

Initial Assessment Record

This form is for viewing only **it must not** be downloaded to be used to complete for a child's records as it is only an example of the actual integrated Children's System document.

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 deemed to have commenced at the point of referral to Children's Services (social care) or when new information on an open case indicates an initial assessment should be repeated.

An initial assessment is defined as a brief assessment of each child referred to Children's Services (social care) 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.

Date referral received	Time referral received:
Date initial assessment commenced:	

CHILD/YOUNG PERSON'S DETAILS:

The Initial Assessment Record provides a summary of the work undertaken by Children's Services (Social Care) 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.

SWIFT Party ID:	
Family Name:	Forename:
DoB or expected date of delivery:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/>
Address:	
Postcode:	
Telephone:	E-mail:
Reason for Initial Assessment, including views of child/young person and parent/carers:	

FAMILIES SHOULD BE PROVIDED WITH THE FOLLOWING INFORMATION

	Date provided:
Compliments, Complaints & Comments procedures	
Information on access to records	
Other relevant/available information (please specify on CIN 14 on File) and dates provided:	

If information has not been provided please say why.

PRIVATE FOSTERING

Is this a Private Fostering arrangement as per (The Children (Private Arrangements for Fostering) Regulations 2005	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state proposed duration of Foster Placement	From:	To:

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Child's needs:	EDUCATION
Parenting capacity:	

Child's needs:	EMOTIONAL AND BEHAVIOURAL DEVELOPMENT
Parenting capacity:	

Child's needs:	IDENTITY
Parenting capacity:	

Child's needs:	FAMILY AND SOCIAL RELATIONSHIPS
Parenting capacity:	

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Child's needs:	SOCIAL PRESENTATION
Parenting capacity:	

Child's needs:	SELFCARE SKILLS
Parenting capacity:	

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

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.

Should a referral be made to adult services? If yes, please specify details in the Initial Plan , which is on the last page.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Has a Carers Assessment been offered?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

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FAMILY AND ENVIRONMENTAL FACTORS WHICH IMPACT ON THE CHILD AND FAMILY

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 posing a risk of significant harm to the child/young person.

Family history and functioning	
Wider Family	
Housing	
	Are Smoke detectors installed and working YES <input type="checkbox"/> NO <input type="checkbox"/>
	If No, Offer Free Safety Check with Tyne and Wear Fire Brigade.
Employment	
Income <i>(please include information regarding financial difficulties)</i>	
Family's Social Integration	
Programme	

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.

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DECISIONS: This section should be completed following discussion with the Team Manager.

19	Is the child/young person a child in need as defined in the Children Act 1989?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20	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	Yes <input type="checkbox"/>	No <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).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) Disabled child.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the child is disabled, please record the types of impairment(s):			
If the child's name is not on the Network of Disabled Children, have the parents consented to it being placed there?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SSDA 903 CODES

Services to be/being Provided under CiN Code							
N1 <input type="checkbox"/>	N2 <input type="checkbox"/>	N3 <input type="checkbox"/>	N4 <input type="checkbox"/>	N5 <input type="checkbox"/>	N6 <input type="checkbox"/>	N7 <input type="checkbox"/>	N8 <input type="checkbox"/>

N1 = Abuse or Neglect, N2 = Child's Disability, N3 = Parental Illness or Disability, N4 = Family in Acute Stress, N5 = Family Dysfunctional, N6 = Social Unacceptable Behaviour, N7 = Low income, N8 = Absent Parenting.

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 Children's Services (social care), 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. In addition to ticking the action please number principal action	
Initiate strategy discussion <input type="checkbox"/>	Referral to other agency(ies) with continued Social Care support <input type="checkbox"/>
Immediate legal action to protect the child <input type="checkbox"/>	Referral to other agency(ies) and case closed <input type="checkbox"/>
Core Assessment <input type="checkbox"/>	Please specify which agency <input type="checkbox"/>
Provide accommodation (including Overnight short breaks) <input type="checkbox"/>	Is a CiN Plan required <input type="checkbox"/>
Provide short/long term services <input type="checkbox"/>	Private Fostering Arrangement <input type="checkbox"/>
Commission specialist assessment(s) <input type="checkbox"/>	No Further Action <input 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 Plan Part 1 and 2.	

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

Where appropriate, young people aged 16 and over and/or parent carers as defined in The Community Care, Carers, and Children's Service (Direct Payments England) Regulations 2002 have been advised of Direct Payments.	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

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.

	Yes	No
Child/young person – report discussed with them: If No, when will this be done Date:	<input type="checkbox"/>	<input type="checkbox"/>
Parents/main carers – report discussed with them: If No, when will this be done Date:	<input type="checkbox"/>	<input type="checkbox"/>
Child/Young person given copy of report: If No, when will this be done Date:	<input type="checkbox"/>	<input type="checkbox"/>
Parents/main carers given copy of report: If No, when will this be done Date:	<input type="checkbox"/>	<input type="checkbox"/>

Date Initial Assessment completed: _____

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

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Name of Social Worker completing the Initial Assessment:

Signature:

Date:

Allocated to:

Team:

Name of Team Manager:

Signature:

Date: