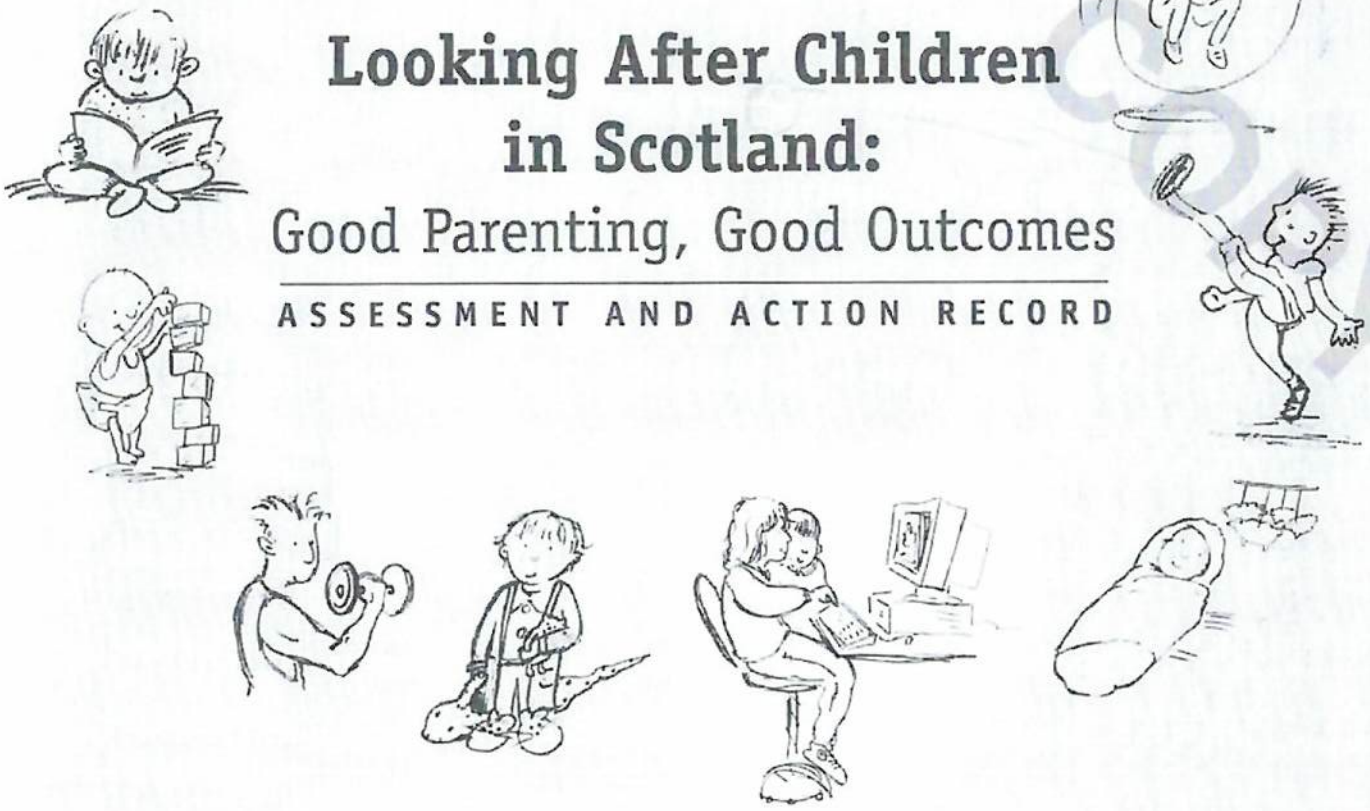
Looking After Children in Scotland:

Good Parenting, Good Outcomes

ASSESSMENT AND ACTION RECORD



Name WILLIAM TARBETT

Date of Birth 9/07/91

Age

Ten to Fourteen Years

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How to get the best from the Assessment and Action Records

The Assessment and Action Records are designed to be used with children/young people who are likely to be looked after away from home for a considerable period e.g. at least a year, but can be used more widely. It is appropriate to consider at the child/young person's second review whether or not to start compiling an Assessment and Action Record. Consideration should be given at subsequent reviews as to whether a new Record should be started. For reasons of confidentiality, this top copy should normally be the only copy and kept on the child/young person's file.

The Assessment and Action Records are designed to help you assess children and young people's progress, monitor the quality of the care they are receiving and make plans for improvements across seven developmental dimensions. Each dimension is identified throughout the series by its own symbol:


HEALTH

SOCIAL PRESENTATION


EDUCATION

EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

IDENTITY


SELF CARE SKILLS

FAMILY AND SOCIAL RELATIONSHIPS

- Think about who is the best person or people to complete the Record with the child/young person. This should be someone s/he knows well and trusts. A child/young person may like to choose who they want to do it with. It does not have to be the same person who does each section.
- Normally involve parent(s)/people with parental responsibilities in completing the Record.
- The questions are addressed to the child/young person. Some may find it helpful to read it through in advance but don't expect the child/young person to fill in the Record on their own.
- Plan ahead and read through each section before you complete it with the child/young person: some of the questions ask about sensitive issues which you may need to think about in advance.
- Avoid trying to complete the whole Assessment and Action Record in one sitting.
- Except where otherwise indicated, all the questions are relevant for all children.
- Don't panic if there are gaps. Be prepared to find out the information or plan action for the future.
- Try to have conversations about the topics raised by the Records rather than question and answer sessions. Feel free to phrase the questions in ways which are familiar and comfortable for you and the person you are working with.
- Aim to make the sessions enjoyable for all concerned.
- Talk to significant others such as teachers.
- Use your own judgement and discuss issues more fully if you find the sections do not include detail which is important. There is space for you to record this at the end of each section.
- Fill in the Assessment of Development at the end of each section. These are intended to provide a means of comparing how the child/young person has changed from one assessment to another.
- Make plans for future work and write down details on the "summary of work to be undertaken" sheet as you go along.
- Except where you have chosen to assess only some of the dimensions, do check when you finish that you have completed all seven dimensions, all the assessments of development, the "summary of work to be undertaken" and that all the dates of completion are filled in.

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This form contains confidential information which should only be shared in accordance with the Data Protection Act 1998.

