# **CHILD ASSESSMENT FRAMEWORK: Key Areas & Checklists for Social Work Assessments**

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# Reproduced from/references:

* Buckley, H., Basarab-Horwath, J.A. and Whelan, S., 2006. [*Framework for the Assessment of Vulnerable Children and Their Families: Assessment Tool and Practice Guidance*](https://www.tcd.ie/tricc/assets/pdfs/crc-archive/2006-Buckley-Horwath-Whelan-Framework-Assessment-Vulnerable.pdf)*: April 2006*. Children's Research Centre, Trinity College.
* Calder, M.C. and Hackett, S., 2013. *Assessment in child care: Using and developing frameworks for practice*. Russell House Publishing Ltd.
* Department of Health, 2000. [*Framework for the Assessment of Children in Need and Their Families. Guidance Notes and Glossary for: Referral and Initial Information Record, Initial Assessment Record and Core Assessment Record*](https://www.basw.co.uk/system/files/resources/basw_123020-9_0.pdf). London: The Stationery Office.
* South Gloucestershire Safeguarding Children Board, 2023. [*Domestic Abuse Toolkit.*](http://sites.southglos.gov.uk/safeguarding/wp-content/uploads/sites/221/2015/06/Domestic-Abuse-Toolkit-May-2021.pdf) South Gloucestershire.
* Stiborova, E., 2020. [*www.socialworkerstoolbox.com*](http://www.socialworkerstoolbox.com/).

# Further recommended reading:

* Buckley, H., Basarab-Horwath, J.A. and Whelan, S., 2006. *Framework for the Assessment of Vulnerable Children and Their Families: Assessment Tool and Practice Guidance: April 2006*. Children's Research Centre, Trinity College. Access [*the Framework here*](https://www.tcd.ie/tricc/assets/pdfs/crc-archive/2006-Buckley-Horwath-Whelan-Framework-Assessment-Vulnerable.pdf) .

# **CHILD ASSESSMENT**

# **CHILD’S DEVELOPMENTAL NEEDS**

|  |
| --- |
| Health |
| * Growth
* Development
* Physical wellbeing
* Mental wellbeing
* Impact of genetic factors and of any impairment
* Receiving appropriate health care when ill
* Adequate and nutritious diet
* Exercise
* Immunisations
* Developmental checks
* Dental and optical care
* For older children - sexual health, substance misuse

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Ages & Stages Questionnaires ASQ-3 (Child development screening tool)](https://www.socialworkerstoolbox.com/ages-stages-questionnaires-asq-3/)
* [Developmental Milestones Checklists & App](https://www.socialworkerstoolbox.com/developmental-milestones-checklist-app/)
* [The Adolescent Wellbeing Scale](https://www.socialworkerstoolbox.com/the-adolescentt-wellbeing-scale/)
* [The Substances And Choices Scale – SACS](https://www.socialworkerstoolbox.com/the-substances-and-choices-scale-sacs/)
* [CRAFFT Substance-related risks and problems Screening Questionnaire for Adolescents](https://www.socialworkerstoolbox.com/crafft-screening-questionnaire-for-adolescents/)
* [Drug Abuse Screening Test for Adolescents (DAST-A)](https://www.socialworkerstoolbox.com/drug-abuse-screening-test-for-adolescents-dast-a/)
* [Female genital mutilation (FGM) risk assessment templates](https://www.socialworkerstoolbox.com/female-genital-mutilation-fgm-risk-assessment-templates/)
 |
| Education |
| * The child’s cognitive development/educational needs
* Opportunities for play, leisure activities and interaction with other children and adults
* Opportunities to acquire a range of skills and interests
* Opportunities to experience success and achievement.
 |
| Emotional and Behavioural Development |
| * Characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control. The child’s behaviour in various settings
* Nature and quality of early attachments
* Evidence of resilience and the factors that support it
* If relevant, the nature and impact of the child’s or family’s difficulties such as criminal involvement, child criminal exploitation, child sexual exploitation, bullying, exposure to domestic abuse, parental substance misuse or mental ill health etc. on the child.

*The assessment should include the assessor’s ‘personal’ knowledge of the child such as** The child’s personality, e.g. quiet, outgoing, shy, friendly, and give examples
* His or her favourite things, for example clothes, toys, food
* His or her dislikes
* His or her interests/hobbies, for example sports, art, computers, music, collecting things
* Who his or her favourite celebrities are
* Who he or she likes best
* What he or she likes doing outside school or the family
* Who his or her best friend is
* Who he or she would share secrets with
* Whether he or she has a pet? What it is and what its name is?
* What makes him or her sad or frightened?
* What makes him or her happy?
* What are his or her dreams, fantasies or ambitions?

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Young people’s safety questionnaire/toolkit](https://www.socialworkerstoolbox.com/young-peoples-safety-questionnairetoolkit/)
* [Sexual behaviours traffic light tool](https://www.socialworkerstoolbox.com/sexual-behaviours-traffic-light-tool/)
* [The Strengths and Difficulties Questionnaire](https://www.socialworkerstoolbox.com/strengths-and-difficulties-questionnaire/)

Tools for establishing children’s wishes, feelings, likes, dislikes etc:* [All about me: Direct work sheets & activities (booklet)](https://www.socialworkerstoolbox.com/all-about-me-direct-work-sheets-activities-booklet/)
* [‘Say it your own way’: 40+ worksheets facilitating children’s participation in assessment](https://www.socialworkerstoolbox.com/say-way-40-worksheets-facilitating-childrens-participation-assessment/)
* [The Kids Central Toolkit- 30+ tools for 1:1 direct work with children (assessment, planning & intervention)](https://www.socialworkerstoolbox.com/30-tools-11-work-children-assessment-planning/)
* [Child and Youth Participation Toolkit - worksheets for wishes and feelings and getting to know the child](https://www.socialworkerstoolbox.com/child-and-youth-participation-toolkit-wishes-feelings-direct-work-worksheets-activities/)
* [Direct Work Resource Pack](https://www.socialworkerstoolbox.com/direct-work-resource-pack/)
* [Voice of the Child: 20 sheets to gain child’s wishes, feelings & views](https://www.socialworkerstoolbox.com/voice-child-20-sheets-gain-childs-wishes-feelings-views/)
* [My Feelings & Emotions Tracker](https://www.socialworkerstoolbox.com/feelings-emotions-tracker/)
* [My feelings workbook: naming & exploring emotions](https://www.socialworkerstoolbox.com/feelings-workbook-naming-exploring-emotions/)
* [This is my World: Gathering child’s views on self, family, friendships, school, illness & the future](https://www.socialworkerstoolbox.com/world-gathering-childs-views-self-family-friendships-school-illness-future/)
* [Children’s Participation Toolkit for Social Workers (activities & worksheets)](https://www.socialworkerstoolbox.com/childrens-participation-toolkit-for-social-workers/)
* [How it looks to me (Assessing wishes & feelings worksheets)](https://www.socialworkerstoolbox.com/how-it-looks-to-me-assessing-wishes-feelings-booklet/)
* [All about me booklet (21 pages)](https://www.socialworkerstoolbox.com/all-about-me-booklet-21-pages/)
 |
| Identity |
| * The child’s growing sense of self as a separate and valued person.
* The child's view of his/her abilities, self image and self esteem, and having a positive sense of individuality.
* Race, culture, religion, age, gender, sexuality, disability and family of origin
* Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.
 |
| Family and Social Relationships |
| * The child’s history and attachment strategy to their primary carers and significant others; stability of these relationships
* The child’s experience of bereavement and/or parental separation or divorce
* Relationship with siblings
* Relationships with peers of the same and opposite sex and response of family to these relationships.
* Development of empathy and the capacity to place self in someone else’s shoes.
 |
| Attention to the following areas will assist the practitioner in assessing the child’s attachment strategy: **Child’s history and attachment strategy in relation to primary carers and significant others** * What is the nature of the attachment with the primary carer?
* Who else does the child have an attachment to?
* Who is important to the child at home, in the extended family, in school, in the community, in clubs, elsewhere?
* Does the child have someone who loves him/her unconditionally?
* Does the child have someone in whom they can confide?
* Who does the child seek out for consolation when distressed or upset?
* How does the child react to separations from and reunions with their caregivers?
* How do the child and parent/carer interact? For example flat, lack of emotion, engagement and enjoyment,
* How does the child interact with his/her siblings and significant others?
* Does the parent/carer understand and respond to the child’s emotional cues of distress or need for support? For example distress or need for support,
* Does the parent/carer anticipate the emotional needs of the child? For example situations the child is likely to find stressful and does the parent/carer offer reassurance and support?

