships: Arrangements and actions

Permission for the child/young person to stay overnight with friends and family may be given by:

What arrangements for contact have been made? All members of the child/young person's family and other significant people for the child/young person must be listed, even where contact arrangements are not yet in place

Person	Frequency	Type: <i>face to face, telephone, letterbox</i>	Arrangements: <i>transport, location, arrangements for supervision</i>
Birth mother			
Birth father			
Step-parent/other main carer			
Brothers and sisters: _____			

Grandparent(s): _____			

Other significant people for the child/young person: _____			

Brothers and sisters should include half and step-siblings.

Other significant people can include extended family members, friends and previous carer(s).

21. Is there anyone with whom contact with the child/young person is restricted or forbidden?

Name

Relationship

Address

Postcode
Telephone

22. Has a court made any order or recommendation restricting contact? Yes No

If **Yes**, please give details and indicate whether the carers have a copy of any order:

23. Does the child/young person want anyone else to know where they are, in addition to those listed on page 14? If so, please give details and indicate who will contact him or her:

Name

Relationship

Address
Postcode **Telephone**

To be contacted by:

24. The child/young person may only go and stay with the following people for the periods specified until further permission has been given:

Name

Relationship

Address
Postcode **Telephone**

Number of times

Name

Relationship

Address
Postcode **Telephone**

Number of times

Who may give permission for the child/young person overnight stay with friends and members of the child/young person's extended family?

25. Is the young person a parent?

Yes No

If **Yes**, does s/he have parental responsibility?

Yes No

Child(ren)'s names and date(s) of birth:

--

26. Do(es) the child(ren) have a social worker? If yes, please provide details of:

Name and team	Address

27. If the young person is not living with their child(ren) please provide brief details of contact arrangements:

--

IDENTITY

28. Does the child/young person regularly attend a place of worship?

Yes No

If **Yes**, please provide address, day(s) and time(s) of attendance:

--

29. Please give brief details of any religious practices to be observed:

--

30. Does the child/young person have any specific dietary needs for religious or cultural reasons?

Yes No

If **Yes**, please provide details:

--

31. Does the child/young person regularly attend any activities e.g. groups, centres or clubs, which relate to their racial, cultural or linguistic needs? Yes No

If **Yes**, please provide address, day(s) and time(s) of attendance:

32. Is there any other information in relation to the child/young person's religious, cultural or linguistic needs that it would be helpful for the carer(s) to know?

Identity: Arrangements and actions

Will the child/young person attend their regular place of worship?

Yes No

If yes, who will be responsible for taking them?

If no, who is responsible for making alternative arrangements?

When will these arrangements be in place?

Will the child/young person continue to attend any activities in relation to their culture or heritage?

Yes No
 Not applicable

If **Yes**, who will be responsible for taking them?

If **No**, who is responsible for making alternative arrangements?

When will these arrangements be in place?

Will any additional services be provided to support the carers to meet the child/young person's religious or cultural needs?

These services should be included in the **Care Plan** for the child/young person.

SELF-CARE SKILLS and SOCIAL PRESENTATION

33. Does the child/young person have a self-care skills programme? Yes No

If **Yes**, please provide details:

Some children and young people may have a detailed self-care skills programme. This should be attached to the **Placement Information Record**.

34. Please list the child/young person's current hobbies, special interests and leisure activities.

Provide details of day(s), time(s), location etc:

Self-care Skills and Social Presentation: Arrangements and actions

Please provide details of the child/young person's current hobbies, special interests and leisure activities that will continue in the placement:

Activity	Arrangements: <i>transport, who will take the child/young person</i>

Are any costs involved? (e.g. equipment, fares, subscriptions)

If so, who will cover these?

What is the contingency plan if any of the above arrangements fall through or cannot be financed?

Please identify activities that cannot be continued in the current placement?

AGREEMENTS FOR CHILD/YOUNG PERSON TO BE ACCOMMODATED

1. **Social worker/Duty social worker**

The above information is correct to the best of my knowledge and belief

Name *(please print)*: Signature:

Date:

2. **Residential worker**

I agree to look after **(child/young person)**

at **(placement address)**

Postcode **Tel.**

Name *(please print)*: Signature:

Date:

3. **Approved Foster Carers**

I/we agree to look after **(child/young person)** at the placement address and to comply with all aspects of this foster placement agreement as stated in Schedule 6 and of the Foster carer agreement as stated in Schedule 5 of the Fostering Services (Wales) Regulations 2003. I/we have received written information concerning these regulations. I/we also agree to co-operate with all arrangements it makes for the child/young person made by **(responsible local authority/other agency)** regarding the child/young person.

Name *(please print)*: Signature:

Name *(please print)*: Signature:

Date: Date:

4. **Relative/Friend**

I/we agree to look after **(child/young person)** at the placement address for a period not exceeding six weeks, unless subsequently approved and issued with a foster care agreement between myself/ourselves and **(local authority/other agency)**. I/we agree to carry out all duties specified in Section 38 of the Fostering Services (Wales) Regulations 2003. I/we have received written information concerning these regulations. I/we also agree to co-operate with all arrangements made by **(local authority/other agency)** for him/her.

Name *(please print)*: Signature:

Name *(please print)*: Signature:

Date: Date:

AGREEMENTS FOR CHILD/YOUNG PERSON TO BE ACCOMMODATED (continued)

5. **Child/young person** (if of sufficient age and understanding. If the young person concerned is 16 or over and being accommodated without parental consent s/he should be encouraged to sign this agreement).

I agree to be looked after by (local authority/other agency)

at (placement address)
 Postcode Tel.

Name (please print): Signature:

Date:

6. **Parent/Person with parental responsibility**

I/we agree to being accommodated by (child/young person)
 (local authority/other agency)

Name (please print): Signature:

Name (please print): Signature:

Date: Date:

Have all sections of the Placement Information Record been completed at the time the child/young person was placed with carers? Yes No

If No, when will it be completed?

