

HOW

ACTION FOR CHILDREN

WORKS WITH



Argyll & Bute Assessment of Care Toolkit

Background information

1: Introduction and toolkit summary



2: Responding to the needs of children

Section 1a:

Introduction and toolkit

In order to assess a parent's capacity to meet their child's needs, it is important in cases where neglect is suspected to examine and gain an understanding of both the current circumstance and the parents' early experience. This should form the basis for any assessment undertaken. This toolkit is for practitioners to use with parents/carers.

We would like to acknowledge that the Action for Children toolkit has been adapted from the work of Dr O P Srivastava, Consultant Community Paediatrician, and Luton Child Development Centre who developed the original Graded Care Profile.

Glasgow child protection committee adopted the use of the Graded Care Profile in 2008. Glasgow social work and action for children worked together to adapt the Graded Care Profile in 2015. This current guidance is a further update to support the assessment of neglect. Glasgow HSCP endorse the use of this tool as the main risk assessment guidance when working with neglect.

This toolkit consists of guidance, assessment tools and recording documents to support practitioners to:

- Identify children whose developmental needs are being insufficiently met at an early stage, placing them at risk of achieving poor educational, emotional and social outcomes.
- Focus on the main areas of concern when things can seem overwhelming and chaotic.
- Encourage parents to look at their parenting using pictures and descriptions that help discussion and provide an opportunity for working together to agree required actions.
- Feel more confident in making judgments and decisions that they can share with other agencies.
- Deliver better outcomes for vulnerable children and their families.
- Develop an improved service response that can be rolled out across the setting.
- Improve co-working relationships between social work services, health, education and other agencies.

Section 1b: **What we know**

Neglect is the most prevalent form of child maltreatment in the UK. We know that

Intervening in neglect is likely to be costly, requiring intensive, long-term, multi-faceted work by a highly skilled workforce.

Neglect can have a devastating impact on all aspects of child development, and this impact can last throughout a child's life. It differs from other forms of abuse because it is frequently passive, it is more likely to be a chronic condition than crisis led and often overlaps with other forms of maltreatment. There is a repeated need for intervention with families requiring long-term support. The indicators are often missed with no early intervention and a lack of clarity between professionals on the agreed intervention threshold.

1. Definition

Scottish Government Child Protection Procedures (2014) defines neglect as “the failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.”

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of adequate care-givers).
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The following definition is also helpful:

“neglect occurs when the basic needs of children are not met, regardless of cause”

Managing neglect is complex and multi-faceted and cannot be easily defined. Neglect differs from other forms of abuse because it is:

- Frequently passive.
- The intent to harm is not always present.
- It is more likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies.
- Often overlaps with other forms of maltreatment.

- Is often a revolving door where families require long-term support.

- Lacks clarification between professionals on the agreed threshold for intervention.

Therefore the way in which we define neglect can determine how we respond to it.

Neglect may also result in the child being diagnosed as suffering from “non-organic failure to thrive”, where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated.

In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature.