**Relationships with peers of the same and opposite sex** * Does this child have any/many friends?
* How important are these peers to the child?
* How much time does the child spend with his/her peers?
* What activities do the child and his/her peers engage in?
* If the child has none or very few friends do they experience any of the following:

- Emotional problems, - Less altruism, - Poor social skills in group entry, cooperative play and conflict management, - Less sociability, - Poor school adjustment, - Poorer school attainment. **Stability of relationships in the child’s life and the child’s experience of bereavement and/or parental separation or divorce*** Has the child experienced losses? What impact have these losses had on the child?
* At what developmental stage did these losses occur?
* What is the child’s understanding of the loss (e.g. why do they think parent has left)?
* What opportunities has this child had to process her reaction to these different losses?
* What are the important sources of continuity in the child’s life despite the losses?
* Are there ways in which the practitioner can strengthen the connection to such threads of continuity?
* Does the child need to do any active work on grieving for losses at this point? Does the child have a need for fuller or more accurate information concerning the circumstances surrounding any key past losses?
* If so, are there people of significance to the child who the child trusts and who may be able to help in the process of working through the loss?
* Are current caregivers properly briefed on the child’s history of loss and the likely psychological reactions to such patterns of loss? Have the caregivers or other adults playing a significant role in the child’s life had a chance to have training and/or discussion about the precise nature of loss and its likely impact in the child’s life?

**Evidence of resilience and factors that support it** * Does the child/young person receive praise for doing things on his or her own?
* Does the child/young person know someone he or she wants to be like?
* Does the child/young person believe things will turn out all right?
* Does the child/young person do endearing things that make people like him or her?
* Is the child/young person willing to try new things? Does the child/young person like to achieve in what he or she does?
* Does the child feel that what he or she does makes a difference in how things come out?
* Does the child/young person like himself or herself?
* Can the child/young person focus on a task and stay with it?
* Does the child/young person have a sense of humour?
* Does the child/young person make plans to do things?
* What interests and talents does this child/young person have? Ask the child to identify these,
* Are these being developed in any way?
* What qualities does this child/young person have which other people find attractive?
* Which of the child/young person’s qualities are helpful in dealing with adversity?
* Who are the people to whom this child/young person matters?
* What should be included in a list of this child/young person’s social skills and accomplishments?
* Who or what constitute resources in assisting this child/young person to negotiate adversities and make their way in the world?
* How is the child/young person getting on in school?
* How able is the child/young person academically?
* Does the child/young person have a good relationship with his/her teacher(s)?

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Ages & Stages Questionnaires: Social-Emotional Development Screening Tool (ASQ:SE-2)](https://www.socialworkerstoolbox.com/ages-stages-questionnaires-social-emotional-development-screening-tool-asqse-2/)
* [The Family Activity Scale](https://www.socialworkerstoolbox.com/the-family-activity-scale/)
 |
| Social Presentation |
| * Appropriateness of dress for age, cleanliness and personal hygiene.
* The child’s growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created.
 |
| Self Care Skills |
| * Practical, emotional and communication competencies
* Early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Opportunities for appropriate responsibility for self and others
* Self awareness
* The impact of the child's impairment and other vulnerabilities on the development of self care skills.
 |
| A day in a life of the child |
| **A Day in the Life of a Baby: What is the baby’s daily routine? Suggested questions for assessment** *Waking* What time do they wake up? What happens next? Who gets them up? Does the same thing happen every day?*Feeding*Is the baby breastfed? Are there any difficulties? What time does this happen? Where does this happen? If bottles are used, are they sterilised? Who does this? How often does this happen? Where are the sterilised bottles kept? Who bottle feeds the baby? Is the baby held while feeding? If not, then what happens? E.g. prop feeding, in their cot etc. How well does the baby feed? Are there any difficulties? Is the baby ‘burped’ during and at the end of feeding? Is eye contact made with the baby? Have they had repeated episodes of thrush? Does the baby settle well after the feed? What is happening regarding weaning? *Dressing* Who dresses them? Where are they dressed? Is the nappy changed? Are there clean clothes? Does the same person dress them/change their nappy every day? Are the carers gentle when they dress the baby? Do they interact with the baby during dressing? *Getting to School (if there are school age children in the house)* What happens to the baby? Do they go as well? If so, how do they get there (e.g. in a pushchair, car, carried in car-seat)? If they stay at home, who is looking after them? What is happening at this time? Are feeds being missed or rushed due to the school run? How are they dressed (taking into account the weather)? Where are they whilst parents/carers take the older children into school? E.g. are they left in the car? *During the Day* What happens during the day? Who is spending time with them? What do they do with the baby? What toys and books are available? What happens about sleeping during the day? What time are they sleeping? Where do they sleep? Do they go out of the house? Where do they go? Who goes with them? Does the same thing happen every day? What happens about feeding? What time does this happen? If bottles are used, are they sterilised? When does this happen? Who does this? What happens about nappy changes? Who does this? Is there a good supply of nappies? How often are nappies changed? If there are pets, where are they? Are they spending long periods of time sat in front of television or sat in a car seat and/or pushchair for long periods? If they are beginning to explore their environment, what safety measures are being put into place, e.g. safety gates, plug socket covers, supervision by an appropriate person? *Socialising (Communication)* The baby will start to enjoy socialising within the first few weeks of life and this will increase over time with smiling and eye to eye contact. Is the mother/father/carer able to cue into the baby’s need to communicate initially through fleeting face to face communication? Does the mother/father/carer support this communication by holding the baby’s head up if needs be? Is the mother/father/carer aware of the baby’s state and able to cue into when the baby feels sleepy, hungry or in pain and either doesn’t want to start an engagement or has had enough of interacting for the time being? The baby gradually communicates more by moving and changing the shape of their mouth and tongue. This socialisation gradually turns onto play and babbling. Does the mother/father/carer mirror and respond to the baby’s efforts to communicate i.e. promoting attunement? How does the baby respond to this communication? How does the baby respond to facial expression when they are being calmed, talked to or played with? This is the voice of the child which is one of the most important considerations when carrying out an assessment. *After School (if there is a school age child in the house)* Does the baby go with anyone to meet the other child(ren) at school? What happens when the other child(ren) are home from school? Do they engage with the baby? Is there an adult present if this happens? What happens during mealtimes? What about during the school holidays? *Evenings* What happens about feeding? Who does this? What happens at bath time? Who does this? How often does the baby have a bath? Where do they have a bath? Does the same person bath the baby? What do the parents/carers do in the evenings? Does the baby spend time with parents/carers in the evening? If so, what happens? What is on the television when the baby is around? *Bedtime* Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Are they changed for bed? What happens before they are put to bed? Do they have anything in with them e.g. bedtime toy? Does anyone read them a story? How are they settled? What happens if they do not settle? Is there a baby monitor? Who else is in the house at night? Is anyone put in charge of them at bedtime? What position do they sleep in? What is the environment like, e.g. regarding temperature? *Overnight* How often do they wake? What happens when they wake? Who goes to them when they wake? Does the same person go to them when they wake? Are they fed when they wake? Is their nappy changed when they wake? If there are pets, where do the pets sleep? Is the baby left to cry for long periods of time?**A Day in the Life of a Child: What is the child’s daily Routine? Suggested questions for assessment***Waking* Do they use a clock to get up? Does someone get them up? Do they have to get anyone else up? Does anyone else get up with them? Does the same thing happen every day? What time does this happen? *Breakfast* Do they have breakfast? What sort of food do they have? Do they have a choice? Who makes breakfast? *Dressing* Do they dress themselves? Do they help anyone else get dressed? Do they wash and clean their teeth before getting dressed? Who makes sure they are doing this? Is there hot water and clean clothes? *Getting to School* Does someone take them? Do they have to take anyone else? Do they cross busy roads? Who helps them do this? Do they get to school on time? *In School* What do they like about school? What don’t they like about school? Who are their friends? What do they do with their friends? What do they like to do at break times? What do they eat at lunchtime? Do they have a favourite teacher or subject? Are they experiencing bullying? If they are starting school have they been toilet trained? *After School* How do they get home from school? Does someone meet them at school? If so, who is this? If not, then is there anyone at home to meet them? What do they do after school? Do they look after anyone else? Do they have anything to eat? What do they have? Who makes it for them? Do they prepare food for anyone else? Do they go out and play? Do they do homework? Are there any issues around doing homework?*Evenings*Do they have an evening meal? What time is this? Who prepares the meal? What is their favourite food? Do they have this often? Do they eat with their parents/carers/other family members? If not, where do they eat? Who do they tell if they are hungry and what happens about this? Do they watch TV? If so, what do they watch? Do they use the internet/social networking sites? Is this supervised? Who do they communicate with online? What do they talk about? Do they go out? If so, who are they with and where do they go? Do they communicate this information to anyone? Do they have to be in at a particular time? Do they like toys and games? Do they have any? What do their parents/carers do in the evenings? Do they spend time with parents/carers in the evening? If so, what do they do? *Bedtime* Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Do they like where they sleep? Do they wash and brush their teeth at bedtime? Do they change for bed? Who else is in the house at night? Are they put in charge of anyone else at bedtime? *School holidays/weekends* Do they look after anyone? Do they have chores/jobs to do? If so, what are they and who are they for? How else do they spend their time? Do they see friends? Who looks after them when they are not in school? Who supervises mealtimes?**A Day in the Life of a Teenager What is the teenager’s daily routine? Suggested questions for** assessment *Waking* Do they use a clock to get up? Does someone get them up? Do they have to get anyone else up? Does anyone else get up with them? Does the same thing happen every day? What time does this happen? *Breakfast* Do they have breakfast? What sort of food do they have? Do they have a choice? Who makes breakfast? *Dressing* Do they help anyone else get dressed? Do they wash and clean their teeth before getting dressed? Who makes sure they are doing this? Is there hot water and clean clothes? *Getting to School* How they get to school? Who do they go with? Do they have to take anyone to a school or early years setting? Do they get to school on time? Do they go straight to school or spend time with other people first? Who do they spend time with? *In School* What do they like about school? What don’t they like about school? Who are their friends? What do they do with their friends? What do they like to do at break times? What happens at lunchtime? Do they leave the school site? What do they eat at lunchtime? Do they have a favourite teacher or subject? Are they experiencing bullying? Or are they bullying others? Are there concerns about their behaviour, appearance etc? Do they stay in school or are there periods of them going missing or being absent from lessons (but not necessarily from the school site)? *After School* What do they do after school? Do they go straight home or do they go elsewhere? Where do they go? Who are they with? How do they get home from school? Does someone meet them at school? If so, who is this? If not, then is there anyone at home to meet them? Do they look after anyone either at home or elsewhere? Do they have anything to eat? What do they have? Who makes it for them? Do they prepare food for anyone else? Do they go out? If so, who do they meet? Do they do homework? Are there any issues around doing homework e.g. is the home environment too noisy, are there too many distractions or is there nowhere for them to do their homework? *Evenings* Do they have an evening meal? What time is this? Who prepares the meal? What is their favourite food? Do they have this often? Do they eat with their parents/carers/other family members? If not, where do they eat? Who do they tell if they are hungry and what happens about this? Do they watch TV? If so, what do they watch? Do they use the internet/social networking sites? Is this supervised? Who do they communicate with online? What do they talk about? Do they go out? If so, who are they with and where do they go? Are there concerns about substance misuse? Are they spending time with peers or are they spending time with people who are much older/younger than they are? Do they communicate this information to anyone? Do they have to be in at a particular time? What do their parents/carers do in the evenings? Do they spend time with parents/carers in the evening? If so, what do they do? *Bedtime* Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Do they like where they sleep? Do they feel safe where they sleep? Do they wash and brush their teeth at bedtime? Do they change for bed? Who else is in the house at night? Are they put in charge of anyone else at bedtime? Has there been a time or periods of time when they have been known to leave the property when other people think they are in bed? How many times has this happened? When was the first time and the last time this happened? Where did they go? Who were they with? How long did they go missing for? What happened when they went missing? Was this reported to anyone? *School holidays/weekends* Do they look after anyone? Do they have chores/jobs to do? If so, what are they and who are they for? How else do they spend their time? Do they see friends? Who looks after them when they are not in school? Who supervises mealtimes? Do they enjoy being in the home or do they want to spend all their free time away from the home? Can they explain why this is?Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Getting to know a child’s routine activity tool](https://www.socialworkerstoolbox.com/getting-know-childs-routine-tool/)
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# **Issues Impacting on Child’s Development**