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HEALTH

The questions in this section are designed to make sure that you are getting all the preventive health care, including immunisations, you need, that if you have any health problems or disabilities they are being properly treated, that you are learning to keep yourself fit and that, as far as possible, you are generally well. They also ask about things that affect your health such as diet, alcohol, drugs and sex education. Local authorities are not statutorily required to arrange regular health assessments for children/young people looked after by them, only an admission health assessment is required. However many looked after children/young people do require regular health assessments and if this applies to you it should be recorded in your Care Plan.

H1 Have you ever had any serious illness, ever been in hospital or attended hospital for any reason? ✓Yes No Not sure

If yes, give details and check whether these are recorded in your Essential Core Record/Essential Background Record

Some burger

Are there any serious health problems which run in your family? Yes No ✓Not sure

If yes, give details and check whether these are recorded in your Essential Background Record

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)
Social worker Residential worker School nurse Other *(please specify)*

H2 When did you last have a health assessment in connection with being looked after? Less than a year ago A year ago or more Never had one

What did the doctor or nurse say should be done? Nothing to be done

Has everything s/he recommended been done? Everything Some things Nothing Not sure

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)
Social worker Residential worker School nurse Other *(please specify)*

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A significant proportion of children/young people will have some hearing difficulty. Temporary hearing losses are usually caused by conditions like 'glue ear' and occur in the early years. Such hearing losses fluctuate and may be mild or moderate in degree, but they can cause major problems for children/young people at school. Permanent hearing losses vary from mild through to severe and profound. Children/young people with severe hearing loss may have major communication difficulties. If there is any concern about your ability to hear, or if there are physical signs such as persistently discharging ears, it is important to get medical advice. Early recognition, diagnosis and treatment with specialist support if required, are essential for your future development.

H3 Do you have any problems with your hearing? Yes ~~No~~

When did you last have a hearing test? Less than 6 months ago ✓ 6 months ago or more Never had one

Do you have a hearing aid? Yes ✓ No

If yes, do you use it? Always Sometimes *(please say why)* Never *(please say why)*

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s) Social worker Residential worker School nurse Other *(please specify)*

British Sign Language is used by children and adults with severe hearing impairments and is recognised as a language in its own right. Makaton uses signs or gestures to represent verbs or nouns. For example there are signs for 'drink', 'toilet', 'biscuit', 'stand up' and 'sit down'. This facilitates communication for children and young people with disabilities or health conditions. A picture/symbol system consists of a board with pictures to represent certain verbs and nouns for the child or young person to point at manually or with an aid. This facilitates communication for children and young people with more severe disabilities or health conditions.

H4 **If you have communication difficulties please complete this question; otherwise, go to H5 →**

Which method of communication do you prefer to use? Speech Makaton Picture/Symbol System British Sign Language Other *(please specify)*

What help are you getting (eg speech therapy) to develop your communication and language skills?

Does difficulty in communicating make you feel frustrated? Often Sometimes Never

How do you show this to others?

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s) Social worker Residential worker School nurse Other *(please specify)*

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If you have difficulty reading what is written on the blackboard at school or if you get headaches or sit very close when you are watching television, it is a good idea to get your eyes tested even if you have never needed glasses. If you do wear glasses or contact lenses, your eyes should be tested by an optician every six months. Eye tests are free while you are at school.

H5 Do you have any problems or concerns about your sight (e.g. squint)? ~~Yes~~ No

When did you last have a sight test? ~~Less~~ than 6 months ago | 6 months ago or more | Never had one

Do you have glasses or contact lenses? ~~Yes~~ No

If yes, do you wear them? Always | ~~Sometimes~~ *(please say why)* | Never *(please say why)*

Is further action needed? Yes, the following further action will be taken | No

This action will be taken by Child/Young person | Parent(s) | Foster carer(s) | Social worker | Residential worker | School nurse | Other *(please specify)*

H6 How tall are you now? centimetres Date

What was your height when you were last measured? centimetres Date

How much do you weigh now? kilogrammes Date

What was your weight when you were last weighed? kilogrammes Date

Are you or your carer(s) worried about your height or weight? Yes, I am | Yes, my carer(s) are | No | Don't know what carer(s) think

If so, are you being given further advice and/or treatment about your height or weight or both? Yes | No

Is further action needed? Yes, the following further action will be taken | No

This action will be taken by Child/Young person | Parent(s) | Foster carer(s) | Social worker | Residential worker | School nurse | Other *(please specify)*

The BCG immunisation prevents you from getting tuberculosis (TB). In some health authorities it is only given to people who are at risk of catching the disease.

If you are a girl it is particularly important for you to be immunised against rubella (German measles) because it can damage your baby if you catch it when you are pregnant.

H7 Do you have a record of what immunisations you have had? Yes | No

Have you had a BCG immunisation? Yes | No | Not sure

Have you been immunised against rubella (German measles)? Yes | No | Not sure

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H7 contd

Is further action needed? Yes, the following further action will be taken | No

This action will be taken by Child/Young person | Parent(s) | Foster carer(s)

Social worker | Residential worker | School nurse | Other *(please specify)*

H8 Do you brush your teeth regularly? Yes | ✓No

All children/young people should visit the dentist regularly

Are you registered with a dentist? ✓Yes | No | Not sure

When did you last visit a dentist? Less than 6 months ago | ✓6 months ago or more | Never seen one

What treatment did s/he say you needed? I have not seen a dentist | ✓No treatment, just a check-up | Filling(s) | Treatment to straighten teeth | Fluoride treatment

Teeth removed because (eg decayed, not enough room) *(please specify)*

Other *(please specify)*

Has all treatment been carried out? Not applicable: no treatment recommended | All | Some | None

Do you have a brace, plate or other dental fitting? Yes | No

Do you wear it? No dental fitting | Always | Sometimes *(please say why)* | Never *(please say why)*

Is further action needed? Yes, the following further action will be taken | No

This action will be taken by Child/Young person | Parent(s) | Foster carer(s)

Social worker | Residential worker | School nurse | Other *(please specify)*

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Confidentiality concerning conditions such as HIV/AIDS is very important. Don't record them on this form without talking to your social worker or carer.

H9 Do you have any ongoing health conditions (eg diabetes, asthma, allergies, epilepsy or infections)? Yes / No / Currently being assessed

If so, what condition or conditions?

