

# Form CR-C Carers' Report

Profile of behavioural and emotional wellbeing of a child  
aged 0–9 years



**To be completed by the child'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 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 feelings, thoughts and wishes.
2. This report is an opportunity for you to share your knowledge of the child. The report will form part of the child's 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 behaviour and emotional wellbeing, please compare him/her with other children of similar age and ability.
4. This information should be updated and available to the health professional at statutory health assessments.
5. For infants under 12 months please complete only sections 1–5a and 9 of the form.

<b>Child's name</b>	Date of birth	Age
Profile completed by	Date	
Contact details		
Relationship to child	Date of placement	
How long have you known this child?		

## 1. What is this child 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

DoB

To insert the child'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 behaviour in the following areas? Please give examples.**

*Have you seen any change in the time you have known him/her?*

Behaviour	Yes, No, N/A	Examples/comments
Eating/feeding		
Sleeping		
Toileting (e.g. wetting, soiling, smearing)		
Hygiene/self care		

**B In response to past experiences, does the child 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, for age and ability, is:**

Unusually independent [ ]      About the same as any other child [ ]      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

DoB

**3. Relationships with adults****A What is this child like with familiar adults?** *Please provide an answer for each line*

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

**B What is this child like with unfamiliar adults?**

Overly fearful or unusually shy	[ ]	About the same as any other child	[ ]	Overly friendly	[ ]
<i>Please give an example to explain your answer. Have you seen any change in the time you have known him/her?</i>					

**C When this child is hurt or distressed, describe how he/she responds to:**

a. the hurt/distress
b. your attempts to comfort

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

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Name of child

DoB

**4. Emotional state****A Considering current circumstances, how would you describe this child?**

No apparent anxieties	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	More anxious than other children	<input type="checkbox"/>
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*Please give an example to explain your answer. Have you seen any change in the time you have known him/her?*

Sad or appears "flat"	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	Happier than would be expected	<input type="checkbox"/>
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*Please give an example to explain your answer. Have you seen any change in the time you have known him/her?*

Sensitive and easily upset	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	Doesn't show feelings – appears tough on outside	<input type="checkbox"/>
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*Please give an example to explain your answer. Have you seen any change in the time you have known him/her?*

**B Any further comments on the child's emotional state?****5. Behaviour****A How would you describe this child's behaviour?**

Easier to manage than other children	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	More difficult to manage than other children	<input type="checkbox"/>
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*Please give an example to explain your answer. Have you seen any change in the time you have known him/her?*

Name of child

DoB

**For infants under 12 months, please go to section 9.****B How does this child accept boundaries?**

Accepts boundaries without fuss	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	Resists boundary setting	<input type="checkbox"/>
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Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

**C How does this child display his/her feelings?**

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

**D Any further comments on behaviour (e.g. response to contact/unusual or challenging behaviour such as sexualised behaviour)****6. Concentration, impulsivity and activity****A How would you describe this child's concentration?**

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

Name of child

DoB

**B How does this child manage to control his/her impulses?**

Overly controlled	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	Impulsive, acts without thinking	<input type="checkbox"/>
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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 activity levels?**

Restless, highly active	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	Less active than expected	<input type="checkbox"/>
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Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

**7. Social and play skills****A How does this child get on with other children? Please provide an answer for each line.**

Interested in playing with other children	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	Not interested in playing with other children	<input type="checkbox"/>
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AND

Wants to play but struggles to get along with others	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	Appears isolated and alone	<input type="checkbox"/>
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AND

Controlling/bossy with other children	<input type="checkbox"/>	About the same as any other child	<input type="checkbox"/>	Easily led by other children	<input type="checkbox"/>
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Please give an example to explain your answer. Have you seen any change in the time you have known him/her?

Name of child

DoB

**B Considering his or her age, can the child engage in imaginative or pretend play?**

Over-absorbed in imaginary world ☐ About the same as any other child ☐ Unable to play imaginatively ☐

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

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

YES ☐ NO ☐

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

**8. Playgroup, nursery or primary school****A Does the child attend preschool or school?**

YES ☐ NO ☐

*If **NO**, why not?*

If **YES**, is he/she:  
Reluctant to attend ☐ Doesn't mind either way ☐ Looks forward to going ☐

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

**B How well does he/she cope with preschool, nursery or primary school compared to other children?**

Not as well ☐ About the same ☐ Better than other children ☐

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

Name of child

DoB

**C Has this child had problems with bullying, either as bully or victim?**YES ☐ NO ☐*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 preschool or school?****9. Postscript****A Is there anything else you want to mention, e.g. responses to birth family, including at contact?****B How concerned overall are you about this child's emotional wellbeing and behaviour?**Very concerned ☐ A little concerned ☐ Not concerned ☐**C Do you have sufficient concerns about this child to think that extra help is needed?**YES ☐ NO ☐*If YES, please explain*



**Name of child**

**DoB**

**Signature**

**Date**