|  |
| --- |
| Injury to the child  |
| Assessors should ascertain:* When was the last time the child was 100% well?
* What date, time and at which location did the injury happen?
* Who first noticed it? Where was the caregiver at the time of the injury? Were there any other witnesses?
* What was happening before the injury?
* Exactly how did the injury happen (enquire about specific details such as what the object causing the injury looks like)? Ask for demonstration of how the injury happened.
* What did the injury look like straight after the incident? How has it changed since? Record what it looks like now (eg. size of any bruises, colour, location). If the caregiver consents, take a photo of it.
* What did the child do after the injury happened?
* What did the caregiver do after the injury happened?
* What symptoms did the child show after the injury? Did the caregiver seek medical attention or try any remedies? How long after the injury? Was the caregiver’s help to the child effective?

When possible, the answers to the questions above should be also gained from the injured child itself – simplify the questions and use various developmentally appropriate tools to facilitate the conversation. Give the relevant questions from the list above also to any reported witnesses. Record any inconsistencies in the provided accounts.   |

 **PARENTING CAPACITY**

|  |
| --- |
| Basic Care  |
| * Attendance with the child at medical appointments or encouragement of older children to attend
* Ability to meet the child’s medical requirements
* Ability to pick up signs of the child’s ill health and respond appropriately
* Ability to provide a nutritious diet on a routine basis
* Ability to provide clean and seasonally appropriate clothing
* Ability to recognise and respond to the child’s need for a secure and safe living environment
* Ability to provide a living environment that is both hygienic and warm
* Encourage and teach basic care practices to children as they grow older
* Ability to meet the needs of children and young people for advice on smoking, alcohol consumption, substance use and sexual health and behaviour

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [The Graded Care Profile: Neglect Assessment Tool](https://www.socialworkerstoolbox.com/the-graded-care-profile-neglect-assessment-tool/)
 |
| Ensuring Safety |
| * Ability to protect the child from potential hazards in the home and elsewhere.
* Ability to protect the child from inappropriate behaviours within the home and awareness of the impact of these behaviours on the child
* Ability to protect the child from emotional and physical harm
* Awareness of the child’s whereabouts
* Ability to make judgements about the appropriateness of childminder/babysitter(s)
* Protection from contact with unsafe adults/other children and from self-harm.

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Home safety check – risk assessment template](https://www.socialworkerstoolbox.com/home-safety-check-risk-assessment-template/)
* [Dog risk assessment form](https://www.socialworkerstoolbox.com/dog-assessment-form/)
 |
| Emotional Warmth  |
| * Ensuring the child’s emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.
* Includes ensuring the child’s requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child’s needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.
* Quality of attachment to the child
* Attitude to the child
* Influence of family history on current relationships

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Observations Checklist: what to look for in assessing attachment and bonding (tool)](https://www.socialworkerstoolbox.com/observations-checklist-look-assessing-attachment-bonding-tool/)
 |
| Stimulation |
| * Importance attached to education, activities and social opportunities
* Recognition of the importance of stimulating and good quality child care, both within and outside the home
* Involvement in the child’s education
* Encouragement of the child’s intellectual development
* Provision of opportunities for play and leisure
* Ability to interact with the child and stimulate the child (includes facilitating the child’s cognitive development and potential through interaction, communication, talking and responding to the child’s language and questions, encouraging and joining the child’s play)
* Promotion of the child’s opportunities for development of skills and interests
* Providing the child with the appropriate amount of responsibility in accordance with age, ability and maturity of the child and normal practice within the community; ability to help the child develop age appropriate self-care skills and independence
 |
| Guidance and Boundaries |
| * Perception of misbehaviour
* Enabling the child to regulate their own emotions and behaviour.
* Ability to give constructive feedback on negative behaviours
* Demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up.
* Enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves.
* Not over protecting children from exploratory and learning experiences.
* Social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.
 |
| Stability  |
| * Providing a sufficiently stable family environment to enable the child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.
* Ability to sustain relationships and minimise changes of carer; ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour.
* Ensuring the child keeps in contact with important family members and significant others.
* Parental responses change and develop according to the child’s developmental progress.
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# **Issues Impacting on Parenting Capacity**

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| Alcohol and Drug Misuse |
| ***Impact of Problem Alcohol and Drug Misuse*** Assessors should consider the following areas regarding the impact of alcohol and/or drug misuse on the parent/carer’s parenting: * History of drug and alcohol misuse including previous attempts at rehabilitation,
* Willingness to engage with services,
* Frequency and quantity of alcohol/drug misuse,
* Impact on parenting of binge drinking,
* Impact on parent and parenting capacity,
* Impact on parent/carer who isn’t misusing drugs or alcohol and their willingness to engage in support services,
* Social consequences of the substance misuse,
* Involvement of the child in substance misuse and the parent/carer’s awareness of this,
* Parent/carer’s awareness of the impact of their alcohol and drug misuse on the child,
* Whether other substance misusers visit the family home.

Considerations Particular to Drug Misuse * Parent/carer’s ability to protect the child from exposure to drugs and drug use, needles, sources of HIV and Hepatitis infection and dangerous substances,
* Involvement of child in procurement of drugs or money or as a courier.

Listed below is guidance for each area outlined above:**History of drug and alcohol misuse including previous attempts at rehabilitation** * What is the parent/carer’s history of drug and alcohol misuse? Have there been previous attempts at rehabilitation? How successful or otherwise were these? What precipitated the return to substance misuse?
* Has the parent/carer been hospitalised or imprisoned due to their substance misuse?
* Does the parent acknowledge that they have a drug/drink problem?

**Willingness to engage with services** * Is the parent/carer linked to any addiction service?
* Does the parent/carer have any reservations about getting involved with services?
* Is the parent/carer, who is not involved in alcohol/drug misuse, in contact with any services?

**Frequency and quantity of alcohol/drug misuse*** What substance is being used?
* How much is taken?
* How is it obtained?
* When it is used, what is the pattern of usage?
* Where is it used?
* Who is it used with?
* What is the cost of the substance?
* What is the pattern of intoxication and withdrawal?