If you are being treated by any health professional(s) their name(s), address(es) and telephone numbers should be recorded in your Essential Core Record or Essential Background Record.

If so, are you receiving advice and treatment? Yes / No / Some

Do you have any physical conditions (eg spina bifida, cleft palate, cerebral palsy)? Yes / No / Currently being assessed

If so, what condition or conditions?

Children/young people need to be given information and opportunities to talk about any health and medical conditions or disability they may have. Parent(s) and carer(s) may also need advice and/or support. Literature and information about self-help/support groups can be obtained from organisations which exist to promote understanding of specific conditions (eg British Diabetic Association). Various organisations also exist which give children with medical conditions opportunities to take part in activities together. For example there are swimming clubs for children who are asthmatic.

If so, are you receiving advice and treatment? Yes / No / Some

Please answer this question only if you have an ongoing health or, physical condition otherwise go to H10 →

Has your condition and any treatment been discussed with you?

- Yes, and I know enough about it
- Yes, but I would like to know more
- No, but I would like to know
- No, and I don't want to know

Please describe any changes in your condition over the last six months:

Those noted by doctors or nurses:

Those noted by yourself or carer(s):

Please describe any changes in your treatment over the last six months and say how these have affected you.

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H9 contd

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Social worker Residential worker School nurse Other *(please specify)*

H10 Have you had any illnesses or accidents in the last year? Yes ✓No If no, go to H11→

None that I can remember

If there have been more than five episodes please use the space at the end of the section to complete the details and note here that there is more information later

Any significant accidents, injuries, illnesses or operations should also be recorded at Q.17 in your Essential Background Record.

If yes, please give brief details and say who was consulted or how these were dealt with:

	Illness	Treated by
eg	*flu*	*foster carers*
	ear infection	*GP*
	cut knee	*hospital accident dept*

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Social worker Residential worker School nurse Other *(please specify)*

H11 Do you have any special dietary needs for medical, religious or cultural reasons? Yes ✓No Not sure If no, go to H12.→

It is important for you to have a balanced, healthy diet that takes account of any health conditions (e.g. phenylketonuria). It should reflect your ethnic background and culture so that you can continue to be familiar with the customs and daily practices in your birth family.

If yes, please say what these are:

Please say if you have difficulty in keeping to this diet (eg too expensive, not provided by carer(s), you don't like it or have difficulties eating)

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H11 contd

Is further action needed? Yes, the following further action will be taken | No

This action will be taken by: Child/Young person | Parent(s) | Foster carer(s) | Social worker | Residential worker | School nurse | Other (please specify)

H12. How often have you had the following to eat or drink in the last week?

	Every day	Most days	On one or two days	Not at all
Fruit (including fresh fruit juice)			✓	
Vegetables and salads				✓
Carbohydrates				
Rice				✓
Pasta (eg spaghetti, macaroni)			✓	
Breads (including pitta bread, wholemeal bread, naan)		✓		
Potatoes (including chips)		✓		
Cereals and grains (eg oats, breakfast cereal, bulgar wheat, couscous)				✓
Proteins				
Meat	✓			
Fish				✓
Eggs				✓
Cheese			✓	
Pulses (eg baked beans, lentils)				✓
Nuts				✓
Snack foods and drinks				
Crisps			✓	
Biscuits		✓		
Sweets		✓		
Fizzy drinks		✓		

A small number of children/young people are allergic to nuts, eggs or shellfish and must never eat food containing them

Do you think this is a healthy diet? ✓Yes | Doubtful | No | Don't know

Do your carer(s) think this is a healthy diet? ✓Yes | Doubtful | No | Don't know what carer(s) think

Have you been given information about the importance of eating food that is good for you?

Yes, I know enough about it

Yes, but I would like to know more

No, but I would like to know

✓No, I don't want to know

Is further action needed? ✓Yes, the following further action will be taken | No

Discussion to take place personally nutritional needs for appropriate age

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H12. contd

This action will be taken by

Child/Young person | Parent(s) | Foster carer(s)

Social worker | ✓ Residential worker | School nurse | Other *(please specify)*

H13 How often do you exercise?

✓ Daily | Several times a week | About once a week | Less than once a week

What sort of exercise do you do (eg sport, riding a bicycle, gymnastics, walking, swimming)?

football, walking, running & stretch exercises

If less than once a week can you think of any ways of helping yourself get fitter?

Have you been given information about why exercise is good for you?

Yes, I know enough about it

Yes, but I would like to know more

No, but I would like to know

✓ No, I don't want to know

Is further action needed?

✓ Yes, the following further action will be taken | No

Referral from sports coach while already football training

This action will be taken by

Child/Young person | Parent(s) | Foster carer(s)

Social worker | ✓ Residential worker | School nurse | Other *(please specify)*

If you have a medical condition (eg arthritis or asthma) that affects your ability to exercise, is anyone advising you about this?

Not applicable, no medical condition/ ability to exercise not affected — **If not applicable, go to H14 →**

Physiotherapist | Occupational therapist

Leisure centre staff | Other *(please specify)*

No-one

Do you need special help or equipment for exercise?

Yes | No | Not sure

Is further action needed?

Yes, the following further action will be taken | No

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H13 contd

This action will be taken by: Child/Young person; Parent(s); Foster carer(s); Social worker; Residential worker; School nurse; Other (please specify)

H14 Have you been given information about how smoking affects your health?

- Yes, I know enough about it
- Yes, but I would like to know more
- ✓ No, but I would like to know
- No, I don't want to know

Do you smoke?

- ✓ No, I've never smoked
- No, given up

If no, go to H15 →

- Yes, occasionally (ie at parties or now and again)
- Yes, socially (ie at weekends or when out with friends)
- Yes, regularly (ie most days or every day)

If you do smoke, would you like to give it up? Yes; No; Not sure

Is further action needed? Yes, the following further action will be taken; No

This action will be taken by: Child/Young person; Parent(s); Foster carer(s); Social worker; Residential worker; School nurse; Other (please specify)

H15 Have you been given information about how alcohol affects your health?

