

Form CR-YP Carers' Report

Profile of behavioural and emotional wellbeing of a child or young person aged 10–16 years



To be completed by the child's or young person's main caregiver/s (with support from social worker as needed)

CONFIDENTIAL

Please note

1. As part of the permanent social care record, this valuable information should be used to inform social care planning for all children and young people in public care, e.g. statutory reviews, permanence panels, family finding, preparing prospective carers. Professionals sharing the information should give due regard to the child's or young person's feelings, thoughts and wishes.
2. This report is an opportunity for you to share your knowledge of the child or young person. Please involve the child or young person in responding, as appropriate. The report will form part of the social care record. Please answer by ticking as appropriate and by adding any comments in the spaces provided.
3. In thinking about this child's or young person's behaviour and emotional wellbeing, please compare him/her with other children and young people of similar age and ability.
4. This information should be updated and available to the health professional at statutory health assessments.

| | | |
|--|-------------------|-----|
| Child's/young person's name | Date of birth | Age |
| Profile completed by | Date | |
| Contact details | | |
| Relationship to child/young person | Date of placement | |
| How long have you known this child/young person? | | |

1. What is this child or young person like to live with and care for?

Please describe a typical "day in his/her life", in terms of rewards and challenges

| | |
|----------------------------|-----|
| Name of child/young person | DoB |
|----------------------------|-----|

To insert the child's/young person's name and DoB, click on 'View', then 'header and footer', add the information and then close the header. This will copy the information onto every page.

2. Everyday living

A Do you have concerns about the child's/young person's behaviour in the following areas? Please give examples. *Have you seen any change in the time you have known him/her?*

| Behaviour | Yes, No | Examples/comments |
|---|---------|-------------------|
| Eating/attitude to food | | |
| Sleeping | | |
| Toileting (e.g. wetting, soiling, smearing) | | |
| Hygiene/self care | | |

B In response to past experiences, does the child or young person show any of the following behaviours? Please give examples. *Have you seen any change in the time you have known him/her?*

| Behaviour | Yes, No, N/A | Examples/comments |
|---|--------------|-------------------|
| Nightmares | | |
| Flashbacks – vivid and distressing memory of past experiences | | |
| Jumpy, very on edge, quick to startle to normal experiences | | |
| Frozen, seems shut down, but watchful and wary | | |

C Comment on whether this child or young person, for age and ability, is:

| | | |
|---|---|--------------------|
| Unusually independent [] | About the same as any other child or young person [] | Very dependent [] |
| Please give an example to explain your answer. Have you seen any change in the time you have known him/her? | | |

| | |
|----------------------------|-----|
| Name of child/young person | DoB |
|----------------------------|-----|

3. Relationships with adults

A What is this child or young person like with familiar adults? *Please provide an answer for each line.*

| | | | | | |
|---|--------------------------|---|--------------------------|--|--------------------------|
| Overly clingy | <input type="checkbox"/> | About the same as any other child or young person | <input type="checkbox"/> | Hard to get close to | <input type="checkbox"/> |
| AND | | | | | |
| Overly demanding – attention seeking | <input type="checkbox"/> | About the same as any other child or young person | <input type="checkbox"/> | Less demanding – detached | <input type="checkbox"/> |
| AND | | | | | |
| Always wants to be in control/in charge | <input type="checkbox"/> | About the same as any other child or young person | <input type="checkbox"/> | Looks to others to be in control/in charge | <input type="checkbox"/> |
| <p><i>Please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i></p> | | | | | |

B What is this child or young person like with unfamiliar adults?

| | | | | | |
|---|--------------------------|---|--------------------------|--------------------------|--------------------------|
| Overly fearful or unusually shy | <input type="checkbox"/> | About the same as any other child or young person | <input type="checkbox"/> | Overly anxious to please | <input type="checkbox"/> |
| <p><i>Please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i></p> | | | | | |

C When this child or young person is worried or distressed, describe how he/she responds to:

| | |
|--------------------------------------|--|
| a. the worry/distress | |
| b. your attempts to help and support | |

D Any other comments (e.g. responses to females/males)

| | |
|----------------------------|-----|
| Name of child/young person | DoB |
|----------------------------|-----|

4. Emotional state

A Considering current circumstances, how would you describe this child or young person?
Please provide an answer for each line.

| | | | | | |
|---|-----|---|-----|--|-----|
| AND Dismissive of anxieties or worries | [] | About the same as any other child or young person | [] | More worried or anxious than other children/young people | [] |
| Sad or appears "flat" | [] | About the same as any other child or young person | [] | Happier than would be expected | [] |

Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

B How does the child or young person usually relate to you? *Please provide an answer for each line.*

| | | | | | |
|---------------------------------------|-----|---|-----|--|-----|
| AND Sensitive and easily upset | [] | About the same as any other child or young person | [] | Doesn't show feelings – appears tough on outside | [] |
| Desperate to please | [] | About the same as any other child or young person | [] | Couldn't care less – resists adults' support | [] |

Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

C Any further comments on his/her emotional state?