**Impact on parenting of binge drinking** * When does the parent binge drink?
* What are the triggers?
* Where and in whose care are the children whilst the parent/carer is binge drinking?
* What specific impact does the binge aspect of this parent/carer’s drinking have on their ability to look after their children?
* What is the ongoing impact of periodic binge drinking on the child?

**Impact on parent and parenting capacity** * How much time is spent by the parent/carer procuring drugs/alcohol, or money for their acquisition, and how does this impact on the time and energy they have available to meet the needs of the child?
* Does the parent/carer experience any effects from the substance misuse such as: memory or concentration loss, irritability, paranoia, sleep deprivation, impaired judgement, altered mood, suppressed appetite, impulsivity, drowsiness, unconsciousness?
* If yes, how do these effects impact on the parent/carer’s capacity to meet the needs of the child?
* Does the parent experience any emotional difficulties such as attention deficit, psychiatric and mood disorders?
* If yes, how do these impact on their capacity to meet the needs of the child?
* Does the substance misuse lead to unpredictable moods and behaviour which can negatively impact on the attachment between parent and child?
* Does the substance misuse cause the parent/carer to be angry or rejecting towards the child?
* What happens to the child if the parent is absent due to imprisonment, hospitalisation or detoxification?
* What are the effects of withdrawal on the parent and their capacity to meet the needs of the child?
* Does the child assume a parenting role when the parent/carer is under the influence of drugs/alcohol?

**Impact on parent/carer who is not misusing drugs or alcohol and their willingness to engage in support services*** Is there another parent/carer who is not engaged in substance misuse?
* How do the difficulties of the misusing parent/carer impact on the parenting capacity of the non-misusing parent/carer?
* Is she/he overly focused on their misusing partner to the detriment of the child?
* Does the non-misusing partner have to take on the roles and parenting tasks of their partner?
* What impact does this have on their availability to the child?
* Does the non-misusing parent/carer have sole responsibility for the ‘negative’ roles of parenting such as discipline and making rules?
* What impact does this have on their relationship with the child?

**Social consequences of the substance misuse** * Has there been loss of income and employment due to the substance misuse?
* Is the household budget used to finance the substance misuse? Has or does the parent/carer engage in any illegal activity to fund the substance misuse?
* Has the family suffered any social isolation from friends and family due to a sense of shame, borrowing or stealing money or inappropriate behaviour?

**Involvement of the child in substance misuse and the parent/carer’s awareness of this** * Is the child involved in any substance abuse?
* If yes, why, what substance, how often, with whom, how is it financed?
* How aware is the parent/carer of their child’s substance misuse?

**Parent/carer’s awareness of the impact of their alcohol and drug misuse on the child** * How does the parent/carer define their substance misuse?
* Is the parent/carer aware of the potential for their substance misuse to negatively affect their child?
* Is the parent/carer able to ensure that their child’s needs come first?
* Does the parent/carer make any alternative care plans, if necessary, for the child while engaged in substance misuse, imprisoned or hospitalised?

**Whether other substance misusers visit the family home** * Do other substance misusers visit the family home?
* If yes, what level of contact or interaction do they have with the child?
* Does the parent/carer engage in misusing behaviours with others in the family home?
* What impact does this have on the child?
* Does the parent/carer use the family home for selling or acquiring drugs?

**Considerations Particular to Drug Misuse** **Parent/carer’s ability to protect the child from exposure to drugs and drug use, needles, sources of HIV and Hepatitis infection and dangerous substances*** Does the parent/carer make any efforts to conceal their misusing behaviour from the child?
* Is the parent/carer aware of the various impacts that being exposed to drug taking may have on the child?
* Is the abusing parent/carer cognisant of the danger of exposing their child to needles or source of HIV and Hepatitis infection?
* Is the parent/carer able to protect the child from such exposure?

**Involvement of child in procurement of drugs or money or as a courier** * Is the child involved in the procurement of drugs or money?
* Is the child being used as a courier of either drugs or money?
* Is the parent aware and concerned about the danger that this might put the child in, both in terms of his or her safety and in terms of introducing him or her to a drugs culture?

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [SCODA parenting drug use assessment](https://www.socialworkerstoolbox.com/scoda-risk-assessment-of-parental-drug-use-and-its-impact-on-childrentool/)
* [Clinical Institute Withdrawal Assessment for Alcohol (CIWA)](https://www.socialworkerstoolbox.com/clinical-institute-withdrawal-assessment-for-alcohol-ciwa/)
* [DAST: Drug Abuse Screening Test](https://www.socialworkerstoolbox.com/dast-drug-abuse-screening-test/)
* [Severity of Alcohol Dependence Questionnaire (SADQ)](https://www.socialworkerstoolbox.com/severity-of-alcohol-dependence-questionnaire-sadq/)
* [AUDIT: Alcohol Use Disorders Identification Test & Guidelines](https://www.socialworkerstoolbox.com/audit-alcohol-use-disorders-identification-test-guidelines/)
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| Mental Health Difficulties |
| ***Impact of Mental Health Difficulties*** Assessors should consider the following areas regarding the impact of mental health difficulties on the parent/carer’s parenting: * Past history of mental health problems
* The nature of the parent/carer’s mental health difficulties and the pattern of behaviour
* Parent/carer’s perception of their mental health difficulties and willingness to engage with services
* Willingness of the parent/carer to take medication as appropriate and its effect on the parent
* Impact of the mental health difficulties on the parent/carer’s cognitive state, judgements and emotional availability to the child
* Expectations and responsibilities on the child when the parent/carer is ill
* Impact of a parent/carer’s mental health difficulties on their partner and the level of insight and understanding that partner has into the difficulty
* Resources and networks that have assisted the parent/carer in meeting the needs of the child
* Parent/carer’s awareness of the impact of their mental health problems on their child
* Parent/carer’s contact with support services

Listed below is guidance for each area outlined above:**Past history of mental health problems** * How long has the parent/carer had mental health problems?
* Is there a pattern of illness and "wellness" and is this predictable?
* What involvement has the parent/carer had with mental health services?
* What has been the parent/carer’s experience of mental health services?
* Has the parent/carer been hospitalised in the past? What was their experience of that?

**The nature of the parent/carer’s mental health difficulties and pattern of behaviour** * What type of illness does the parent/carer have?
* Has it been formally diagnosed?
* What are the known symptoms and behaviours associated with this illness? To what extent does she/he display those?

**Parent/carer’s perception of their mental health difficulties and willingness to engage with services** * What level of insight or understanding does the parent/carer have into their own mental health difficulties?
* What level of insight does the parent/carer have of the impact of their mental health difficulties on the child?
* How willing is the parent/carer to link in with mental health services?

**Willingness of the parent/carer to take medication as appropriate and its effect on the parent** * Is the parent/carer on any medication?
* What are side effects of any medication they are on?
* How willing is the parent/carer to take their medication?
* What is the implication for the parent/carer if they don’t take their medication?

**Impact of the mental health difficulties on the parent/carer’s cognitive state, judgements and emotional availability to the child** * What level of care is the parent able to give to the child?
* Is the parent able to meet the child’s needs?
* How consistent and predictable is the parent/carer to the child?
* How have the parent/carer’s mental health difficulties affected the attachment between the parent/carer and the child?
* How able is the parent to interact with the child?
* Is the parent ever aggressive, rejecting, hostile or neglectful of the child because of their illness?
* What triggers the above emotions? Ask parent to specify.

**Expectation and responsibilities on the child when the parent/carer is ill** * What role does the child play in the family when the parent/carer is ill?
* How appropriate is this role for the child?
* How aware is the parent/carer of the responsibilities assumed by their child when they are ill?

**Impact of a parent/carer’s mental health difficulties on their partner and the level of insight and understanding that partner has into the difficulty*** Is there a second parent/carer who does not suffer with mental health difficulties?
* How do the difficulties of the other parent/carer impact on their parenting capacity?
* Is she/he overly focused on their unwell partner to the detriment of the child?
* Does the mentally healthy partner have to take on the roles and parenting tasks of their unwell partner?
* What impact does this have on their availability to the child?
* Does the well parent/carer have sole responsibility for the ‘negative’ roles of parenting such as discipline and making rules?
* What impact does this have on their relationship with the child?

**Resources and networks that have assisted the parent/carer in meeting the needs of the child** * What support networks, both formal and informal, does the parent/carer have?
* Does the parent/carer have any access to respite care?
* What role do the supports in the parent/carer’s life have with the child?

**Parent/carer’s awareness of the impact of their mental health problems on their child** * How aware of the child’s needs is the parent/carer?
* How able is the parent/carer to meet those needs?
* How able is the parent/carer to explain their illness to the child?
* What insight does the parent/carer have regarding the impact of their difficulties on the child?
* What happens to the child if the parent/carer has to be hospitalised? Is the parent/carer able to plan for such an eventuality?

**Parent/carer’s contact with support services** * Is the parent/carer attending any mental health support services?
* If yes, are they in regular contact with the community psychiatric nurse?
* If yes, are they attending community based services such as group work or occupational therapy? How often?
* If yes, are they attending voluntary groups such as Aware? How often?