- Yes, I know enough about it
- Yes, but I would like to know more
- ✓ No, but I would like to know
- No, I don't want to know

Do you drink alcohol?

only once

- Never

If never, go to H16 →

- Yes, special occasions only (eg family celebrations)
- Yes, occasionally (ie at parties or now and again)
- Yes, socially (ie at weekends or when out with friends)
- Yes, regularly (ie most days or every day)

If you do drink, would you like to try to drink less or give up? Yes; ~~No~~; Not sure

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H15 contd

Is further action needed? Yes, the following further action will be taken ✓ No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Social worker Residential worker School nurse Other *(please specify)*

H16 Have you been given information about how drugs can affect your health?

- ✓ Yes, I know enough about it
- Yes, but I would like to know more
- No, but I would like to know
- No, I don't want to know

Have you used drugs or solvents such as glue, speed, LSD, ecstasy, heroin, crack, cocaine, magic mushrooms or cannabis?

- ✓ No **If no, go to H17 →**
- Yes, but I don't now
- Yes and I still do occasionally
- Yes, and I still do regularly

If you use drugs or solvents do you want to stop?

- Yes
- No
- Not sure

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Social worker Residential worker School nurse Other *(please specify)*

Social worker and carer(s): Accurate factual knowledge about puberty, sex and contraception as well as discussions around the part sex plays in relationships are important and interesting to all young people who are developing into adulthood. Young people who are looked after including those who are disabled are no exception to this but may miss out on some of the discussion in formal school lessons or with their peers, especially if they move schools frequently.

However, young people vary greatly in their need for information and social workers, parents and carers need to exercise discretion and sensitivity as to when it is appropriate to discuss some of the issues which follow.

H17 Have you been given information about how your body changes as you grow up?

- Yes, I know enough about it
- Yes, but I would like to know more
- No, but I would like to know
- ✓ No, I don't want to know

Would you like to talk about this with an adult you can trust?

- ✓ No, I don't want to talk about this at the moment

Yes, I would like to talk about this with Parent(s) Foster carer(s)

Social worker Residential worker School nurse Other *(please specify)*

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H18 Have you been given information about sexuality and sexual orientation?

- [x] Yes, I know enough about it
- [ ] Yes, but I would like to know more
- [ ] No, but I would like to know
- [ ] No, I don't want to know

Would you like to talk about this with an adult you can trust?

- [x] No, I don't want to talk about this at the moment

Yes, I would like to talk about this with

- [ ] Parent(s)
- [ ] Foster carer(s)
- [ ] Social worker
- [ ] Residential worker
- [ ] School nurse
- [ ] Other *(please specify)*

H19 Have you had a chance to talk to anyone about sex and contraception?

- [x] Yes, I know enough about it
- [ ] Yes, but I would like to know more
- [ ] No, but I would like to know
- [ ] No, I don't want to know

Would you like to talk about this with an adult you can trust?

- [x] No, I don't want to talk about this at the moment

Yes, I would like to talk about this with

- [ ] Parent(s)
- [ ] Foster carer(s)
- [ ] Social worker
- [ ] Residential worker
- [ ] School nurse
- [ ] Other *(please specify)*

H20 Have you been given information about the risks to your health of having unprotected sex (sex without using a condom to protect you from becoming infected with the HIV virus, Hepatitis B virus and other sexually transmitted diseases)?

- [x] Yes, I know enough about it
- [ ] Yes, but I would like to know more
- [ ] No, but I would like to know
- [ ] No, I don't want to know

Would you like to talk about this with an adult you can trust?

- [x] No, I don't want to talk about this at the moment

Yes, I would like to talk about this with

- [ ] Parent(s)
- [ ] Foster carer(s)
- [ ] Social worker
- [ ] Residential worker
- [ ] School nurse
- [ ] Other *(please specify)*

H21 Have you ever been pregnant or made somebody pregnant?

- [x] No, never pregnant/made anyone pregnant
- [ ] Yes, in the past
- [ ] Yes I am/my girlfriend is pregnant now
- [ ] I think I might be/my girlfriend might be pregnant now
- [ ] Not sure

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H2.1 contd

What did you/she decide to do?

Look after the baby | Place the baby for adoption | Have a termination (abortion) | I/we have not decided yet | I/she had a miscarriage | Other, *(please specify)* | Not sure

Do you want to talk about this with an adult you can trust?

✓ No, I don't want to talk about this at the moment

Yes, I would like to talk about this with

Parent(s) | Foster carer(s) | Social worker | Residential worker | School nurse | Other *(please specify)*

Please use the remaining space to say more about any of the questions if you wish, or to add anything about your health not covered in the above questions. Your social worker/carer(s)/parent(s) or someone who helped you complete the form might want to add some comments.

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ASSESSMENT OF HEALTH

This section should be filled in by your social worker after s/he has talked about the answers with you, your carer(s), and anybody else who is important to you. S/he will use the information recorded in the previous questions on health to consider the following objectives. It is important, if comparisons are to be made over time between your assessments and between looked after children/young people, that your social worker ticks the box nearest to his/her view as well as explaining in words. There is a space at the end where anyone can say if they disagree with what s/he has said.

How far are the following objectives met?

The child/young person is normally well

'Unwell for 1 week or less in the last 6 months. 'unwell between 8 and 14 days in the last 6 months. 'unwell between 15 and 28 days in the last 6 months. 'unwell for more than 28 days in the last 6 months. 'Unwell' means ill enough to be in bed or take some time off school.

- ✓ Normally well[1]
- Sometimes ill[2]
- Often ill[3]
- Frequently ill[4]

What leads you to this conclusion?

Eats well no apparent health issues

The child/young person's weight is within normal limits for his/her height

- ✓ Within normal limits
- Seriously underweight
- Seriously overweight

What leads you to this conclusion?

On going assessment

All preventive health measures, including appropriate immunisations, are being taken

- ✓ All
- Most
- Few
- None

What leads you to this conclusion?

All ongoing health conditions and disabilities are being dealt with

- ✓ No health condition or disability
- All being adequately dealt with
- Some being adequately dealt with
- None being adequately dealt with

What leads you to this conclusion?

This could be by abusing nicotine/alcohol/drugs and other substances or by the young person placing him/herself sexually at risk.

The young person does not put his/her health at risk

- ✓ No risks taken
- Some risks taken
- Considerable risks taken
- Health placed seriously at risk

What leads you to this conclusion?