5. Behaviour

A How would you describe this child's or young person's behaviour?

| | | | | | |
|--|-----|---|-----|--|-----|
| Easier to manage than other children or young people | [] | About the same as any other child or young person | [] | More difficult to manage than other children or young people | [] |
|--|-----|---|-----|--|-----|

Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

| | |
|----------------------------|-----|
| Name of child/young person | DoB |
|----------------------------|-----|

B How does this child or young person accept limits to his/her behaviour? *Please provide an answer for each line.*

| | | |
|--|--|--|
| Accepts boundaries without fuss <input type="checkbox"/> | About the same as any other child or young person <input type="checkbox"/> | Resists boundary setting <input type="checkbox"/> |
| AND | | |
| Overly cautious, avoids risks <input type="checkbox"/> | About the same as any other child or young person <input type="checkbox"/> | Engages in concerning risk-taking behaviour <input type="checkbox"/> |
| <i>Please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i> | | |

C How does this child or young person display his/her feelings?

| | | |
|--|---|--|
| Hides feelings away <input type="checkbox"/> | Like any other child or young person <input type="checkbox"/> | By difficult or awkward behaviour <input type="checkbox"/> |
| <i>Please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i> | | |

D Any further comments on behaviour? (e.g. response to contact)

6. Concentration, impulsivity and activity

A How would you describe this child's or young person's concentration?

| | | |
|--|--|--|
| Loses concentration quickly <input type="checkbox"/> | About the same as any other child or young person <input type="checkbox"/> | Concentration better than other child or young person <input type="checkbox"/> |
| <i>Please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i> | | |

| | |
|----------------------------|-----|
| Name of child/young person | DoB |
|----------------------------|-----|

B How does this child or young person manage to control his/her impulses?

| | | | | | |
|-------------------|--------------------------|---|--------------------------|----------------------------------|--------------------------|
| Overly controlled | <input type="checkbox"/> | About the same as any other child or young person | <input type="checkbox"/> | Impulsive, acts without thinking | <input type="checkbox"/> |
|-------------------|--------------------------|---|--------------------------|----------------------------------|--------------------------|

Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

C How would you describe this child's or young person's activity levels?

| | | | | | |
|-------------------------|--------------------------|---|--------------------------|---------------------------|--------------------------|
| Restless, highly active | <input type="checkbox"/> | About the same as any other child or young person | <input type="checkbox"/> | Less active than expected | <input type="checkbox"/> |
|-------------------------|--------------------------|---|--------------------------|---------------------------|--------------------------|

Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

7. Social skills

A How does this child or young person get on with others of a similar age? *Please provide an answer for each line.*

| | | | | | |
|--|--------------------------|---|--------------------------|--|--------------------------|
| Interested in socialising with others of a similar age | <input type="checkbox"/> | About the same as any other child or young person | <input type="checkbox"/> | Not interested in socialising with others of a similar age | <input type="checkbox"/> |
|--|--------------------------|---|--------------------------|--|--------------------------|

AND

| | | | | | |
|---|--------------------------|---|--------------------------|---------------------------------------|--------------------------|
| Very controlling/bossy with others of a similar age | <input type="checkbox"/> | About the same as any other child or young person | <input type="checkbox"/> | Easily led by others of a similar age | <input type="checkbox"/> |
|---|--------------------------|---|--------------------------|---------------------------------------|--------------------------|

Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

| | |
|----------------------------|-----|
| Name of child/young person | DoB |
|----------------------------|-----|

B How does this child or young person get on with people of other ages?

| | | |
|--|--|---|
| Best with younger children <input type="checkbox"/> | Best with children or young people of his/her own age <input type="checkbox"/> | Best with adults <input type="checkbox"/> |
| <i>Please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i> | | |

C Does this child or young person have unusual routines, actions or obsessions?

| | |
|--|-----------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>If YES, please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i> | |

D Regarding this child's or young person's play/social activities, does he/she

| | | |
|--|--|---|
| Enjoy activities more typical of a younger child <input type="checkbox"/> | Enjoy activities appropriate to their age <input type="checkbox"/> | Not show any interest in play or social activities <input type="checkbox"/> |
| <i>Please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i> | | |

8. Primary or secondary school

A Does the child or young person attend school?

| | | |
|--|--|---|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <i>If NO, please explain why not, then proceed to Question 9</i> | | |
| If YES, is he/she: Reluctant to attend <input type="checkbox"/> | Doesn't mind either way <input type="checkbox"/> | Looks forward to going <input type="checkbox"/> |
| <i>Please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i> | | |

| | |
|----------------------------|-----|
| Name of child/young person | DoB |
|----------------------------|-----|

B Compared to others of the same age, how well does he/she cope with school?

| | | |
|--------------------------------------|---|---|
| Not as well <input type="checkbox"/> | About the same <input type="checkbox"/> | Better than others <input type="checkbox"/> |
|--------------------------------------|---|---|

Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

C Has this child or young person had problems with bullying, either as bully or victim?

| | |
|------------------------------|-----------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|------------------------------|-----------------------------|

If YES, please give an example to explain your answer. Have you seen any change in the time you have known him/her?

D Do you have any other concerns about school?

9. Postscript

A Is there anything else you want to mention, e.g. responses to birth family, including contact?

B How concerned are you overall about this child's or young person's emotional wellbeing and behaviour

| | | |
|---|---|--|
| Very concerned <input type="checkbox"/> | A little concerned <input type="checkbox"/> | Not concerned <input type="checkbox"/> |
|---|---|--|

C Do you think this child or young person needs extra help?

| | |
|------------------------------|-----------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|------------------------------|-----------------------------|

If YES, please explain

| | |
|-----------|------|
| Signature | Date |
|-----------|------|