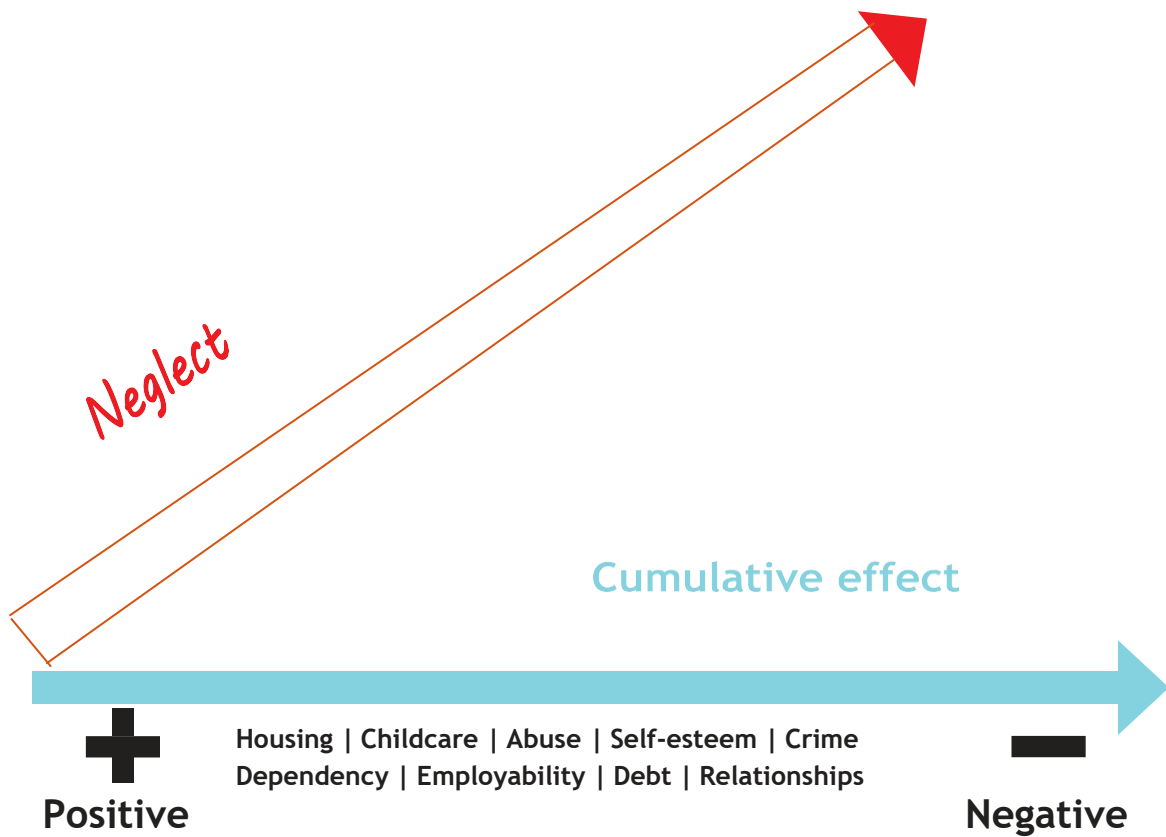
With young children in particular, the consequences may be life-threatening within a relatively short period of time (Scottish Government, 2014 p.37)

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2. Factors that contribute to neglect

- Family violence, modelling of inappropriate behaviour.
- Multiple co-habitation and change of partner.
- Alcohol and substance abuse.
- Maternal low self-esteem and self-confidence.
- Poor parental level of education and cognitive ability.
- Parental personality characteristics inhibiting good parenting.
- Social and emotional immaturity.
- Poor experience of caring behaviour in parents' own childhood.
- Pre-term or low birth weight baby.
- Low family income.
- Low employment status.
- Single parenting.
- Depriving physical and emotional environment in parents' own childhood.
- Experience of physical, sexual, emotional abuse in parents' own childhood.
- Health problems during pregnancy.

— Teenage pregnancy.



3. Management

Effective interventions to achieve the best outcome for the child must be based upon clear assessment processes. Neglectful parental behaviour is least understood, but a growing body of research suggests that defining the causation of neglect in individual families can help to determine the most effective management response. Each intervention must be targeted and tailored to meet the individual and unique needs of every family.

Research¹ suggests neglect can be described in three ways. The following guidance may help to facilitate the planning and management of neglect cases to provide the most effective professional response.

- I. Disorganised neglect.
- II. Emotional neglect.
- III. Depressed neglect.

i. Disorganised neglect

Description:

- Families have multi-problems and are crisis-ridden.
- Care is unpredictable and inconsistent, there is a lack of planning, needs have to be immediately met.
- Mother/parent appears to need/want help and professionals are welcomed, but efforts by professionals are often sabotaged.

Consequence or impact:

- Children become overly demanding to gain attention.