Discussion with YP

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CONSULTATION

Please list all those who were consulted/involved in compiling the HEALTH section of this Assessment and Action Record. Do they agree with the assessment of health?

Name and Role

Agrees fully Agrees partially Disagrees

If anyone above does not fully agree, please give further details.

Section completed Day Month Year

Please ensure that you record details about plans for further action and target dates in the "Summary of work to be undertaken" at the back of this record.

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EDUCATION

The questions in this section are designed to find out if you are getting the help you need to make sure that you do as well at school as you are able to and that your education is being properly planned. They are also meant to find out if you have opportunities to learn special skills and to take part in a wide range of activities, both in and out of school. You might find it helpful to refer to your most recent school report when completing this section and/or consult with your teacher/guidance teacher.

Sometimes a person with Educational Responsibility is identified for a child/young person who is looked after. This might be a teacher with pastoral responsibilities such as a guidance teacher, an education social worker, education liaison officer or an education welfare officer who will help to make sure that arrangements for your education are properly carried out. If someone like this is helping you, please write their name down here:

Name

Position

Agency

Address and telephone no

Later in this section the term 'Person with educational responsibility' will be used to describe this person.

E1 Do you go to:

	Full time	Part time	If part time, how many hours each week?
mainstream day school?	~~✓~~		Hours
special unit or class in a mainstream day school?	✓		Hours
special day school?			Hours
home tuition?			Hours
residential special school?			Hours
other (eg private boarding school)? *please specify*			Hours
No school place available			

Do you think you go to the sort of school that is right for you?

✓ Yes — Currently being assessed

No — No school

My attendance last term was as follows.

Note a session = 1/2 day. Information about actual attendances can be obtained from school.

I could have attended		sessions
but I actually attended		sessions
I was absent for		sessions
and of those,		sessions

were authorised absence because I had a genuine reason for not attending school.

What were the reasons for unauthorised absence?

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E1 contd

Have you been excluded from school at any time in the last year? Yes. ✓No

If you are excluded now, how long is it since you went to school? years months days

What are/were the reasons for exclusion?

Is further action needed? Yes, the following further action will be taken | No

This action will be taken by Child/Young person | Parent(s) | Foster carer(s)

Person with educational responsibility | Residential worker | Social worker | Other *(please specify)*

E2 Do you need help, equipment or adaptations (eg wheelchair access on bus, allowance for fares) to make sure you can get to school?

Yes ~~No~~ If no, go to E3 →

If so, please describe.

Is further action needed? Yes, the following further action will be taken | No

This action will be taken by Child/Young person | Parent(s) | Foster carer(s)

Person with educational responsibility | Residential worker | Social worker | Other *(please specify)*

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The following are levels of attainment described in the 5-14 programme:

LEVEL A should be attainable in the course of P1-P3 by almost all pupils. Write -A in the box if A not yet attained.

LEVEL B should be attainable by some pupils in P3 or even earlier, but certainly by most in P4.

LEVEL C should be attainable in the course of P4-P6 by most pupils.

LEVEL D should be attainable by some pupils in P5-P6 or even earlier, but certainly by most in P7.

LEVEL E should be attainable by some pupils in P7/S1, but certainly by most in S2.

Level F should be attainable in part by some pupils, and completed by a few pupils, in the course of P7-S2.

This information should be available in your Essential Background Record.

If you have an Individualised Educational Programme and/or a Record of Needs it should be noted here.

Education Authorities are required to consider what provision would benefit recorded pupils after they cease to be of school age. A Future Needs Assessment is carried out on such pupils commencing two years before the young person ceases to be of school age.

E3 What courses or subjects are you taking at school?

Do you know what level you have achieved in reading, writing and mathematics in the 5-14 programme?

Reading Level

Writing Level

Mathematics Level

Is further action needed? Yes, the following further action will be taken / No

This action will be taken by: Child/Young person / Parent(s) / Foster carer(s) / Person with educational responsibility / Residential worker / Social worker / Other (please specify)

E4 Do you have difficulties in some/any areas of your work? No. If no, go to E5 → / Yes / Currently being assessed / Not sure

If difficulties have been identified, what extra help are you getting and from whom?

Do you need specialist learning materials or equipment (eg the use of a word processor or materials in Braille) at school or at home? Yes / No / Not sure

Is further action needed? Yes, the following further action will be taken / No

This action will be taken by: Child/Young person / Parent(s) / Foster carer(s) / Person with educational responsibility / Residential worker / Social worker / Other (please specify)

If you have a Record of Needs has a Future Needs Assessment been carried out/planned? Yes / No / Not sure

Is further action needed? Yes, the following further action will be taken / No

This action will be taken by: Child/Young person / Parent(s) / Foster carer(s) / Person with educational responsibility / Residential worker / Social worker / Other (please specify)

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E5 How many times have you had a change of school since you were five? (Try to give a number if you can, even if you are a bit doubtful. Do not count the move from Primary to Secondary)

Number 0 4 Not sure

Is further action needed? Yes, the following further action will be taken ✓No

This action will be taken by: Child/Young person; Parent(s); Foster carer(s); Person with educational responsibility; Residential worker; Social worker; Other (please specify)

E6 Do you read when you are not at school?

Yes, comics; Yes, magazines or newspapers; Yes, books; No, but I would like to; ✓No, I'm not interested in reading

How many books do you have?

1-5; 6-10; Over 10; ✓None

How often do you borrow a book from the school or public library?

More than once a week; More than once a month; Less than once a month; ✓Never

Is further action needed? ✓Yes, the following further action will be taken No

Encourage reading in the unit

This action will be taken by: Child/Young person; Parent(s); Foster carer(s); Person with educational responsibility; ✓Residential worker; Social worker; Other (please specify)

E7 Who provides support with school work at home, and reminds you to do your homework?

No homework; Parent(s); Foster carer(s); Residential worker; Person with educational responsibility; Other (please specify)

No-one

Is further action needed? Yes, the following further action will be taken No

This action will be taken by: Child/Young person; Parent(s); Foster carer(s); Person with educational responsibility; Residential worker; Social worker; Other (please specify)

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A satisfactory place is somewhere with enough space and light and a suitable chair and table. It should be somewhere not too noisy for you to concentrate and where you are not constantly interrupted by other people

E8 Do you have a satisfactory place to do your homework?