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Edinburgh Postnatal Depression Scale (EPDS)](https://www.socialworkerstoolbox.com/edinburgh-postnatal-depression-scale-epds/)
* [Rosenberg Self-Esteem Scale](https://www.socialworkerstoolbox.com/rosenberg-self-esteem-scale/)
* [Adult Wellbeing Scale](https://www.socialworkerstoolbox.com/adult-wellbeing-scale/)
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| Disability or Complex Health Needs |
| ***Impact on Parenting Capacity of Having a Disability or Complex Health Need***In assessing the impact on parenting capacity of having a learning or physical disability or complex health needs, it is important to focus on the precise ways in which the disability appears to negatively affect parenting. Assessors should consider the following areas regarding the impact of having a disability on the parent/carer’s parenting: * Size of family
* Parent/carer’s general physical health and mobility
* Parent/carer’s cognitive ability, language and/or communication skills
* Parent/carer’s relationships
* Extent of parent/carer’s knowledge about health care, child development, safety, responding to emergencies and discipline
* Expectation and responsibilities on child to play a caring role
* Financial situation
* Support systems available to and used by the parent/carer and their family
* Parent/carer’s own experience of being parented and of receiving services as a child/young person

Listed below is guidance for each area outlined above:* Size of family
* How many children are in the family?
* What ages are the children?
* What is the age gap between the children?
* Do any of the children have particular difficulties, such as health problems, sleeping or feeding difficulties?
* What expectations are placed on the children?

**Parent/carer’s general physical health and mobility** * Does the parent/carer have any health problems associated with his or her disability? If so, do they have any effect on his/her ability to perform normal parenting tasks? Are they getting sufficient professional attention for their health problems?
* Is the parent/carer on any medication associated with his or her disability, if so, does this have any affect on his/her ability to perform normal parental tasks?
* Does the parent/carer’s disability affect his/her physical mobility, if so, in what way, and does he/she have adequate aids to assist him or her?

**Parent/carer’s cognitive ability, language and/or communication skills** * If the parent/carer has a learning disability, have they been psychologically assessed to determine their level of intellectual functioning, and if so, what was the outcome?
* Does the parent/carer understand the meaning of what is being said to him or her?
* Has a speech and language assessment been carried out and, if so, what was the outcome?
* Is the parent/carer able to communicate in an understandable way with his/her child, and with others, such as the child’s teacher?

**Parent/carer’s relationships** * Does the parent/carer have a relationship with a partner?
* If the parent/carer is in a relationship, is it adequately balanced (e.g. is the disabled parent/carer submissive? Is the partner supportive?)
* Does the parent/carer have regular contact with his/her own parents or in-laws? If yes, does the relationship enhance or inhibit the disabled parent/carer’s parenting capacity?

**Extent of parent/carer’s knowledge about health care, child development, safety, responding to emergencies and discipline** * Does the parent/carer have sufficient understanding of the health care needs of children or, if not, the capacity to learn from professionals and retain the information?
* Can the parent/carer stimulate the child?
* Does the parent/carer play with and talk to the child consistently?
* Does the parent/carer show appropriate levels of warmth and affection to the child?
* Can the parent/carer’s ability keep pace with their child’s development i.e. learn new skills to respond to each phase?
* Would the parent/carer be able to deal with an emergency and be able to take action, for example, if a child got scalded or had an accident, or became suddenly ill, or if something in the house required fixing?
* Is the parent/carer able to discipline the child in an appropriate and consistent way?

**Expectation and responsibilities on the child to play a caring role** * Does the parent/carer have appropriate expectations of the child’s ability to perform self-care tasks?
* Is the parent/carer dependent on the child to meet the parent/carer’s needs in a way that is not mutually beneficial?

**Financial situation** * Are some basic living costs in this family higher because of the parent/carer’s disability?
* Is the parent/carer in receipt of all the financial support to which he/she is entitled?

**Support systems available to and used by the parent/carer and their family** * Is the parent/carer involved with a child welfare service, or separate service/s for persons with disabilities? If the latter, is there sufficient collaboration between the different services for important information to be communicated?
* How many professionals are calling to the family home? What are their various roles and could they be integrated better?
* Is the parent/carer willing to engage with a service that will support their parenting?

**Parent/carer’s own experience of being parented and of receiving services as a child/young person** * What was the parent/carer’s own experience of being parented like? Was their disability accepted by their own parents/carers?
* Was the parent/carer ever abused as a child, and if so, what has been the long term impact of this?
* What kind of supports were offered to the parent/carer when he/she was a child?
* What kind of education or training did he/she receive?
* Was he/she cared for/educated in a residential or institutional setting and if so, how did this affect him/her? Did he or she have adequate parenting models?
 |
| Domestic Violence |
| ***Impact of Domestic Violence*** Assessors should consider the following areas regarding the impact of domestic violence on the parent/carer’s parenting capacity: * Forms of violence
* Past history of domestic violence
* Existence of previous or current Barring, Safety or Protection Order
* Parent/carer’s ability to access and ask for help and whether they have ever done so before
* Impact of the violence on the non-abusing parent/carer
* Child witnessing domestic violence and being physically at risk
* Abusing and non–abusing parents’/carer awareness of the impact of domestic violence on the child
* Evidence of steps taken by non-abusing parent/carer to protect child from negative impact

Listed below is guidance for each area outlined above:**Forms of violence** * What form or forms does the domestic violence take? For example physical, emotional, sexual, financial?
* Is the non-abusing parent/carer subjected to emotional and psychological abuse as well as physical abuse?
* Is the violence constant or periodic?
* Is it possible to predict when and why the violence will occur?

**Past history of domestic violence** * How long has there been violence in this relationship?
* Has the non-abusing parent/carer previously attempted to leave the relationship?
* If not, why not, what barriers to leaving are identifiable?
* What led to a return to the relationship?

**Existence of previous or current Barring, Safety or Protection Order*** Is it culturally acceptable for the victim of domestic violence to take legal action against the perpetrator? If not, what alternatives are available?
* Did the non-abusing parent/carer ever procure legal protection?
* Did the non-abusing parent/carer receive help in procuring the protection and if so from whom?
* What did that help involve?

**Parent/carer’s ability to access and ask for help and whether they have ever done so before** * Has the non-abusing parent/carer asked for help/support before? If yes, from whom and what was the outcome?
* Is the extended family aware of the situation?
* Is the family known to any refuge or other domestic violence services?
* What are the implications, for the non-abusing parent/carer and the children, of taking steps to change the situation?

**Impact of the violence on the non-abusing parent/carer** * What is the impact of the violence on the nonabusing parent/carer?
* What is the impact of the emotional/ psychological abuse on the non-abusing parent/carer?
* Is the non-abusing parent/carer experiencing any depression, anxiety, suicidality, feelings of inappropriate guilt, worthlessness, or loss of concentration which could impact their parenting capacity?
* Is the non-abusing parent/carer engaging in any substance abuse as a consequence of the violence?
* What impact is the abuse having on the parent/carer’s self esteem?
* What social supports does the non-abusing parent/carer have, how isolated is (s)he from friends and family?
* What is the physical impact of the violence on the non-abusing parent/carer?
* What is the impact for the family if the parent/carer has to be hospitalised?

**Child witnessing domestic violence and being physically at risk** * How able is the non-abusing parent/carer to protect the child from violence and emotional/psychological abuse?
* Is the child physically at risk from the abusing parent/carer?
* Is the child at risk of sexual abuse from the abusing parent/carer?
* Is the child forced to participate in the violent behaviour?
* How does the violence impact on the child? For example emotional distress, social isolation, forced out of accommodation, behaviour changes, physical injury?
* Where is the child when the violence occurs?

**Abusing and non-abusing parent/carer’s awareness of the impact of domestic violence on the child** * What understanding and awareness does the non-abusing parent/carer have of the impact of the violence on the child?
* Has the abusing parent/carer ever sought or received any help with their behaviour?
* Has anybody engaged with the abuser?
* What understanding and awareness does the abusing parent/carer have of the impact of the violence on the child?

**Evidence of steps taken by the non-abusing parent/carer to protect the child from negative impact** * What is the non-abusing parent/carer’s understanding of the impact of the violence in their relationship on the child?
* What steps does the parent/carer take to protect the child when the violence is occurring?

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Barnardo’s Domestic Violence Risk Identification Matrix – Assessing the risks to children from male to female domestic violence](https://www.socialworkerstoolbox.com/barnardos-domestic-violence-risk-identification-matrix-assessing-the-risks-to-children-from-male-to-female-domestic-violence/)
 |
| Parenting alone |
| ***Impact of Parenting Alone*** Assessors should consider the following areas regarding the impact of parenting alone on the parent/carer’s parenting: * Financial and employment situation
* Support networks
* Experience of becoming a single parent, if relevant
* Self-efficacy
* Parent/carer’s awareness of the impact of their status as a single parent on the child
* Parenting alone as a single father

Listed below is guidance for each area outlined above:**Financial and employment situation** * How are the family’s income, housing, employment status and availability of child care impacted?

**Support networks** * What support networks does the parent/carer have?
* Does the parent/carer have childminding available to enable him/her work or to socialise?
* What is the parent/carer’s past and present relationship with the absent parent?
* What is the child’s past and present relationship with the absent parent?

