

PRIVATE AND CONFIDENTIAL
 TO BE KEPT IN A SECURE PLACE

**LONDON BOROUGH OF BROMLEY
 CHILDREN AND YOUNG PEOPLE SERVICES**

**INITIAL ASSESSMENT RECORD
 PRIVATE FOSTERING**

Address:

Tel:

Details of Child(ren) whose Needs are being Assessed

Details of Parents or Carers

Surname	Forename	Relationship	Living with Child(ren)
date Initial Assessment commenced		date completed	
		//2004	

Agencies contacted/involved during Initial Assessment

- GP
- Nursery
- School
- Community Paediatrician
- YOT
- School Nurse
- Other

- HV
- EWO
- Community Mental Health
- Dentist
- Police

Details

Other

Details

Reason for Initial Assessment (including views of Child/Young Person & Parents & incl full details of any actual or likely significant harm)

FAMILY AND ENVIRONMENTAL FACTORS WHICH IMPACT ON THE CHILD & FAMILY

Family History & Functioning

Including family's routines and activities, carer's responsibilities and health, family relationships and functioning, carer's relationship with current or ex-partner

Support in the extended Family & Community

Including the details of any people who may assist in the care of the child.

Housing

See the entire house, including the child's bedroom. Include any issues of overcrowding, safety, and cleanliness and type of tenure.

Employment & Benefit Issues

Including volunteering and community activities.

Part 2. (LINKS)

Ethnic origin of the birth mother

Ethnic origin of the birth father

First language spoken by the child/young person

Other languages spoken by the child/young person

Does the child/young person speak English?

Comments

Does the child/young person have a religion?

If yes, please give details

Including church activities

With what culture does the child/young person most identify?

Is the young person a parent?

If yes, does she/he have parental responsibility?

CHILD/YOUNG PERSONS DEVELOPMENTAL NEEDS

Health

Including comments on how healthy the food in the house is and the child's developmental milestones.

Education

Including the child's educational history and details of any special needs.

Emotional and behavioural development, including self care skills

Is the child's presentation and behaviour age appropriate?

Identity & Social Presentation

Including the child's general interest.

Family & Social Relationships

Include comments on how the child included in family activities, the child's friends, and arrangements for contact.

PARENTING CAPACITY

Parents/Carers Capacities to respond to the Childs Needs – Strengths as well as problems

Basic Care

Ensuring Safety

Including how the child is disciplined, comment on any drug and alcohol use, and any convictions that may come out of the background check.

Emotional Warmth

Stimulation

Comment on what is available to the child.

Guidance & Boundaries

Stability

Including the amount of time the carer has been in their current home.

ISSUES AFFECTING PARENTS/CARERS CAPACITIES TO RESPOND APPROPRIATELY TO THE CHILD'S NEEDS (incl mental or physical illness or disability, drug or alcohol abuse, domestic violence or adverse family history)

THE VIEWS OF THE CHILD(REN)/YOUNG PERSON(S) (Please state, for each child, whether they were seen alone or not, and if not the reasons why)

PARENTS/CARERS AND CHILD'S RESPONSE TO ANY SPECIFIC ALLEGATIONS OR CONCERNS

SUMMARY

Summary and analysis of child(ren's) developmental needs, parents/carers capacity to respond appropriately and any family or environmental factors impacting on the child or family. **Where an S47 Enquiry has been initiated, please evaluate the incident circumstances leading to these enquiries – has significant harm occurred, or is it likely to in the future?**

ACTION UNDER CHILD PROTECTION PROCEDURES

Hold strategy discussion

date

Initiate S47 enquiries

date

Immediate Legal Action to protect child

Type of Legal Action

date

CORE OR SPECIALIST ASSESSMENT

date Core Assessment
commenced

OUTLINE INITIAL PLAN

The social worker undertaking the initial assessment should complete the initial plan. Services may be provided while further assessments are taking place. The initial plan should include services already being provided to the parent(s) / carer(s)
 Include any further actions required, by whom and within what timescale.

Identified child developmental needs and strengths and difficulties in each domain	How will the child's developmental 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>	
Child's Developmental Needs							
Parenting Capacity							
Family and Environmental Factors							
Plan devised by:			Date plan devised:			Review date:	

ANY FURTHER COMMENTS

5. SIGNATURE OF WORKER COMPLETING ASSESSMENT

date

6. SIGNATURE OF GROUP MANAGER/DEPUTY

date

**7. COPY OF ASSESSMENT GIVEN TO FAMILY MEMBERS
AS APPROPRIATE**

date sent/given

Duty Manager's comments and decision:

Signed
Signed

Date
Date

The Social Worker should ensure that this part of the initial assessment is detached and sent to the family with a stamped address envelope for their feedback on the initial assessment.

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;

Plan sent to	Date Sent	Comments received
Parent /carer: Name and contact details Young person: Name and contact details		
Agency Name and contact details		
Agency: Name and contact details		
Agency: Name and contact details		
Agency: Name and contact details		
Agency Name and contact details:		

APPENDIX 5

Format to Document Statutory Private Fostering Visits

PRIVATE AND CONFIDENTIAL
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**LONDON BOROUGH OF BROMLEY
 CHILDREN AND YOUNG PEOPLE SERVICES**

**STATUTORY HOME VISIT RECORD
 PRIVATE FOSTERING**

Address:

Tel:

Details of Child(ren):

Details of Parents or Carers

Surname	Forename	Relationship	Contact Made During Visit Y or N

Agencies contacted/involved during visit and update

GP HV
Nursery EWO
School Community Mental Health
Community Paediatrician Dentist
YOT Police
School Nurse
Other

Details

Other

Details

Provide an update on the following areas.

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