No homework ~~Yes~~ No

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Person with educational responsibility Residential worker Social worker Other *(please specify)*

E9 Which adult(s) go to your school to talk about your progress with the teachers?

Parent(s) Foster carer(s)
Social worker Person with educational responsibility
Residential worker Other *(please specify)*

No-one Not sure

Do any of these adult(s) talk to you about your progress? Yes No

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Person with educational responsibility Residential worker Social worker Other *(please specify)*

E10 Have you been on any school trips in the last year? ~~Yes~~ No

This might be lack of transport, costs, or a lack of integrated activities for children/young people with a disability or health condition

Is there anything that stops you going on school trips or taking part in school clubs, sports etc? If yes, please describe what stops you

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Person with educational responsibility Residential worker Social worker Other *(please specify)*

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Think about all the things you like or dislike about school, not just particular lessons

E11 What do you like most about school?

Meeting my friends

What do you like least about school?

The work

Is further action needed? Yes, the following further action will be taken / No

This action will be taken by: Child/Young person / Parent(s) / Foster carer(s)

Person with educational responsibility: Residential worker / Social worker / Other (please specify)

E12 Can you:

swim 50 metres? Yes / Learning / ✓No

If not, would you like to learn? Yes / ✓No / Not appropriate [eg. due to health/physical condition(s)]

ride a bicycle? ✓Yes / Learning / No

If not, would you like to learn? Yes / No / Not appropriate [eg. due to health/physical condition(s)]

use a computer? ✓Yes / Learning / No

If not, would you like the opportunity to learn? Yes / No

Is further action needed? Yes, the following further action will be taken / No

This action will be taken by: Child/Young person / Parent(s) / Foster carer(s)

Person with educational responsibility: Residential worker / Social worker / Other (please specify)

Do you take part in a particular sport, belong to a sports club and/or play in a team? If so, please give details:

NO

Do you play a musical instrument and/or belong to a band, a group, an orchestra or a choir? If so, please give details:

NO

Do you have any other hobbies or interests outside schoolwork (eg art, drama, cooking, photography, sewing, dancing)? If so, please give details:

FOOTBALL, GOLF & HORSES

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E12 contd

Do you belong to any other clubs or organisations (eg guides, scouts, youth club, social club) not mentioned above? If so, please give details:

No

Is there any club that you would like to join or skill you would like to learn? If so, please specify:

No

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Person with educational responsibility Residential worker Social worker Other *(please specify)*

For young people aged thirteen and over:

E13 Have you discussed your course options, the courses you will be taking, and your plans for the future with your parent(s), carer(s) and your school?

Not applicable, not old enough **If not applicable, go to E14 →**

Yes, with parent(s) Yes, with carer(s)

Yes, with school No

Standard Grade Course options are usually chosen in S2 and the courses are taught in S3 and S4. If possible, changes of school should be avoided during S3 and S4

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Person with educational responsibility Residential worker Social worker Other *(please specify)*

E14 Do you have a job (eg paper round)? Yes No

After your 13th birthday you are legally allowed to do some part time work. For instance, you can work in a shop, do a paper round or help at a nursery but you cannot work in most factories, on a ship, down a mine or in transport. You must not work before 7am or after 7pm, during school hours or for more than two hours a day except on a Saturday. Some areas have local laws, called bye-laws, which add more rules about where you can work or what type of work you can do.

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Person with educational responsibility Residential worker Social worker Other *(please specify)*

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For young people aged fourteen and over:

E15 Have you changed school since you started your examination courses?

Not started examination course yet
No
Not taking exams
Yes

If no or not taking exams, go to next page

If yes, have you been given any extra help?

If yes, has **all** the course work that you did at your previous school been sent on to the one that you are at now?

No course work
No
Yes
Not sure

Are you up to date with your course work?

No course work
No
Yes
Not sure

If you have changed any exam syllabus because of a change of school, have you talked to your teachers about this?

No changes
No
Yes

Is further action needed?

Yes, the following further action will be taken
No

This action will be taken by

Child/Young person
Parent(s)
Foster carer(s)
Person with educational responsibility
Residential worker
Social worker
Other *(please specify)*

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Please use the remaining space to say some more about any of the above questions if you wish, or to add anything about your education not covered in the questions. Your social worker/carer(s)/parent(s) or someone who helped you complete the form might want to add some comments.

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ASSESSMENT OF EDUCATION

This section should be filled in by your social worker after s/he has talked about the answers with you, your carer(s), and anybody else who is important to you. S/he will use the information recorded in the previous questions on education to consider the following objectives. It is important, if comparisons are to be made over time, between your assessments and between looked after children/young people, that your social worker ticks the box nearest to his/her view as well as explaining in words. There is a space at the end where anyone can say if they disagree with what s/he has said.

How far are the following objectives met?

The young person is making good educational progress

- ☐ Progress is good
- ☐ Progress is satisfactory
- ☐ Progress gives some cause for concern
- ☐ Progress gives serious cause for concern

What leads you to this conclusion?

The young person is participating fully in a wide range of activities in school

- ☐ Wide range of activities
- ☐ Some activities
- ☐ Few activities
- ☐ None

What leads you to this conclusion?

The young person is participating fully in a wide range of activities out of school

- ☐ Wide range of activities
- ☐ Some activities
- ☐ Few activities
- ☐ None

What leads you to this conclusion?

Adequate attention is being given to planning the young person's education

- ☐ Satisfactory planning
- ☐ Some planning, but not enough
- ☐ Little or no planning

What leads you to this conclusion?

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CONSULTATION

Please list all those who were consulted/involved in compiling the EDUCATION section of this Assessment and Action Record. Do they agree with the assessment of education?

Name and Role | Agrees fully | Agrees partially | Disagrees

If anyone above does not fully agree, please give further details.

Section completed Day Month Year

Please ensure that you record details about plans for further action and target dates in the "Summary of work to be undertaken" at the back of this record.