Signed by team manager
 Name (please print): Signature:

Date:

Date Record completed:

Date copied to all parties:

Signed by team manager
 Name (please print): Signature:

Date:

Type of placement includes:: Within the LA: foster placement with relative/friend (code F1); placement with other foster carer (code F2); placement with other foster carer arranged through agency (code F3); Outside the LA: foster placement with relative/friend (code F4); placement with other foster carer (code F5); placement with other foster carer arranged through agency (code F6); Placed for adoption with consent, with current foster carers (A3); placed for adoption with consent not with current foster carer (A4); Placement for adoption with placement order with current foster carer (A5); placed for adoption with placement order not with current foster carers (A6); Placed with own parents or those with parental responsibility (code P1); Independent living (code P2); Residential employment (code P3); Secure unit inside LA (code H1); Secure unit outside LA (code H2); Children's home within LA (code H3); Children's homes outside LA (code H4); Hostels and other supportive residential settings not subject to the *Children's Homes Regulations* (code H5); Residential Care home (code R1); NHS/Health Trust (code R2); Family centre/mother and baby unit (code R3); Youth treatment centres (code R4); Y.O.I. or prison (code R5); All residential schools except where school is dual-registered as a children's home (code S1); Other placements not listed (code Z1).

Referral and Information Record

The Referral and Information Record gathers together the essential information about a child or young person. There is an expectation that within **one working day** of a referral being received there will be a decision about what response is required (paragraph 3.8, *Framework for the Assessment of Children in Need and their Families, 2000*).

A re-referral is defined as a referral about the same child/young person within twelve months of a previous referral to the same council (where the case is closed).

Please record all names the child and parents/carers have been known by.

This is the child/young person's usual or home address. Where the parents have shared care, the child/young person may have two addresses.

Responsible CSSR should be completed if a referral is being made regarding a child/young person who is the responsibility of an authority other than your own. For example, a child/young person on the Child Protection Register in another authority or looked after by another authority.

If the child/young person's main carers are users of social services, for example, if they are known to adult social services, their Social Services Case Numbers should be recorded.

Please record brief details about the reason for referral, or services requested by or on behalf of the child. It is important to record details even when services cannot be provided immediately or at all.

CSSR Case Number _____

Date referral received: Is the parent/carer aware of the referral? Yes No

Is this a re-referral? Yes No

If Yes, does the reason for the re-referral indicate that the response to the original referral did not appropriately address the client's needs Yes No

CHILD/YOUNG PERSON'S DETAILS

Family name _____ Given names _____

DoB or expected date of delivery:

Gender: Male Female Unborn

Address _____

Postcode _____ Tel. _____

Child/young person's first language or preferred means of communication _____

Is an interpreter/signer required? Yes No

Current address if different from above: _____

Postcode _____ Tel. _____

Social Services Team _____

Responsible CSSR _____

Child/young person's main carers:

Name	Relationship to child/young person	Ethnicity	First language	Parental Responsibility
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is an interpreter/signer required? Mother: Yes No Father: Yes No

Other main carers (please specify name) _____ Yes No

Are any of the main carers disabled? Mother: Yes No Father: Yes No

Other main carers (please specify name) _____ Yes No

If known to Social Services – name of main carer, name of CSSR and Case Number _____

Reason for referral/request for services:

▲ _____

Referred by _____ Agency/rel. to child/young person _____

Address _____ Tel: _____

Does the referrer wish to remain anonymous? Yes No

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The child/young person or the child's parents should be asked which ethnic group the child belongs to.

This information on ethnicity will enable local authorities to complete statistical returns e.g. SSDA 903 return, child in need census.

In some circumstances, local authorities may wish to record more specific information about a child/young person's ethnicity to assist in service provision. This should be recorded at *Further details regarding*.

CHILD/YOUNG PERSON'S ETHNICITY

Black or Black British	Asian or Asian British	White	Mixed	Other Ethnic Groups
Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/>	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any White background <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed background <input type="checkbox"/>	Chinese <input type="checkbox"/> Any other ethnic group Not given <input type="checkbox"/> If other, please specify: _____

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Further details regarding child/young person's ethnicity _____

Child/young person's religion _____

EU citizens are not required to register with the Home Office.

Child/young person's nationality (if not British):

Nationality _____ Home Office registration number _____

Immigration status: Asylum seeking Refugee status Exceptional leave to remain

Parent's details if not main carers:

Mother's name _____ CSSR Case Number, if appropriate _____

Mother's address _____

Postcode _____ Tel. _____

Mother's first language _____ Mother's ethnicity _____

Father's name _____ CSSR Case Number, if appropriate _____

Father's address _____

Postcode _____ Tel. _____

Father's first language _____ Father's ethnicity _____

Does father have parental responsibility? Yes No

Is either parent disabled? Mother Yes No Father Yes No

Is an interpreter/signer required? Mother Yes No Father Yes No

This section records all children/young people and adults living at the child/young person's usual or home address.

If another child/young person in the household is being referred to social services, please tick in the box. A separate Referral and Information Record should be completed for each child referred.

Other household members (including non-family members):

Family name	Given name	DoB	If known to Social Services-CSSR and case number	Relationship to child	Tick if also referred to Social Services at same time as child
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

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CHILD/YOUNG PERSON AND FAMILY NETWORKS

Significant family members who are not members of the child's household:

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
_____	_____
Postcode _____ Tel. _____	Postcode _____ Tel. _____

In some cases it is important to record links to other Social Services department cases. For example, where half or stepsiblings are looked after by an authority or have had their names placed on an authority's Child Protection Register.

Other Social Services cases associated with the child/young person:

Name _____	CSSR and Case No. _____
Name _____	CSSR and Case No. _____

The name of key professionals from all agencies currently involved with the child and family should be recorded. This includes agencies working with parents.

Parental permission to contact other agencies should be obtained unless permission seeking may itself place a child at increased risk of significant harm (Paragraph 5.6, *Working Together*).

It should be ascertained whether other professionals agree to the information they are asked to provide being shared with the child and/or family.

Key Agencies:	Tick if parental consent to contact obtained	Date consent obtained
G.P. Name _____	<input type="checkbox"/>	□ □ □ □ □ □ □ □
G.P. Address _____ Postcode _____		Tel. _____
H.V. Name _____	<input type="checkbox"/>	□ □ □ □ □ □ □ □
H.V. Address _____ Postcode _____		Tel. _____
Nursery/School Name _____	<input type="checkbox"/>	□ □ □ □ □ □ □ □
Nursery/School Address _____ Postcode _____		Tel. _____
Other Agencies (<i>please specify</i>):		
Name _____	<input type="checkbox"/>	□ □ □ □ □ □ □ □
Address _____ Postcode _____		Tel. _____
Name _____	<input type="checkbox"/>	□ □ □ □ □ □ □ □
Address _____ Postcode _____		Tel. _____
Name _____	<input type="checkbox"/>	□ □ □ □ □ □ □ □
Address _____ Postcode _____		Tel. _____

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FURTHER DETAILS ABOUT THE CHILD/YOUNG PERSON AND FAMILY

If the child is disabled, please record the type of impairment, using the children in need census codes for disability, on the Initial Assessment Record (if this information is known).

Child/young person: Disabled The child/young person referred is disabled	Yes <input type="checkbox"/> No <input type="checkbox"/>
The child/young person referred is on a disability register	Yes <input type="checkbox"/> No <input type="checkbox"/>

The Child Protection Registration categories set out in *Working Together* (1999) are Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect. These categories are different from the previous *Working Together* (1991)

Child/young person: Child protection	
The child/young person referred is on the child protection register of another CSSR	Yes <input type="checkbox"/> No <input type="checkbox"/>
The child/young person referred has been registered previously by any CSSR	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please record all episodes of the child's name being on the child protection register.

Name of CSSR:	Date of registration:	Date of de-registration:
Category:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Where child welfare concerns are raised about a child who is looked after, the CSSR where the child is living has responsibility for the child's safety and welfare until that responsibility is transferred to the responsible CSSR. Please record all episodes of the child being looked after.

Child/young person: Looked after		
Is the child/young person referred looked after by another CSSR?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child/young person referred has been looked after previously by any CSSR	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of CSSR:	Start date:	End date:
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Consent should be obtained from relevant family members before recording this information.

Relevant information:		
Other child(ren)/ young person(s) in the family is/has been on a child protection register	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Please give details, including name(s) and date(s)</i>		
Name _____	_____	_____
Date of registration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date of registration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date of registration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Date of de-registration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date of de-registration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date of de-registration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other child(ren)/young person(s) in the family(s) is/has been looked after by a CSSR		
Name _____	_____	_____
Start date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Start date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Start date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
End date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	End date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	End date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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If a decision on the referral/request for services was not made within one working day, please explain why.

Where appropriate the child/young person should be informed of the action taken following a referral.

Further action: **Practice note: ensure this referral is collated with previous referrals or files**

Provision of information and advice Referral to other agencies
 Initial assessment *(please specify):* _____
(to be completed within 7 working days)

No further action

Referrer informed of action taken Yes No

If no, when will this be done

Parent's informed of action taken: Yes No

If no, when will this be done

Child/Young Person informed of action taken: Yes No

If no, when will this be done

Other action(s) *(please specify):*

Reason(s) for action(s) taken:

Name of social worker _____ Signature: _____ Date:

Name of team manager _____ Signature: _____ Date:

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Initial Assessment Record

The Initial Assessment Record continues the process of systematic information gathering commenced in the Referral and Initial Information Record.

An initial assessment is defined as a brief assessment of each child referred to social services with a request for services to be provided. This should be undertaken within a maximum of **7 working days** from the date of referral but could be very brief depending on the child's circumstances. In completing this initial assessment, if it is known that a core assessment will be required, social work staff should make a professional judgement about whether it is necessary to complete all sections before beginning a Core Assessment.

An initial assessment is deemed to have commenced at the point of referral to social services or when new information on an open case indicates an initial assessment should be repeated.

Date referral received:

Date initial assessment commenced:

CHILD/YOUNG PERSON'S DETAILS

Family _____ Given names _____

DoB or expected date of delivery Gender: Male Female Unborn

Address _____

Postcode _____ Tel. _____

CSSR Case Number: _____

The Initial Assessment Record provides a summary of the work undertaken by social services in collaboration with other agencies.

As part of an initial assessment, the child should be seen. This includes observation and communicating with the child in an age appropriate manner.

Reason for initial assessment, including views of child/young person and parent/carers:

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SOURCES OF INFORMATION

Agencies should be consulted and involved as appropriate as part of the initial assessment. Parental permission to contact other agencies should be obtained unless permission seeking may itself place a child at risk of significant harm.

It should be ascertained whether other professionals agree to the information provided being shared with the child and/or family.

Date(s) child/young person and family members seen/interviewed:

Date	Name(s) of family member(s) interviewed	Please tick if child/young person seen during interview
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/>

Agencies contributing to initial assessment:

Please ensure that the agency's address and parental consent to contact are recorded in the **Referral and Information Record**.

	Please tick if involved	Other agencies (please specify)	
GP	<input type="checkbox"/>	_____	<input type="checkbox"/>
HV	<input type="checkbox"/>	_____	<input type="checkbox"/>
Nursery/school/educational establishment	<input type="checkbox"/>	_____	<input type="checkbox"/>

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CHILD/YOUNG PERSON'S DEVELOPMENTAL NEEDS

All children and young people develop over time. Parents have a responsibility to respond appropriately to the child/young person's needs. The purpose of this section is to identify areas of strength and areas of developmental need, in order for resources to be allocated appropriately to ensure the optimum development of this particular child/young person. You may consider using the HOME Inventory and relevant Questionnaires and Scales (Department of Health et al, 2000) during the Initial Assessment. The parent's capacity to respond should be considered in relation to basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability. For further information consult the *Framework for the Assessment of Children in Need and their Families (2000)* pp. 19-23. If the child/young person or other children in the household have been the subject of child protection concerns, please record the implications for the child/young person's current circumstances.

HEALTH

Child's needs:

Parenting capacity:

EDUCATION

Child's needs:

Parenting capacity:

EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

Child's needs:

Parenting capacity:

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IDENTITY

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Child's needs:

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Parenting capacity:

FAMILY AND SOCIAL RELATIONSHIPS

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Child's needs:

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Parenting capacity:

SOCIAL PRESENTATION

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Child's needs:

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Parenting capacity:

SELFCARE SKILLS

Child's needs:

Parenting capacity:

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ATTRIBUTES OF PARENTS'/CARERS' CAPACITIES WHICH AFFECT THEIR ABILITY TO RESPOND APPROPRIATELY TO THE CHILD/YOUNG PERSON'S NEEDS

It is important to be aware of parent(s)/carer(s) strengths as well as difficulties they are experiencing.

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Research shows that the following are most likely to affect parenting capacity: physical illness; mental illness; learning disability; substance/alcohol misuse; domestic violence; childhood abuse; history of abusing children.

It is important to record that an issue is present, to whom it refers and its affect on parenting.

It is also important to record details of adults who might pose a risk of significant harm to the child/young person.