**Experience of becoming a single parent, if relevant** * What were the circumstances that led to this parent/carer becoming a single parent (e.g separation, divorce, death of a partner, no relationship with other parent)?
* How is this experience viewed by the parent/carer?

**Self-efficacy** * What impact has the parent/carer’s single status had on their self esteem?
* Does the parent/carer experience any loneliness and/or isolation?

**Parent/carer’s awareness of the impact of their status as a single parent on the child** * What awareness does the parent/carer have of the impact of their single status on the child?
* Is the parent/carer aware of whether the child has other friends who live in single parent households?
* Is the parent/carer aware whether the child feels any sense of stigma?
* Is the parent/carer aware and supportive of the level of contact with the absent parent desired by the child?

**Parenting alone as a single father** * What is the parent/carer’s experience of professionals’ attitudes toward his gender?
* How willing is the parent/carer to join parenting/support groups that are comprised predominantly of single mothers?
* Has the parent/carer experienced any gender discrimination toward himself as a single male parent?
 |
| Adolescent Parent/Carer |
| ***Impact of Being an Adolescent Parent/Carer*** Assessors should consider the following areas regarding the impact of being an adolescent parent/carer on the parent/carer’s parenting: * Social and economic consequences of being an adolescent parent/carer
* Impact on adolescent’s developmental tasks
* Impact on adolescent’s relationship with their parents and nuclear family
* Support networks
* Awareness of and ability to meet the needs of the child and protect the child given their own age and stage of development
* Willingness to engage with services

Listed below is guidance for each area outlined above:**Social and economic consequences of being an adolescent parent/carer** * What impact is there on relationships with peers?
* What impact is there on the adolescent parent/carer’s opportunity to socialise and engage in age appropriate activities?
* What impact does the parent status have on the adolescent parent/carer’s education?
* What impact does the parent status have on the adolescent parent/carer’s ability to secure economic independence from his/her parents?

**Impact on adolescent parent/carer’s developmental tasks** * What impact has the conception, pregnancy and birth had on the adolescent parent/carer?
* What impact does the parental status have on identity development?
* What impact does the parental status have on development of autonomy and independence from own parents when the adolescent parent/carer may need to live with their parents for practical, emotional and financial support?

**Impact on adolescent parent/carer’s relationship with their parents and nuclear family** * What impact is there on the relationship with parent/carers when the adolescent parent/carer has to continue living at home longer than they would wish?
* Has the arrival of the baby caused overcrowding in the family home and what is the implication of this?
* What impact has the adolescent parent/carer’s pregnancy had on their siblings?

**Support networks** * Does the adolescent parent/carer have peers who are also parents?
* Does the adolescent parent/carer have supports outside of the immediate family?
* What role do the grandparents assume in the care of their grandchild? Is this an agreed role that is satisfactory to all? What role does the father of the child have in his child’s life? Is this a consistent role that endures over time?

**Awareness of and ability to meet the needs of the child and protect the child given their own age and stage of development** * What level of awareness does the adolescent parent/carer have of the needs of their child?
* Does the adolescent parent/carer have the ability to meet their child’s needs?
* What insight does the adolescent parent/carer have into the impact of their age on the needs and care of their child?
* Have there been any attachment difficulties? Specify.

**Willingness to engage with services** * Is the adolescent parent/carer engaged with any services?
* Does the adolescent parent/carer have any fears about being in contact with services due to his or her age or the age of the child’s other parent/carer?
 |
| Parent/Carer’s own Experience of Being Parented |
| ***Impact of the Parent/Carer’s own Experience of Being Parented***Assessors should consider the following areas regarding the impact of the parent/carer’s own experience of being parented on their current parental capacity * Parent/carer’s history of attachment to their own parent/carers
* History of disruptions in parental care/relationship, e.g. long hospitalisations, placement in care, running away, bereavement, marital/relationship breakdown
* Parenting skills learned from own parent
* History of abuse
* History of domestic violence
* Parent/carer’s experience of receiving services as a child/young person

Listed below is guidance for each area outlined above:**Parent/carer’s history of attachment to their own parent/carers*** Who was the parent/carer’s main caregiver when growing up?
* Does the parent/carer have a current relationship with their own parent/carer?
* How does the parent/carer describe this relationship?

**History of disruptions in parental care/relationship, e.g. long hospitalisations, placement in care, running away, bereavement, marital/relationship breakdown** * How stable was the home environment when the parent/carer was growing up?
* Did any disruptions take place in the parent/carer’s relationship with their parent/carer?
* If yes, what impact did the disruptions have on the parent/carer as a child?
* How were the disruptions dealt with by the family?
* Was the parent/carer encouraged to discuss how he/she felt about the disruptions?

**Parenting skills learned from own parent** * How does the parent/carer describe their own positive and negative experiences of being parented?
* What aspects of their parent/carer’s parenting are they replicating?
* What is their opinion of how they were parented?
* How was the parent/carer disciplined as a child?
* What is their opinion of how they were disciplined as a child?
* Taking into account how the parent/carer was parented, what involvement does the parent/carer’s own parents have in the care of their grandchildren? Is this appropriate?

**History of abuse** * Is there a history of abuse in the parent/carer’s own family
* Was the parent/carer abused as a child?
* If yes, what form did this abuse take?
* Did the parent/carer disclose the abuse as a child?
* What were the outcomes of any disclosures made?
* Did they have any therapy/treatment as a result of the abuse?

**History of domestic violence** * Is there a history of domestic violence in the parent/carer’s own family?
* What form did it take?
* Was the parent/carer aware of the violence?
* How did it impact on the parent/carer?
* Does the parent/carer feel that the experience has influenced them in any way?
* Did the family receive any services because of the domestic violence?
* What was the parent/carer’s experience of these services?

**Parent/carer’s experience of receiving services as a child/young person** * What services did the parent/carer receive as a young person?
* What was his/her experience of these services?
* Do such experiences influence their or their family’s willingness to engage in services in the present day?
* How can this be addressed with the parent/carer and the entire family?
 |
| Having a Child with Disabilities or a Child with Complex Health Needs |
| ***Impact of Having a Child with Disabilities or a Child with Complex Health Needs*** Assessors should consider the following areas regarding the impact of a disabled child or a child with complex health needs on the parent/carer’s parenting capacity, the following areas are considered:* Parent/carer’s attitude and understanding of their child’s disability or complex health needs
* Impact of caring for the child on the parent/carer
* Liaison with professionals involved in the child’s life
* Support networks
* ‘Assessment fatigue’
* Impact on siblings of living with a brother or sister with disabilities or complex health needs

Listed below is guidance for each area outlined above:**Parent/carer’s attitude and understanding of their child’s disability or complex health needs** * Has the parent/carer been able to come to terms with their child’s disability or health needs?
* If they have not been able accept the disability what impact does this have on their capacity to respond appropriately to their child’s needs?

**Impact of caring for the child on the parent/carer** * How does the parent/carer cope with the day to day reality of meeting their child’s needs which can be complicated, time consuming, unfamiliar, anxiety provoking, physically taxing and emotionally difficult?
* What impact does caring for the child with disabilities or complex health needs have on their availability to their other children?
* What impact does caring for a child with disabilities or complex health needs have on the parents/carers as a couple or as a family?
* What impact has caring for the child with disabilities or complex health needs had on the employment options of the parents/carers?
* What is the emotional and financial impact on the parent/carer of caring for the child with disabilities or complex health needs?

**Liaison with professionals involved in the child’s life*** Is the parent/carer able to effectively liase with the oftentimes numerous practitioners involved in the care of their child?
* To what extent is the parent/carer able to integrate the differing perspectives they may receive from the professionals involved regarding treatment options and prognosis?

**Support Networks** * Does the parent/carer have appropriate levels of support available to them, such as respite, babysitting etc.?
* Does the parent/carer need or receive any practical help (e.g. cleaning)?

**‘Assessment Fatigue’** * Have the family been through a lot of assessments?
* What impact does this have on the parent/carer’s willingness and ability to participate in another assessment?

**Impact on siblings of living with a brother or sister with a disability or complex health needs** * What do the siblings of the child concerned understand about their sibling’s disability or health need?
* How does it impact on them and their relationship with their sibling?
 |
| Being a Member of an Ethnic Minority Group |
| I***mpact on Parenting Capacity of Being a Member of an Ethnic Minority Group*** Assessors should consider the following areas regarding the impact of being a member of an ethnic minority group on the parent/carer’s parenting capacity, the following areas are considered: * Family income
* Accommodation
* Experiences of leaving country of origin and implications for the parent/carer’s mental health
* Experiences of racism and social exclusion
* Asylum application
* Proficiency in speaking English
* Support networks

**Family income** * What income does the family have and how does this impact on the parent/carer’s ability to meet the child’s needs?

**Accommodation** * What accommodation does the family live in and how does this impact the parent/carer’s ability to meet the child’s need for age and gender appropriate space and privacy?

**Experiences of leaving country of origin and implications for the parent/carer’s mental health** * Did the parent/carer experience any traumatic experiences en route to the host country?
* If yes, what impact have these traumatic experiences had on the parent/carer’s mental health and their subsequent ability to meet the needs of the child?