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IDENTITY

The questions in this section are designed to make sure that you know enough about your birth family and their religion and culture, that you are being helped to understand and accept the reasons why you are being looked after by the local authority, and that you have a positive view and feel increasingly confident about yourself. There are many methods and tools which can be used to help you achieve a positive self image and a strong sense of identity. These include life story work, family trees, photo albums, diaries, memory boxes and "Black Like Me" workbooks (Maximé 1987 and 1991). You should try to collect mementoes, photographs and records of positive achievements and experiences in every placement you are in, so that you have reminders of what has happened in your life.

Include grandparents, cousins, aunts and uncles as well as parents, brothers and sisters. Also include any members of your step-family, or adoptive family if you have one.

ID1 How many members of your birth family can you name?

All or most ✓Some None

Would you like help to find out more about them?

✓Yes, I would like the following help No

Social worker to find out names

I would like to be helped by Parent(s) Foster carer(s) ✓Social worker Residential worker Other *(please specify)*

ID2 Has anyone helped you decide what to say when people ask personal questions about your family, where you live, or why you are looked after by the local authority?

✓Yes No

Would you like help with this?

Yes, I would like the following help ✓No

I would like help from Parent(s) Foster carer(s) Social worker Residential worker Other *(please specify)*

ID3 Can you explain why you are living away from your parent(s)?

✓Yes No Not sure

Would you like to talk this over with an adult you can trust?

✓No, I do not want to talk about it at the moment

Yes, I would like talk this over with Parent(s) Foster carer(s) Social worker Residential worker Other *(please specify)*

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ID4 Are you making or updating a life story book? ✓Yes I don't need one

No

Would you like help? Yes, I would like the following help ✓No

I would like to be helped by Parent(s) Foster carer(s) Social worker

Residential worker Other *(please specify)*

ID5 Do you collect mementoes, photos, or other records of your placement? Yes

✓No

If yes, do you have somewhere safe to store them? Yes

No

Is further action needed? Yes, the following action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Social worker Residential worker Other *(please specify)*

ID6 Do you get picked on by other children or adults (eg because you are looked after by the local authority, or because of your appearance, race, disability, gender or for any other reason)?

Frequently Sometimes ✓Never

If so, please say why you get picked on, what happens and how you deal with this:

Do you need help to deal with it? Yes, I would like the following help No

I would like to be helped by Parent(s) Foster carer(s) Social worker

Residential worker Other *(please specify)*

ID7 Do you belong to a particular religion? ✓No, I am not interested **If not interested, go to ID8→**

Yes No, but I would like to

Do you have enough opportunities to attend religious services? Yes ✓No

Do you have enough opportunities to follow the customs of your religion (eg festivals, prayers, clothing, diet)? Yes ✓No

Is further action needed? ✓Yes, the following further action will be taken No

Speak to Billy about what he wishes to do regards his beliefs

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ID7 contd

This action will be taken by — Child/Young person — Parent(s) — Foster carer(s)

Social worker — ✓ Residential worker — Other *(please specify)*

ID8 Do you have a first language which is not English?

✓ No, English is my first language **If no, go to ID9 →**

Yes

If yes, what is this language?

Do you have enough opportunities to speak this language?

Yes — No, but I would like to

No, I am not interested

Is further action needed?

Yes, the following further action will be taken — No

This action will be taken by — Child/Young person — Parent(s) — Foster carer(s)

Social worker — Residential worker — Other *(please specify)*

ID9 Do you know what race or ethnic group you belong to?

Yes — ✓ No — Not sure

How would you describe yourself (eg black, white, Italian, mixed parentage, Asian, Chinese, African)?

White

If you are unsure about your racial or ethnic group, or want more information about your racial/ethnic background, would you like to talk this over with an adult you can trust?

✓ No, I don't want to talk about this at the moment

Yes, I would like to talk this over with — Parent(s) — Foster carer(s) — Social worker

Residential worker — Other *(please specify)*

ID10 Do you have many chances to spend time with adults and young people who share the same racial or ethnic background as you?

✓ Yes, adults — ✓ Yes, young people

No, adults — No, young people

Do you want help to meet more people who share your background?

Yes, I would like the following help — No

I would like to be helped by — Parent(s) — Foster carer(s) — Social worker

Residential worker — Other *(please specify)*

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ID11 Do your carers seem interested in the things you do?

Always ✓ Sometimes

Rarely Not sure

Would you like them to show more interest? ✓ Yes, I would like them to be interested when No

Does not know

Is further action needed? ✓ Yes, the following further action will be taken No

Finding out how we can accomodate Billy with Jo

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Social worker ✓ Residential worker Other *(please specify)*

ID12 Do your carers praise you when you have done something well?

Often ✓ Sometimes

Rarely or never

If you are rarely or never praised, why do you think this is?

Would you like more praise? Yes, I would like to be praised when ✓ No

Is further action needed? Yes, the following further action will be taken ✓ No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Social worker Residential worker Other *(please specify)*

ID13 What three things are you good at?

Most people are good at something. Ask your friends and carers what you are good at.

Football

If you can't think of 3 things, do you need some help? Yes, I would like to be good at ✓ No

I would like to be helped by Parent(s) Foster carer(s) Social worker

Residential worker Other *(please specify)*

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ID11 What do you hope to be doing in three years time?

Education/job/career:

Dont Know

Personal life (eg friends, family, who you might be living with):

Dont know

Would you like any help and advice about making plans for the future? | Yes, I would like the following help ~~No~~

I would like to be helped by | Parent(s) | Foster carer(s) | Social worker | Residential worker | Other *(please specify)*

Please use the remaining space to say some more about any of the above questions if you wish, or to add anything about your identity not covered in the questions. Your social worker/carer(s)/parent(s) or someone who helped you complete the form might want to add some comments.

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ASSESSMENT OF IDENTITY

This section should be filled in by your social worker after s/he has talked about the answers with you, your carer(s), and anybody else who is important to you. S/he will use the information recorded in the previous questions on identity to consider the following objectives. It is important, if comparisons are to be made over time, between your assessments and between looked after children/young people, that your social worker ticks the box nearest to his/her view as well as explaining in words. There is a space at the end where anyone can say if they disagree with what s/he has said.

How far are the following objectives met?

The child/young person has a positive view of him/herself and his/her abilities

Usually positive | Positive in some situations | Generally negative view of self

What leads you to this conclusion?