Consider whether a separate carer's assessment is required under the Carers and Disabled Children Act 2000.

[Empty text box for recording parenting attributes]

Should a referral be made to adult services? Yes No

If yes, please specify details in the **Initial Plan** on **page 8**

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FAMILY AND ENVIRONMENTAL FACTORS WHICH IMPACT ON THE CHILD AND FAMILY

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Please record relevant historical information as well as that relating to the current situation. It is important to record details of any adults who are considered to or are likely to be posing a risk of significant harm to the child/young person.

Family history and Functioning
Wider family
Housing
Employment
Income (please include information Regarding financial difficulties)
Family's social integration
Community resources

ANALYSIS OF INFORMATION GATHERED DURING THE INITIAL ASSESSMENT

The analysis should identify the factors that 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 his/her potential. It is important to include any evidence that the child is suffering or likely to suffer significant harm.

DECISIONS

This section should be completed following discussion with the team manager.

	Yes	No
1. Is the child/young person a child in need as defined in the <i>Children Act 1989</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, please tick which child in need category(ies) is/are appropriate:		
a) a child whose vulnerability is such they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services	<input type="checkbox"/>	<input type="checkbox"/>
b) child whose health or development will be significantly impaired without the provision of services (is suffering or is likely to suffer significant harm)	<input type="checkbox"/>	<input type="checkbox"/>
c) disabled child	<input type="checkbox"/>	<input type="checkbox"/>
If the child is disabled, please record the types of impairment(s) (using the children in need categories):		
If the child's name is not on the disability register, have the parents consented to it being placed there?	<input type="checkbox"/>	<input type="checkbox"/>

FURTHER ACTION ARISING FROM THE INITIAL ASSESSMENT

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, there should be a **strategy discussion** involving social services, the police and other agencies as appropriate. Immediate legal action to protect the child includes court orders applied for by the local authority, the Police and orders, such as an injunction, applied for by a parent to protect a child.

This section is used to record any actions taken during or on completion of the initial assessment. More than one box may be ticked. For example, a family may be allocated a specific service, such as sponsored day care, while a referral is being made to another agency. If a core assessment is to be undertaken, the family should receive services as appropriate during this process. When deciding which services to offer, it is important to take account of the family's likelihood of taking up these services.

Initiate strategy discussion	<input type="checkbox"/>	Commission specialist assessment(s)	<input checked="" type="checkbox"/>
Immediate legal action to protect the child	<input type="checkbox"/>	Referral to other agency(ies)	<input checked="" type="checkbox"/>
Core Assessment	<input type="checkbox"/>	Please specify	
Provide accommodation (including respite care)	<input type="checkbox"/>	_____	
Provide short term services	<input type="checkbox"/>	No further action	<input checked="" type="checkbox"/>

Details of any actions identified should be specified in the Initial Plan.
If accommodation is to be provided, please complete a Looked After Child Care Plan and Placement Information Record and Agreements.

If developmental needs are identified in a child/young person and services are not to be provided or are not available, please explain why:

The completed **Initial Assessment and Plan** should be discussed with the child/young person and their parents/carers. A copy should be provided to the child and appropriate family members, unless to do so would place the child/young person at risk of significant harm.

Child/young person's comments on this assessment and plan where completed. Please record any areas of disagreement:

Parents'/carers' comments on this assessment and plan where completed. Please record any areas of disagreement.

This information should not be shared with other professionals, unless the child (as appropriate) or family member has given their consent for specific information to be shared with a particular agency for a stated purpose.

Third party information should not be shared unless permission to do so has been obtained.

The identity of anonymous referrers should not be disclosed.

Child/young person – report discussed with them: Yes No
 If no, when will this be done

Parents/main carers – report discussed with them: Yes No
 If no, when will this be done

Child/Young person given copy of report: Yes No
 If no, when will this be done

Parents/main carers given copy of report: Yes No
 If no, when will this be done

Date Initial Assessment completed:

If an Initial Assessment was not completed within **7 working days**, please give the reason(s) why:

Name and signature of social worker completing initial assessment
 _____ Date:

Allocated to _____ Team _____ Date:

Name and signature of team manager
 _____ Date:

Initial Plan

The Initial Plan should specify the services to be provided to respond to the child/young person's identified developmental needs. Services may be provided while further assessment(s) is/are being carried out. The Initial Plan should include services being provided to parent(s)/carer(s). The planned outcomes set out in this plan should be: **S**pecific and **M**easurable, **A**chievable, **R**elated to the assessed needs of the child/young person and **T**ime related.

Identified child developmental needs and strengths and difficulties in each domain	How will these needs be responded to: <i>actions or services to be taken/provided</i>	Frequency & length of service: <i>e.g. hours per week</i>	Person/ agency responsible:	Date service will commence/ commenced:	Date service completed: <i>(if appropriate)</i>	Planned outcomes: <i>progress to be achieved by next review or other specified date</i>	Actual outcomes: <i>to be completed at the review or at closure</i>
Child's Developmental Needs ▲							
Parenting Capacity ▲							
Family and Environmental Factors ▲							

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Date Initial Plan will be reviewed:

Core Assessment Record

Child aged 3 - 4 years

Family name _____ Given names _____	
DoB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address _____	
_____ Postcode _____ Tel. _____	
CSSR Case Number _____	

Families should be provided with the following information

Complaints procedures	Date provided <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Information on access to records	Date provided <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other relevant/available information (please specify)	Date provided <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 information (not in bold) in the left margin is research based and may help to place observations within a wider context.
- The questionnaires and scales published in the accompanying materials to the **Framework for the Assessment of Child in Need and their Families**, the Family Assessment and the HOME Inventory may be useful tools in obtaining the information in specific areas (Department of Health, Cox and Bentovim, 2000; Bentovim and Bingley Miller, 2001; Cox and Walker, 2002). 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 should not be used as a questionnaire.** Social workers should gather information by using their professional judgement to select the assessment methods most appropriate to the circumstances of the individual child and family. This could include discussions with the child, family members and other professionals, use of questionnaires and scales, undertaking a HOME or Family Assessment. Indications of when they may be usefully used are noted, in bold, in the left margin of the record. A summary of the information gathered is then recorded in the Core Assessment Record. The completed record is shared with the family.
- Carrying out a 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 Record for parents/carers and older children to record their views.
- It is expected that other agencies are 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.

Completing a Chronology as part of a Core Assessment

- A chronology should be commenced as part of a Core Assessment. It should continue to be updated until the case is closed. The reviewing officer should ensure that it is up-to-date. There will be cases where it is helpful to commence a chronology at the time of undertaking an initial assessment. A professional judgement needs to be taken as to when it is helpful to commence a chronology prior to undertaking a core assessment.

Completing a Core Assessment Record with a Looked After Child

- The majority of children and young people who become looked after return to their birth families. Completing a core assessment will help identify the actions necessary to support the child or young person to return to live with their family. The core assessment should contain the information and analysis necessary to develop a Care Plan for the child.
- A core assessment should be completed prior to a child becoming looked after. It should be commenced immediately if it has not been started prior to the child becoming looked after and should be updated if completed more than six months before the date on which the child became looked after.
- The core assessment begins the process of collecting the information necessary to monitor the progress of children and young people who are looked after. For children and young people who remain looked after for longer periods this information will be supplemented by information gathered using the Assessment and Progress Record.

Date(s) child and family members seen/interviewed:		
Date	Name(s) of family member(s) interviewed	Please tick if child seen during interview
□□ □□ □□ □□	_____	<input type="checkbox"/>
□□ □□ □□ □□	_____	<input type="checkbox"/>
□□ □□ □□ □□	_____	<input type="checkbox"/>
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Agencies currently involved with the child/family.

Current involvement/services provided, including provision of specialist assessment. Please note contribution to core assessment.

Name _____ Address _____ _____ _____ Tel no. _____ E-mail: _____	
Name _____ Address _____ _____ _____ Tel no. _____ E-mail: _____	
Name _____ Address _____ _____ _____ Tel no. _____ E-mail: _____	
Name _____ Address _____ _____ _____ Tel no. _____ E-mail: _____	

Questionnaire, scales or other instruments used in assessment

Yes No

Instrument used	Date used	Instrument used	Date used
_____	□□ □□ □□ □□	_____	□□ □□ □□ □□
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D1 What is the reason for the core assessment?

Date core assessment started

Date core assessment ended

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

S47 enquiries should be undertaken as part of a core assessment (para 5.33 of *Working Together* 1999). Therefore a core assessment should begin at the same time that a s47 enquiry is initiated.

D2 Where a child/parent has a disability or where they have specific communication needs (e.g., impairment affecting communication or English is not the first language), what actions have been taken to address this i.e. use of an interpreter or a signer, or an advocate to ascertain the child's/parent's views?

Health: Child's developmental needs

Taking into consideration any disability or chronic sickness, normally well is defined as *unwell* for 1 week or less in the last 6 months.

Poor material conditions are associated with illness in small children.

Details of immunisations are in the health record held by parents. Children of 3 years should have had the following immunisations:
Diphtheria/Tetanus/Whooping cough; Polio; Hib; Meningococcal C vaccine and Measles/Mumps/Rubella.

The Sheridan chart in the Assessment Framework Practice Guidance p. 23-28 may be helpful in assessing the child's development.

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

	Yes	No	Notes and evidence on the child's health needs. Note when an issue is not relevant.
H1 Child is generally well.	<input type="checkbox"/>	<input type="checkbox"/>	
H2 Weight/height at expected level.	<input type="checkbox"/>	<input type="checkbox"/>	
H3 Hearing/vision is Satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	
H4 Immunisations are up to date.	<input type="checkbox"/>	<input type="checkbox"/>	
H5 Frequently soils the bed.	<input type="checkbox"/>	<input type="checkbox"/>	
H6 Gross motor development is appropriate to age. <i>Can ride a tricycle using pedals (3 yrs). Climbs stairs with one foot on each step (3yrs). Can catch, kick, throw and bounce a ball (4yrs). Enjoys climbing trees and on frames (4yrs).</i>	<input type="checkbox"/>	<input type="checkbox"/>	
H7 Fine motor development is appropriate to age. <i>Can control a pencil using thumb and first two fingers (3yrs). Can draw a person with head, legs and arms coming out of head (3yrs). Can eat using a fork or spoon (3yrs). Able to thread small beads on a lace (4yrs). Can copy some letters (4yrs).</i>	<input type="checkbox"/>	<input type="checkbox"/>	
H8 Has had many accidental injuries.	<input type="checkbox"/>	<input type="checkbox"/>	

Health: Parental capacity

<p>Eating and sleeping patterns need to be set within the context of the family's culture.</p>	<p>H9 Child is given an appropriate, adequate and nutritious diet including fluids.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Notes and evidence on the parental strengths or issues. Consider parents'/carers' capacity for basic care, ensuring safety, emotional warmth, guidance and boundaries, and stability. Note when an issue is not relevant.</p>
<p>Child's eating, drinking and bath times should always be supervised.</p>	<p>H10 Child's sleeping place is clean and comfortable.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>Parents with severe problems may not always be able to concentrate long enough to complete the child's feeding or nappy change.</p>	<p>H11 Child is bathed nearly every day.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>Parents of disabled children can face barriers in accessing routine medical care.</p>	<p>H12 Child's medical/ clinic appointments are generally kept.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>Black families may have less access to preventative and support services than white families.</p>	<p>H13 Parent/carer has adequate explanation as to why immunisations are not up to date.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>The significance of the physical symptoms of the child's illnesses may not always be easily identified or understood. This may influence the way parents respond.</p>	<p>H14 Periodic illnesses have a medically recognised source.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>To gather further information consider using the HOME Inventory and the Home Conditions Scale.</p>	<p>H15 Parents/carers are comforting when the child is ill.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>H16 Parent/carer takes action to prevent common accidents (plugs, cooking arrangements, dangerous substances).</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>H17 Injuries have always been appropriately attended to.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>H18 Child is protected from abuse.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>H19 Parent/carer provides regular and consistent routines for the child (meal times, bed times and bath times).</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	

Social worker's summary. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm in relation to health.