**Experiences of racism and social exclusion** * How does racism and social exclusion impact on the parent/carer?
* What understanding and appreciation does the community have of the family’s ethnicity and cultural norms? Give examples.
* What impact does this have on the parent/carer and the family?

**Asylum application** * Is the parent/carer reluctant to disclose information to the practitioner because of the practitioner’s perceived role in their asylum application?

**Proficiency in speaking English** * What is the parent/carer’s literacy level?
* Is the parent/carer able to communicate in English?
* Is there a need for an interpreter?
* Does the parent use their child as an interpreter or a scribe? What are the implications of this?
* Is the parent/carer comfortable disclosing personal information through an interpreter or asking a child or ‘stranger’ to read for them?

**Support Networks** * Does the parent/carer have any support available to them from friends or family? For example is there someone who could baby-sit the children to allow the parent/carer to have some time to themselves?
* Is the parent/carer reluctant to engage with service providers out of fear, a lack of trust, previous negative experiences with people in authority or a fear of contributing to a negative stereotype about their community?
 |
| Socio–Economic Factors |
| ***Impact of Socio–Economic Factors*** Assessors should consider the following areas regarding the impact of socio-economic factors on the parent/carer’s parenting: * Financial factors and the impact of parent/carer’s socio-economic status on their ability to meet the needs of their children
* Housing and location and the capacity of the parent/carer to provide adequate accommodation conditions, e.g. space, privacy, safety, heat, light etc. and proximity to services
* Employment opportunities and parents/carers’ attitude towards work
* Parent’s educational history and impact on their ability to promote and support the child’s education
* Impact of poverty on the family perception of themselves
* Impact of living in a rural setting

Listed below is guidance for each area outlined above:**Financial factors and the impact of parent/carer’s socio-economic status on their ability to meet the needs of their children** * What are the levels of income and the ability to meet the needs of the family on this budget?
* Do the parent/carers consider themselves to be good at managing money?
* How does this impact on their willingness to provide adequate food, clothing etc. for the child?
* How does the parent/carer use money made available to them for the purpose of meeting children’s needs?
* How and by whom is the family’s money managed?
* Are the family receiving all they are entitled to?
* Are gambling or substance abuse impacting the financial situation of the family?
* Does the family have any debts?
* What is the impact of the family’s socioeconomic status on the health of the family and their general well being?
* Have the family received any budgetary advice? Is this something they need and would consider?

**Housing and location and the capacity of the parent/carer to provide adequate accommodation conditions, e.g. space, privacy, safety, heat, light etc. and proximity to services** * What is the condition of the home that the family lives in?
* What is the impact of the living conditions on the family’s well being, e.g. adequate level of heating?
* Is there space for children to play and do homework?
* Are there appropriate levels of privacy for all family members?
* Are there any potential dangers to the location of the family home?
* Is the family home near services?

**Employment opportunities and the parent/carers’ attitude towards work** * What is the employment status of family members and how does it impact them?
* What is the impact of work commitments on the availability of time for parents/carers and children to interact?
* Are parents/carers and children spending long periods of time commuting to and from work and child-care?

**Parent’s educational history and impact on their ability to promote and support the child’s education** * At what age did the parent/carer leave school?
* Did they obtain any certificates or qualifications?
* Did they attend any adult education or third level courses?
* Is there evidence that the parent/carer prioritises their child’s education?
* Is the promotion of education consistent with the parent/carer’s culture?

**Impact of poverty on the family perception of themselves** * Does the family see themselves as financially disadvantaged?
* What indicators of poverty do they identify?
* How do the parent/carer see their financial situation as impacting on their parenting and on their children?
* What is the worker’s perception of the impact of the parent/carer’s financial situation on their ability to meet their children’s needs?

**Impact of living in a rural setting** * What impact does living in a rural setting have on the capacity of the parent/carer to meet their children’s needs? Including the following: availability of transport and services, pollution and traffic free atmosphere, space for playing,
* What is the attitude of members of the community towards this child and family?
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# **FAMILY AND ENVIRONMENTAL FACTORS**

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| Family History and Functioning |
| * Genetic and psycho-social factors.
* Who is living in the household and how they are related to the child
* Significant changes in family/household composition
* History of childhood experiences of parents
* Chronology of significant life events and their meaning to family members
* Nature of family functioning, including sibling relationships and its impact on the child
* Parental strengths and difficulties, including those of an absent parent;
* The relationship between separated parents.

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [The Recent Life Events Questionnaire](https://www.socialworkerstoolbox.com/the-recent-life-events-questionnaire/)
* [The Parenting Daily Hassle Scale](https://www.socialworkerstoolbox.com/the-parenting-daily-hassle-scale/)
 |
| Wider Family |
| * Who are considered to be members of the wider family by the child and the parents? Includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?
* Willingness to accept support from those in extended family

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Ecomap Activity](https://www.socialworkerstoolbox.com/ecomap-activity/)
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| Housing |
| * Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements access to appropriate and safe play and cleanliness, hygiene and safety and their impact on the child’s upbringing.
* The interior and exterior of the accommodation and immediate surroundings.
* Is the housing accessible and suitable to the needs of disabled family members?

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Home conditions observation record/framework](https://www.socialworkerstoolbox.com/home-condition-observation-recordframework/)
* [Home Conditions – Assessment Tool](https://www.socialworkerstoolbox.com/home-conditions-scoring-sheet/)
 |
| Employment |
| * Who is working in the household, their pattern of work and any changes? What impact does this have on the child?
* How is work or absence of work viewed by family members? How does it affect their relationship with the child?
* Children’s experience of work and its impact on them.
 |
| Income |
| * Income available over a sustained period of time.
* Is the family in receipt of all its benefit entitlements?
* Sufficiency of income to meet the family’s needs.
* The way resources available to the family are used.
* Are there financial difficulties which affect the child?

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Budget (debts) sheet](https://www.socialworkerstoolbox.com/budget-sheet-to-sort-out-debts/)
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| Family’s Social Integration |
| * Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents.
* The degree of the family’s integration or isolation, their peer groups, friendship and social networks and the importance attached to them.
 |
| Community Resources |
| * Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.
* Willingness to accept support from the community

Links to assessment resources/tools which assessors may find useful (Ctrl+click to follow link):* [Multidimensional Scale of Perceived Social Support (MSPSS)](https://www.socialworkerstoolbox.com/multidimensional-scale-perceived-social-support-mspss/)
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# **CHILDREN WITH DISABILITIES AND COMPLEX HEALTH NEEDS**

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| **Basic and Medical Care Needs**Assessors should consider the basic and medical care needs specific to a child with disabilities or complex health needs in terms of how such needs are met and whether the child has the appropriate levels of autonomy in relation to meeting these needs. Additional areas for consideration include:* Is the level of autonomy the child has in meeting his/her own basic and medical needs appropriate to his/her ability?
* Are the child’s needs for medication and therapies adequately and appropriately met?
* Does the child need assistance with intimate care such as toileting and washing? Who helps the child with this? Is this appropriate?
* Are there any difficulties feeding the child due to his/her disability or health needs?

**Supervision and Safety**Assessors should consider the disabled child’s need for supervision and safety in terms of the level of autonomy that the child has, the potential that exists regarding their independence in the future and their ability to protect themselves. Additional areas, which could be considered, include:* How dependent is the child with disabilities or complex health needs on the parent/carer to meet all their needs?
* What impact does this have on the parent/carer?
* What impact does it have on the child? What implications would there be for the child if they were to complain about the parent/carer?
* How much autonomy does the child have?
* Is this level of autonomy appropriate to their ability and awareness of danger or does it endanger their safety?
* Does the environment in which the child lives have any an impact on safety and supervision, for example a child with autism living on a farm?

**Relationships, Attachments, Affections and Resilience**Assessors should consider the child’s relationships, attachments, affections and resilience in terms of their feelings about their disability or health needs and their ability to respond to those around them. Additional areas, which could be considered, include:* Does the child have the ability to verbalise or communicate their thoughts and feelings?
* Does the parent have the understanding/ability to pick up non-verbal cues from the child and to use the child’s way of communicating?
* What impact does an inability to do so have on those around them and on themselves?
* What is the child’s view of how their parents have dealt with their disability or health needs?
* Is the child able to demonstrate affection and gratitude to those around him/her?
* What impact does an inability to do so have on their parent/carer and extended family and friends?
* Does the child understand what types of touch are necessary and appropriate thereby enabling them to protect themselves from sexual exploitation?
* What does the child say or understand about their disability or illness?
* Does the child have realistic expectations for him/herself?
* To what extent is the child treated differently to his/her non-disabled siblings and peers? Is this appropriate?
* What impact, both behaviourally and emotionally, does the child with a disability or health need have on his/her siblings?
* To what extent is the child able to participate in the activities enjoyed by their peers?
* Is the child subject to frequent hospitalisations, respite care or is she/he living in residential care? What impact does this have on their ability to sustain relationships with their friends?
* If the child is displaying behavioural problems could this be an indicator of parental stress rather than being related to their disability or health need?