The child/young person has an understanding of his/her current situation

Clear understanding | Some understanding | Unaware

What leads you to this conclusion?

The child/young person has knowledge of his/her family of origin

Knows family | Knows something about family | Knows nothing about family

What leads you to this conclusion?

The child/young person can relate to his/her racial or ethnic and religious background

Fully | Some ability to relate

Little ability to relate | Not at all

What leads you to this conclusion?

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CONSULTATION

Please list all those who were consulted/involved in compiling the IDENTITY section of this Assessment and Action Record. Do they agree with the assessment of identity development?

Name and Role

Agrees fully Agrees partially Disagrees

If anyone above does not fully agree, please give further details.

Section completed Day Month Year

Please ensure that you record details about plans for further action and target dates in the "Summary of work to be undertaken" at the back of this record.

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FAMILY AND SOCIAL RELATIONSHIPS

The questions in this section are meant to find out if you are being encouraged to build a close relationship with a parent or someone who acts as your parent, and if you know an adult who will help you if you need it. They also ask if you enjoy contacts with members of your family, if you are learning to get on well with adults and other children/young people, and if you have any close friends.

F1 How many different people have acted as your main carer since you were born? (Try to give a number if you can, even if you are a bit doubtful.)

The main carer is anyone who looked after you full time for more than a very short time. Where there were 2 or more caring adults in one household, count this as one carer.

Number ____ ✓ Not sure

Please say why changes of carer occurred

Is further action needed? ✓ Yes, the following further action will be taken

Staff to find information or the can speak with Billy

This action will be taken by

Child/Young person Parent(s) Foster carer(s)

Social worker ✓ Residential worker Other *(please specify)*

F2 How do you get on with the people you live with?

*Do not live with them

	Very well	Quite well	Not very well	Poorly	Not applicable*
Female foster carer					
Male foster carer					
Key worker in residential unit		✓			
Other children/young people living in the same household/residential unit					
Name					
Michael				✓	
John	✓				
Angela		✓			
Sarah			✓		
Others adults living in the same household/other staff in the unit					
Name					
Carolin		✓			
Jennifer		✓			
Linda		✓			
Donna	✓				

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F2 contd

If there is anyone with whom you get on badly, please give more details.

[redacted]

Is further action needed? ✓Yes, the following further action will be taken No

Mediation

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Social worker ✓Residential worker Other *(please specify)*

This does not refer to normal attendance at day school, but times spent in hospital as a day patient, or overnight stays in family-based respite care, residential respite care, residential education or hospital.

F3 Do you regularly spend time away from your main carer(s)? ✓No **If no, go to F4 →**

Yes, only during the day Yes, including overnight stays

If yes, please say how much time you spend away and where you go

How do these separations affect you?

How do these separations affect the carer(s) and other children/young people in your household?

Is further action needed? Yes, the following further action will be taken No

This action will be taken by Child/Young person Parent(s) Foster carer(s)

Social worker Residential worker Other *(please specify)*

These changes could be adaptations to the home (eg wheelchair ramps) or adjustments to the way you or your carer(s) live (eg needing someone with you when you go out).

F4 **Please answer this question if you have an ongoing health condition or disability; otherwise go to F5 →**

What changes have the following people had to make to adapt to your health condition and/or disability?

You:

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F4 contd

Carer(s) and other children or young people in the household:

Immediate family, ie parents, brothers and sisters:

Extended family eg aunts, uncles, cousins, and friends or neighbours:

Is further action needed? | Yes, the following further action will be taken | No

This action will be taken by: Child/Young person | Parent(s) | Foster carer(s) | Social worker | Residential worker | Other (please specify)

F5 Do any of the adults you live with show you physical affection (eg hugs or cuddles)? Often | Sometimes | ✓ Rarely

Is this about right for you? ✓ Yes | No

If no, please say why

Is further action needed? | Yes, the following further action will be taken | No

This action will be taken by: Child/Young person | Parent(s) | Foster carer(s) | Social worker | Residential worker | Other (please specify)

F6 What is your contact like with the following people? Is it reliable? How does it make you feel? If you have no contact with some people on the list how does that make you feel?

When considering contact include non face to face contact such as telephone calls, letters and cards. Details of contact arrangements should be recorded in your Day to Day Placement Arrangements

Mother: No Contact. Does not wish contact with her

Father: Contact with contact. Enjoys this contact

Grandparent(s): No Contact. Does not wish contact with grandparents

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F6 contd

Brothers and sisters: Has contact. Would like more contact

Previous carers: Has contact. No more contact

Others eg aunts, uncles, cousins, step-parents, birth parents if adopted

(Please specify): No Contact

Is further action needed? ✓Yes, the following further action will be taken — No

Speak to Social worker regards contact

This action will be taken by — Child/Young person — Parent(s) — Foster carer(s)

Social worker — ✓Residential worker — Other *(please specify)*

F7 Do you have a room, bed or possessions in your parents' home/either of their homes?

✓Yes — No — Not sure

Is further action needed? — Yes, the following further action will be taken — ✓No

This action will be taken by — Child/Young person — Parent(s) — Foster carer(s)

Social worker — Residential worker — Other *(please specify)*

F8 Apart from your parent(s) and/or carer(s), is there any other adult you know who you could turn to in a crisis?

Yes — ✓No — Not sure

If yes, who is this person?

Would you like to be put in touch with someone (eg a befriender) who could give you support when you need it?

Yes — ✓No

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F8 contd

Is further action needed? Yes, the following further action will be taken / No

This action will be taken by: Child/Young person / Parent(s) / Foster carer(s) / Social worker / Residential worker / Other *(please specify)*

F9 Can you say who your special friends are? ✓Yes / No / Not sure

How many friends of about your age have you had for more than six months;

who are also looked after? Many / ✓Few / None

who are not looked after? ✓Many / Few / None

How many friends of about your age have you had for less than six months;

who are also looked after? Many / ✓Few / None

who are not looked after? ✓Many / Few / None

How often do you see your friends outside school? Frequently / ✓Sometimes / Rarely or never

Is further action needed? ✓Yes, the following further action will be taken / No

Transport required

This action will be taken by: Child/Young person / Parent(s) / Foster carer(s) / Social worker / ✓Residential worker / Other *(please specify)*

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