Education - cognitive and language development: Child's developmental needs

		Yes	No	Notes and evidence on the child's cognitive and language development needs. Note when an issue is not relevant.
<p>Sheridan chart in the Assessment Framework Practice Guidance p. 23-28 may be helpful in assessing the child's development.</p> <p>At 3 years children learn to speak more than one language if they hear more than one language spoken around them.</p>	<p>E1 Child is making expected progress with speech and language.</p> <p><i>Carries on simple conversations (3yrs)</i> <i>Can repeat nursery rhymes and songs with few errors (4yrs).</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
	<p>E2 Begins to understand the concept of time – talks about things in the past and future.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Depressed mothers show reduced sensitivity to their child's verbal cues.</p>	<p>E3 Shows an interest in stories and plays story-like games with toys.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>When the child has not reached an expected developmental milestone consider referring for a specialist assessment (e.g. speech therapist).</p>	<p>E4 Is able to settle to a game and concentrate for 10 minutes or more.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	<p>E5 Likes to play with toys and objects.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	<p>E6 Child plays at age-appropriate level.</p> <p><i>Enjoys playing on the floor with brick, boxes, trains and dolls, alone and with others (3yrs).</i> <i>Plays elaborate role play games with others (4yrs).</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	

Education - cognitive and language development: Parental capacity

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	Yes	No	Notes and evidence on parental strengths or issues. Consider parents'/carers' capacity for basic care, ensuring safety, emotional warmth, guidance and boundaries, and stability. Note when an issue is not relevant.
All children need adequate and appropriate stimulation.	<input type="checkbox"/>	<input type="checkbox"/>	
Key to children's progress is a parent/carer who offers praise and encouragement.	<input type="checkbox"/>	<input type="checkbox"/>	
When a parent has a learning disability only 15% of children are similarly affected.	<input type="checkbox"/>	<input type="checkbox"/>	
Parents of deaf and hearing impaired children should stimulate their child through the most suitable means of communication for their child.	<input type="checkbox"/>	<input type="checkbox"/>	
When a child has profound or complex impairments it may be helpful to check with a specialist before completing this section.	<input type="checkbox"/>	<input type="checkbox"/>	
To gather further information consider using the HOME Inventory and the Family Activity Scale.	<input type="checkbox"/>	<input type="checkbox"/>	
E7 Child has a range of toys/play materials suitable to his/her stage of development.	<input type="checkbox"/>	<input type="checkbox"/>	
E8 Child has frequent opportunities to communicate and play with others.	<input type="checkbox"/>	<input type="checkbox"/>	
E9 Parent/carer regularly reads, tells stories, plays counting games, watches TV with the child.	<input type="checkbox"/>	<input type="checkbox"/>	
E10 Child has somewhere safe to play at home.	<input type="checkbox"/>	<input type="checkbox"/>	
E11 Parent/carer shows approval of the child's achievements.	<input type="checkbox"/>	<input type="checkbox"/>	
E12 Parent/carer consistently encourages the child to learn.	<input type="checkbox"/>	<input type="checkbox"/>	
E13 Child is closely supervised by an adult in and out of the home.	<input type="checkbox"/>	<input type="checkbox"/>	
E14 If the child attends pre-school he/she is always collected.	<input type="checkbox"/>	<input type="checkbox"/>	
E15 A small number of safe adults, known to the child, take and collect the child from pre-school.	<input type="checkbox"/>	<input type="checkbox"/>	
E16 Child's toys/books are looked after.	<input type="checkbox"/>	<input type="checkbox"/>	

Social worker's summary. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm in relation to education, cognitive and language development.

Emotional and behavioural development, and self care skills: Child's developmental needs

When distressed most children will turn to adults for comfort.

Short-lived temper tantrums are to be expected.

Children of depressed mothers may reflect their mother's emotional state.

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

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

Any self harm must be treated seriously and appropriate help sought.

By 4 years about half of all children can dress without supervision.

To gather further information consider using The Parenting Daily Hassles Scale; or the Strengths and Difficulties Questionnaire.

	Yes	No	Notes and evidence on the child's identity needs. Note when an issue is not relevant.
B1 Child is usually in a calm and contented state.	<input type="checkbox"/>	<input type="checkbox"/>	
B2 Is generally easy to soothe when distressed.	<input type="checkbox"/>	<input type="checkbox"/>	
B3 Can think about things from someone else's point of view.	<input type="checkbox"/>	<input type="checkbox"/>	
B4 Readily engages in joint play with familiar adults.	<input type="checkbox"/>	<input type="checkbox"/>	
B5 Can seem very wary and over vigilant.	<input type="checkbox"/>	<input type="checkbox"/>	
B6 Challenging/ disruptive behaviour affects child's safety.	<input type="checkbox"/>	<input type="checkbox"/>	
B7 Inflicts injuries on self (i.e. scratching, head banging).	<input type="checkbox"/>	<input type="checkbox"/>	
B8 Attempts to dress him/herself.	<input type="checkbox"/>	<input type="checkbox"/>	
B9 Feeds him/herself.	<input type="checkbox"/>	<input type="checkbox"/>	

Emotional and behavioural development, and self care skills: Parental capacity

Child's emotions and behaviours are related to the moods and actions of their carers.

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

Depression and drug or alcohol problems can affect parent's capacity to care about the child.

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

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

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 or distress.

	Yes	No	Notes and evidence on parental strengths or issues. Consider parents'/carers' capacity for basic care, ensuring safety, emotional warmth, guidance and boundaries, and stability. Note when an issue is not relevant.
B10 Parents respond readily to the child's emotional needs.	<input type="checkbox"/>	<input type="checkbox"/>	
B11 Parents are calm and consistent when dealing with the child's distress.	<input type="checkbox"/>	<input type="checkbox"/>	
B12 Parent takes pleasure in appropriate physical contact with the child.	<input type="checkbox"/>	<input type="checkbox"/>	
B13 Child is exposed to frequent criticism/hostility.	<input type="checkbox"/>	<input type="checkbox"/>	
B14 Child is smacked or physically chastised.	<input type="checkbox"/>	<input type="checkbox"/>	
B15 Child is responded to in a relatively consistent and predictable manner.	<input type="checkbox"/>	<input type="checkbox"/>	
B16 Parent/carers have sought help or advice if they are experiencing difficulties in managing their child.	<input type="checkbox"/>	<input type="checkbox"/>	

Social worker's summary. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm in relation to emotional and behavioural development and self care skills.

Identity and social presentation: Child's developmental needs

To gather further information consider using the HOME Inventory.		Yes	No	Notes and evidence on the child's identity needs. Note when an issue is not relevant.
At this age most children know their first and last name, age and gender.	<p>ID1 Child generally has a positive view of self.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	<p>ID2 Child knows own gender.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
The way in which black disabled children define themselves is affected by their personal experience of both racism and disability.	<p>ID3 Child knows own name.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	<p>ID4 Child asserts rights with siblings/peers.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
Cultural identity develops from all aspects of the child's experience.	<p>ID5 Has a developing sense of own culture.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
At this age children like to be independent and are strongly self-willed.	<p>ID6 Child's language and behaviour are usually socially appropriate.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Identity and social presentation: Parental capacity

To gather further information consider using the HOME Inventory; the Family Assessment, particularly the sections on the emotional life of the family, family alliances & family identity.

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

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

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

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.

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

	Yes	No	Notes and evidence on parental strengths or issues. Consider parents'/carers' capacity for basic care, ensuring safety, emotional warmth, guidance and boundaries, and stability. Note when an issue is not relevant.
ID7 Child's clothes are clean: not soiled with urine, excrement, or food.	<input type="checkbox"/>	<input type="checkbox"/>	
ID8 Child's dress is appropriate for age, gender, culture and religion and where necessary, impairment.	<input type="checkbox"/>	<input type="checkbox"/>	
ID9 Everyone in the family calls the child by the same name.	<input type="checkbox"/>	<input type="checkbox"/>	
ID10 Child is valued for his/her self.	<input type="checkbox"/>	<input type="checkbox"/>	
ID11 Child is offered simple choices.	<input type="checkbox"/>	<input type="checkbox"/>	
ID12 Child is encouraged to do appropriate things for him/herself.	<input type="checkbox"/>	<input type="checkbox"/>	
ID13 Child is taught to respect other's possessions.	<input type="checkbox"/>	<input type="checkbox"/>	
ID14 Child is accepted as family member, e.g. is included in family celebrations.	<input type="checkbox"/>	<input type="checkbox"/>	

Social worker's summary. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm in relation to identity and social presentation.

Family and social relationships: Child's developmental needs

	Yes	No	Notes and evidence on the child's emotional and behavioural needs. Note when an issue is not relevant.
<p>Strong attachment relationships can be formed with a number of carers.</p> <p>Children of this age are less distressed by short separations from key carers than are infants.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Children of this age show pro-social behaviour such as sharing, helping or comforting.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For a disabled child, practical and social barriers can make taking the child out difficult, but it remains essential to the child's wellbeing.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>To gather further information consider using the HOME Inventory.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Family and social relationships: Parental capacity

<p>To gather further information consider using the HOME Inventory or The Parenting Daily Hassles Scale</p> <p>Of central importance to all children is a loving and protective relationship.</p> <p>Love and affection are shown in different ways depending on culture and individual characteristics.</p> <p>A good attachment relationship is associated with parents being emotionally available and consistent in their parenting.</p> <p>Consider using the Family Assessment, particularly the parenting, family alliances and family alliances sections.</p> <p>Parental problems may result in the child being looked after by a large number of different people.</p> <p>A disabled child may not protest when left with strangers because they have been handled by many unknown people. Nonetheless it remains a matter of concern.</p>	<p>F7 Parent/carer loves the child unconditionally (i.e. without strings attached).</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>Notes and evidence on parental strengths or issues. Consider parents'/carers' capacity for basic care, ensuring safety, emotional warmth, guidance and boundaries, and stability. Note when an issue is not relevant.</p>
	<p>F8 Parent/carer is responsive and in tune with child's needs for comfort.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>F9 Parent/carer spends sufficient time with the child to sustain a strong relationship.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>F10 Child is protected from witnessing odd or frightening adult behaviour.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>F11 Parent/carer monitors interactions between child and siblings.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>F12 Child is discouraged from violent or cruel behaviour.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>F13 Child is taken out to visit shops/friends/ family etc.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
	<p>F14 A limited number of known safe adults deliver intimate care.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>F15 There is a stable pattern of care in the child's day to day life.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>		

Social worker's summary. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm in relation to family and social relationships.

PARENTS/CARERS ATTRIBUTES AND THE IMPACT ON THEIR CAPACITY TO ENSURE THE CHILD'S SAFETY FROM HARM AND TO RESPOND APPROPRIATELY TO HIS/HER NEEDS

It is important to be aware of parent(s)/carer(s) strengths as well as difficulties they are experiencing. Research has shown that the following are most likely to affect parenting capacity: physical illness; mental illness; learning disability; substance/alcohol misuse; domestic violence; childhood abuse; history of abusing children.

It is important to record the name of the adult to whom the attribute refers and its affect on parenting capacity. It is also important to record details of adults who are considered to be or are likely to be posing a risk of significant harm to the child. These adults may or may not be living in the same household as the child.

<i>Parental issues</i>	<i>Yes</i>	<i>No</i>	<i>Professional/agency involved</i>	<i>Note identity of parent/carer for whom the attribute is relevant. Record strengths and difficulties.</i>
1. ILLNESS:				
Physical	<input type="checkbox"/>	<input type="checkbox"/>		
Mental	<input type="checkbox"/>	<input type="checkbox"/>		
2. DISABILITY:				
Physical	<input type="checkbox"/>	<input type="checkbox"/>		
Learning	<input type="checkbox"/>	<input type="checkbox"/>		
Sensory impairment	<input type="checkbox"/>	<input type="checkbox"/>		
3. Period in care during childhood	<input type="checkbox"/>	<input type="checkbox"/>		
4. Experience of being abused as a child	<input type="checkbox"/>	<input type="checkbox"/>		
5. Known history of abuse of children	<input type="checkbox"/>	<input type="checkbox"/>		
6. Known history of violence	<input type="checkbox"/>	<input type="checkbox"/>		
7. Problem drinking/drug misuse	<input type="checkbox"/>	<input type="checkbox"/>		
8. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>		

Social worker's summary of how the above issues impact on the parent/carers capacities to respond appropriately to the child's needs. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm.

Family and environmental factors which may impact on the child and parenting capacity

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

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

To gather further information consider using:
The Recent Life Events Questionnaire;
a genogram;
an eco map;
the Family Assessment, including mapping the current identified problems, concerns and difficulties section & the family history, family organisation & family character dimensions.

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 Wellbeing Scale;
The Alcohol Scale.

