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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 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.

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 the timeframe designated by legislation 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: / /  (DD/MM/YYYY)  
 Date initial assessment commenced: / /  (DD/MM/YYYY)

## CHILD/YOUNG PERSON'S DETAILS:

Family name \_\_\_\_\_ Given names \_\_\_\_\_

DoB or expected date of delivery: / /  (DD/MM/YYYY)

Gender: Male  Female  Unborn

Address \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_ Tel. \_\_\_\_\_

Child's 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/caregivers:**

# Initial Assessment Record

## 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="checkbox"/>
□□/□□/□□□□	_____	<input type="checkbox"/>
□□/□□/□□□□	_____	<input type="checkbox"/>
□□/□□/□□□□	_____	<input type="checkbox"/>
□□/□□/□□□□	_____	<input type="checkbox"/>

**Agencies contributing to Initial Assessment:**

Please Specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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. 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:

**IDENTITY**

Child's needs:

Parenting capacity:

**FAMILY AND SOCIAL RELATIONSHIPS**

Child's needs:

Parenting capacity:

**SOCIAL PRESENTATION**

Child's needs:

Parenting capacity:

**SELF CARE SKILLS**

Child's needs:

Parenting capacity:

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

*It is important to be aware of parent(s)/caregiver(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.

Should a referral be made to adult services?    Yes     No

If yes, please specify details in the **Initial Plan** on page 10

## 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 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 supervisor.

*Is the delivery of services to the child/young person and his/her family warranted based on any of the following categories?*

1. Child is in need of protection:      *Yes*  *No*  This is as a result of:
  - Physical harm** (i.e., child/young person has been or is at risk of being physically harmed as a result of an act or action by a caregiver (commission) or is at risk of being harmed as a result of the caregiver's failure to take actions to protect him/her (omission))
  - Sexual harm** (i.e., child/young person has been or is at risk of being sexually harmed as a result of an act or action by a caregiver (commission) or is at risk of being harmed as a result of the caregiver's failure to take actions to protect him/her (omission))
  - Neglect** (i.e., the child/young person has been or is at risk of neglect as a result of the caregiver's failure to provide adequate care for him/her. This may be by commission or omission)
  - Emotional harm** (i.e., the child/young person has been or is at risk of being emotionally harmed as a result of specific behaviours of the caregiver towards him/her (commission) or is at risk of being harmed as a result of the caregiver's failure to take actions to protect him/her (omission)).
2. **Abandonment/separation** (i.e., the child/young person has been abandoned or is at risk of being separated from the family as a result of intentional or unintentional actions of the caregiver)      *Yes*  *No*
3. **Child is disabled.**      *Yes*  *No*
4. **Voluntary service agreement**      *Yes*  *No*

### FURTHER ACTION ARISING FROM THE INITIAL ASSESSMENT

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.

Immediate legal action to protect child	<input type="checkbox"/>	Core Assessment	<input type="checkbox"/>
Provide out-of home services (including respite care)	<input type="checkbox"/>	Commission specialist assessment(s)	<input type="checkbox"/>
Provide short term services	<input type="checkbox"/>	Referral to other agency(ies)	<input type="checkbox"/>
No Further Action	<input type="checkbox"/>	Please Specify	

**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/caregivers.

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

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.

Parents'/caregivers' 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.

Report discussed with child/young person: Yes  No

If No, when will this be done? / /  (dd/mm/yyyy)

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

Report discussed with parents/main caregivers: Yes  No

If No, when will this be done? / /  (dd/mm/yyyy)

The identity of anonymous referrers should not be disclosed.

Child/Young person given copy of report: Yes  No

If No, when will this be done? / /  (dd/mm/yyyy)

Parents/Main caregivers given copy of report: Yes  No

If No, when will this be done? / /  (dd/mm/yyyy)

Date Initial Assessment completed: / /  (dd/mm/yyyy)

If an Initial Assessment was not completed within designated timeframe, please give the reason(s) why:

Name and signature of worker completing initial assessment

\_\_\_\_\_

Date: / /

Name and signature of Supervisor

\_\_\_\_\_

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)/caregiver(s). The planned outcomes set out in this plan should be: **Specific and Measurable, Achievable, Related** to the assessed needs of the child/young person and **Time 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 (if appropriate)	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							

Date **Initial Plan** will be reviewed: / /  (dd/mm/yyyy)

Date **Initial Plan** reviewed: / /  (dd/mm/yyyy)

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