**Intellectual and Social Development**Assessors should consider the intellectual and social development of a child with a disability or complex health needs in terms of how integrated they are in their family and school; whether they are experiencing any negative stereotyping within their school and what impact such discrimination may have on their cognitive and intellectual capacity and development; whether they participate in extra curricular activities and their understanding of their disability or health needs.Additional areas, which could be considered, include:* What schooling is the child receiving?
* Is it commensurate with their intellectual and cognitive ability?
* Is it possible for the child to attend a mainstream school with supports?
* How integrated is the child into the school he/she attends? For example is disability and diversity valued within the school? Are all areas of the school wheelchair accessible?
* Does the child experience any discrimination or bullying during their structured school day and how does the teacher deal with it?
* Does the child experience any discrimination or bullying during the less structured part of their school day, for example in the yard, and how is this dealt with by the school?
* Does the child have friends in school?
* What relationship does the child have with his/her teacher?
* Has the child received appropriate levels of sex education?
* To what extent does the child have ongoing opportunities to learn to protect themselves from vulnerabilities? For some disabled children a greater level of repetition and focus on practical application may be necessary to facilitate their understanding,
* Does the child have opportunities for socialisation outside school?
* Is the child subject to frequent hospitalisations, respite care or is she/he living in residential care? What impact does this have on their education?
* Does the child experience any discrimination or bullying in their daily life, apart from in school?
* How does such discrimination or bullying affect him/her?

**Parent/Carer’s Capacity to meet Basic and Medical Care Needs*** Ability of parent/carer to understand and meet the medical and basic care needs of their child with disabilities or health needs
* Ability to allow the child appropriate levels of autonomy in regard to meeting their own basic and medical needs

**Parent/Carer’s Capacity to Provide Appropriate Levels of Supervision and Safety*** Ability of parent/carer to understand and provide appropriate levels of autonomy
* Ability of the parent/carer to allow appropriate levels of independence to a child with disabilities or health needs
* Ability of the parent/carer to understand and appropriately address the behaviour of their child with disabilities or health needs bearing in mind both age and developmental level

**Parent/Carer’s Capacity to Meet the Child’s Need for Relationships, Attachments, Affections and Build Resilience*** Ability of parent to appropriately respond and communicate with their child with disabilities or health needs
* Sensitivity to child’s feeling about their disability or health needs
* Awareness of parent/carer of relationships between the child with disabilities or health needs and his/her siblings
* Impact of disability or health needs on parental attachment
* Impact of disability or health needs on parental relationship and their relationships with their other children

**Parent/Carer’s Capacity the Intellectual and Social Development of the Child*** Parent/carer’s awareness of and ability to address any negative stereotyping or discrimination experienced by their child
* Parent/carer’s awareness of the impact of discrimination on their child
* Acceptance and understanding by family members of the child’s intellectual and social development needs in the context of the their disability or health needs
* Parent/carer’s understanding of and ability to meet the child’s emotional needs which may not be commensurate with their developmental stage or chronological age

**Extended Family and Community and the Child’s Basic and Medical Care Needs*** Provision of services within the community for the child and their family and the potential for equality of access to those services
* Family’s awareness and use of such services
* Role of the extended family in meeting the basic needs of the child

**Extended Family and Community and the Child’s Supervision and Safety*** Availability of extended family and community for childminding, babysitting and respite
* Availability of adapted facilities within the community for play and recreation

**Extended Family and Community and the Child’s Need for Relationships, Attachments, Affections and Resilience*** Capacity of extended family members and significant others to form a relationship with the child and understand and accept the level of their disability or health needs

**Extended Family and Community and the Intellectual and Social Development of the Child*** Promotion by school of integration and inclusion of the child
* School’s and community’s attitude towards negative stereotyping of children with disabilities or health needs
* Inclusion of children with disabilities or health needs in social clubs and organisations
* Availability of opportunities for play and extra curricular activities within the community
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# **CHILDREN FROM ETHNIC MINORITIES**

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| **Basic and Medical Care Needs**Assessors should consider basic and medical care needs of children from ethnic minorities, the appropriateness of the accommodation offered to asylum seekers (including unaccompanied minors) and travellers and the implication of frequent accommodation moves. Additional areas, which could be considered, include:* What accommodation is the family living in?
* How much space and privacy does the child have?
* Does the child have a quiet space to do his/her homework?
* Is the child able/allowed to invite friends over? For example a child living in a direct provision hostel may not be allowed to invite friends over,
* Is this child invited to the homes of other children?
* What impact does the frequency of accommodation moves have on the child’s social and educational development (friends, schooling)?
* What implication does the family’s income have for the child?
* Are there any cultural mores which may impact on the parent/carer’s willingness to use medical services, for example the gender of the doctor or a sense of stigma regarding mental health difficulties?

**Supervision and Safety**Assessors should consider the supervision and safety of children from ethnic minorities in terms of appropriate levels of supervision and safety and the provision of areas for safe play and recreation whilst living in temporary accommodation.In relation to parent/carer capacity, the guidance suggests consideration of parental responsibilities within the UK childcare legislation. It can be very difficult to get a balance between what is culturally acceptable, for example discipline and infant care practices in certain ethnic groups and what the UK society considers to be acceptable standards of parenting practice. In order to overcome this dilemma, the guidance uses the UK legislation as a benchmark.A specific issue which may be relevant when assessing the needs of unaccompanied minors is their vulnerability to child trafficking and sexual exploitation. It may therefore be important to assess the safety of their contact with adults with whom their relationship is not certain. Practitioners need to be aware that unaccompanied minors may present as part of a family unit when in reality they are not.**Relationships, Attachments, Affections and Resilience**Assessors should consider the relationships, attachments, affections and resilience of children from ethnic minorities in terms of their ability to stay in touch with family and friends in their country of origin and having opportunities to meet and get to know others from a similar country of origin or ethnic background, if desired. Additional areas which could be considered, include:* Does the child have friends both within and outside their ethnic group?
* How willing are children within the host community to befriend him/her?
* Has the child opportunities for socialising both within and outside their ethnic group?
* Does the child’s accommodation type in any way hamper their ability to integrate into the community? How?
* If the child is in care, is the care placement appropriate to the child’s ethnicity? How?

**Intellectual and Social Development**Assessors should consider the additional intellectual and social development needs of children from ethnic minorities in the following terms: negative stereotyping and overall level of integration within school; the impact of discrimination or racism on the child’s cognitive or educational capacity and development; the opportunities that the child has to learn about his/her culture and history and their opportunities to learn English and norms and mores of the UK culture. Additional areas, which could be considered, include:* How integrated is the child into the school he/she attends? For example how much exclusive time does the child spend with the language teacher or resource teacher for Travellers?
* How multicultural is the school? For example what proportion of children are from ethnic minorities; do wall displays, resource materials and books reflect the composition of the school community?
* Is cultural difference valued and diversity respected in the child’s school?
* What is the school’s attitude to providing education to children from ethnic minorities? For example what is the school’s enrolment policy and practice in relation to ethnic minorities?
* Does the child experience racism and discrimination during their structured school day and how does the teacher deal with it?
* Does the child experience racism and discrimination during the less structured part of their school day, for example in the yard and how is this dealt with by the school?
* Does the child experience racism and discrimination in their daily life, apart from school?
* How does any racism or discrimination affect him/her?
* What does the child know about their culture, history and country of origin?
* What opportunities are there to learn about this?

**Parent/Carer’s Capacity to meet Basic and Medical Care Needs*** Understanding of the available health and social services
* Barriers to their use of these services
* Asylum seeking parent/carer’s possible reluctance to disclose medical difficulties due to asylum application
* Ability of asylum seeking parent/carer’s to meet the basic and medical needs of their children while living on direct provision

**Parent/Carer’s Capacity to Provide Appropriate Levels of Supervision and Safety*** Cultural norms around discipline and levels of parent/carer supervision
* Recognition and understanding of parental responsibilities within Irish child care legislation

**Parent/Carer’s Capacity to Meet the Child’s Need for Relationships, Attachments, Affections and Build Resilience*** Possibility/affordability of keeping in touch with family and friends in county of origin

**Parent/carer’s Capacity and the Intellectual and Social Development of the Child*** Parent/carer’s awareness of and ability to address any negative stereotyping, discrimination or racism experienced by their child
* Parent/carer’s awareness of the impact of discrimination on their child
* Parent/carer’s ability to teach their child about their culture and history

**Extended Family and Community and the Child’s Basic and Medical Care Needs*** Provision of required specialist services for children from ethnic minorities

**Extended Family and Community and the Child’s Supervision and Safety*** Understanding by the community of cultural norms regarding the supervision and safety of children

**Extended Family and Community and the Child’s Need for Relationships, Attachments, Affections and Resilience*** Inclusiveness of ethnic minorities within the community

**Extended Family and Community and the Intellectual and Social Development of the Child*** Acceptance and understanding of the child’s school and community of their intellectual and social developmental needs in the context of their ethnicity
* School’s and community’s attitude towards negative stereotyping of children from ethnic minorities
* Provision of community activities that are inclusive of children from all ethnic backgrounds
 |