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

	Yes	No	
<p>Family history</p> <p>FE1 A member of the household experienced a stressful childhood. (e.g. childhood abuse; period in care).</p> <p>FE2 The family suffered a traumatic loss or crisis which is unresolved (e.g. bereavement).</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Family functioning</p> <p>FE3 The child's impairment/behaviour has a negative impact on siblings.</p> <p>FE4 The child's impairment/behaviour affects parent(s)/carer(s) capacity to continue care.</p> <p>FE5 Does a member of the household experience:</p> <p> poor mental health <input type="checkbox"/> <input type="checkbox"/></p> <p> poor physical health <input type="checkbox"/> <input type="checkbox"/></p> <p> behaviour problem <input type="checkbox"/> <input type="checkbox"/></p> <p> physical disability <input type="checkbox"/> <input type="checkbox"/></p> <p> learning disability <input type="checkbox"/> <input type="checkbox"/></p> <p> sensory impairment <input type="checkbox"/> <input type="checkbox"/></p> <p> problem alcohol/drug use <input type="checkbox"/> <input type="checkbox"/></p> <p>FE6 An adult member of the household has a history of violence.</p> <p>FE7 There are frequent family rows.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Wider family</p> <p>FE8 The wider family provide:</p> <p> practical help <input type="checkbox"/> <input type="checkbox"/></p> <p> emotional support <input type="checkbox"/> <input type="checkbox"/></p> <p> financial help <input type="checkbox"/> <input type="checkbox"/></p> <p> information and advice <input type="checkbox"/> <input type="checkbox"/></p> <p>FE9 There is an adult in the home who helps the parent/carer care for the child.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

The Home Circumstances Scale may help gather this information.

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

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

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

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

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

	Housing	Yes	No	
	FE10 The family is homeless.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE11 The family is vulnerable to eviction or in temporary accommodation.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE12 The accommodation and its immediate surroundings are safe for the child.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE13 The home has basic amenities.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE14 The home requires adaptations to meet the child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE15 The home is overcrowded.	<input type="checkbox"/>	<input type="checkbox"/>	
	Employment			
	FE16 A parent/carer is in paid employment.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE17 The parent's/carer's pattern of work adversely impacts on child care.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE18 Employment is reasonably secure.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE19 Family members who seek employment are adequately supported.	<input type="checkbox"/>	<input type="checkbox"/>	
	Income			
	FE20 All entitled benefits are claimed.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE21 Household bills are paid regularly.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE22 The family is managing on the income they receive.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE23 If in debt, this is increasing.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE24 The family is worried about future financial commitments.	<input type="checkbox"/>	<input type="checkbox"/>	
	Family's Social Integration			
	FE25 The family feels accepted within their community.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE26 Family members experience discrimination/harassment.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE27 The family have local friends.	<input type="checkbox"/>	<input type="checkbox"/>	
	FE28 The family is involved in local organisations/activities.	<input type="checkbox"/>	<input type="checkbox"/>	

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

Community resources include: shops, play areas, health clinics etc.

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

To gather further information consider using the HOME Inventory.

	Yes	No	
Community resources FE29 There are accessible community resources.	<input type="checkbox"/>	<input type="checkbox"/>	
FE30 The family takes advantage of community resources.	<input type="checkbox"/>	<input type="checkbox"/>	

Social worker's summary of how the family and environmental factors impact on the child and parents'/carers' capacities to respond appropriately to their child's needs. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm.

Information gathered in the core assessment

Summarise the child's developmental needs and strengths. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm.

Parents/carers and children should be involved in the assessment

This space is for social workers to record the child's views of their own strengths and needs.

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

Summary of parental capacity: Needs and strengths

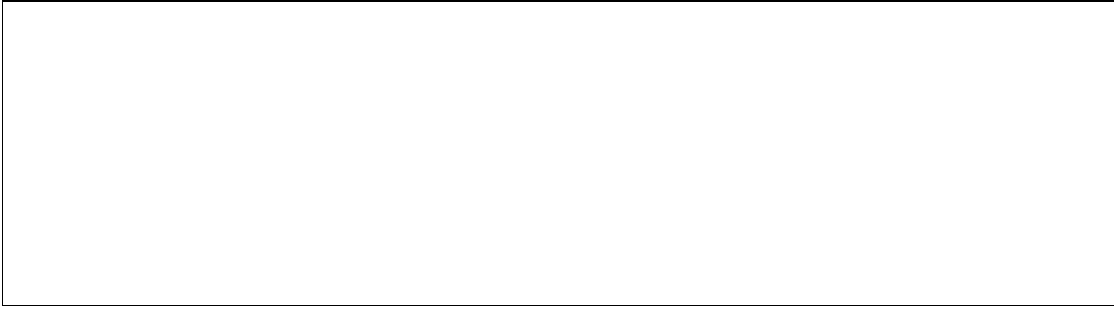
Information gathered in the core assessment

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 to the child's needs. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm.

Parents/carers and children should be involved in the assessment

This space is to record the child's views of their parents' strengths and difficulties and what impact they think they have on their own development.

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



Summary of 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. Please record details of areas of strength, specific details of any areas of unmet need and any evidence which suggests the child is suffering, or is likely to suffer significant harm.

Parents/carers and children should be involved in the assessment

This space is to record the child's views of the strengths and needs in their wider family and environment and what impact they think these have on their own developmental needs.

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

Analysis of the information gathered during the core assessment

The analysis should list the factors that 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 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 his or her potential.

Decisions following the Core Assessment (tick as appropriate)

- | | | | |
|---|--------------------------|--|--------------------------|
| <input type="checkbox"/> Initiate a strategy discussion | <input type="checkbox"/> | <input type="checkbox"/> Provision of services (s.17) | <input type="checkbox"/> |
| <input type="checkbox"/> Immediate legal action to protect the child | <input type="checkbox"/> | <input type="checkbox"/> Referral to other agency(ies) | <input type="checkbox"/> |
| <input type="checkbox"/> Commission a specialist assessment(s) | <input type="checkbox"/> | <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> |
| <input type="checkbox"/> Provide accommodation (including respite care) | <input type="checkbox"/> | <input type="checkbox"/> No further action | <input type="checkbox"/> |

Parents/main carers – report discussed with them: Yes No Refused discussion

If no, when will this be done

Parents/main carers given copy of report: Yes No

If no, when will this be done

Parents/carers' comments

Parents'/carers' comments on the assessment. Please record any areas of disagreement. When more than one parent/carer's views are recorded, views must be attributed to each individual.

Parent/carer's name and signature _____

Date

Parent/carer's name and signature _____

Date

If the Core Assessment was not completed within 35 working days, please give the reason(s) why:

Name and signature of social worker completing core assessment _____ Date:

Allocated to _____ Team _____ Date:

Name and signature of team manager _____ Date:

Key research sources

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

ASSESSMENT

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