- Families constantly recreate crisis, because feelings dominate behaviour.
- Parents feel threatened by attempts to put structures and boundaries into family life.
- Interpersonal relationships are based on the use of coercive strategies to meet need.

Case management:

- These families respond least to attempts by professionals to create order and safety in the family.
- Feelings must be attended to develop trust, express empathy and reassurance, be predictable and provide structure in the relationship.
- Mirror the feelings.
- Gradually introduce alternative strategies to build coping skills.
- Support will be long-term.

ii. Emotional neglect

Description:

- Opposite of disorganised families, where focus is on predictable outcomes.
- Family may be materially advantaged and physical needs may be met but no emotional connection made.
- Children have more rules to respond to and know their role within the family.
- Parental responses lack empathy and are not psychologically available to the child.

¹ Child Neglect: Causes and Contributors by P McKinsey Crittenden in H Dubowitz, Neglected Children: Research,

- Parental approval/attention achieved through performance.

Consequence or impact:

- Children learn to block expression or awareness of feelings.
- They often do well at school and can appear overly resilient, competent/mature.
- They take on the role of care giver to the parent which permits some closeness that is safer for the parent.

- Children may appear falsely bright,

Case management:

- As families appear superficially successful there is likely to be less professional involvement.
- Parents will feel particularly threatened by any proposed intervention. The impact of separating the child from an emotionally neglectful parent can be particularly devastating for the child when they have taken on a parental role.
- Parents need to learn how to express feelings, for example practice smiling, laughing, soothing, to emotionally engage with the child.
- Children will benefit from opportunities that are socially inclusive and open them up to other emotionally positive experiences.

- Help parents to access other sources of support/activities to reduce the impact of their withdrawn state.

- Goal is to move families towards the less withdrawn version of emotional neglect.

iii. Depressed neglect

Description:

- Parents love their children but do not perceive their needs or believe anything will change.

self-reliant, but have poor social relationships due to isolation.

- The parent may have inappropriate expectations in relation to the child's age/development.

- Parent is passive and helpless.
- Uninterested in professional support and is unmotivated to make change.
- Parental presentation is generally dull/withdrawn.

Consequences or impact:

- Parents have closed down to awareness and understanding of children's needs.
- Parents may go through the basic functions of caring such as feeding, changing, but there is a lack of response to a child's signals.
- Child is likely to either give up when persistently given no response and become withdrawn/sullen or behaviour may become extreme.

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Case management:

- Children benefit from access to stimulation, responsive alternative environments, for example day care.
- Parents are unlikely to respond to strategies which use a threatening/punitive approach that requires parents to learn new skills.
- Medication may be helpful but beware side effects.
- Emphasise strengths.
- Parental education needs to be incremental and skills practised and reinforced over time to overcome parents' belief that change is not possible.
- Support will most likely need to be long-term and supportive in nature.

Whilst categorisation can aid planning and management it can also be deceptive as situations vary and will require tailored support.

4. Roles and responsibilities

All agencies, whether in the statutory or voluntary sector, have a duty:

- To share information about children who are suspected to be at risk of harm from neglect.
- To make a contribution to the assessment process where appropriate.
- To take the lead responsibility for co-ordinating an assessment and multi-agency meetings.

The assessment tool provides a benchmark for determining what change, if any, occurs over time. It will assist in clarifying when conversations should take place between partner agencies and when additional services are required, including social care services. It enables parents to recognise the needs of their child and supports practitioners to keep the focus on the child.

Section two:

Responding to the needs

- 2a: Assessment tool practice guidance
- 2b: Assessment tool record sheet
- 2c: Assessment tool score sheet and action plan



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Section 1a:

Introduction and toolkit summary

The aim of this guidance is to establish a common standard of care that is given to children by parents or carers.

This tool gives an objective measure of the care of a child by a carer. The tool provides a qualitative grading for actual care delivered to a child taking account of commitment and effort shown by the carer.

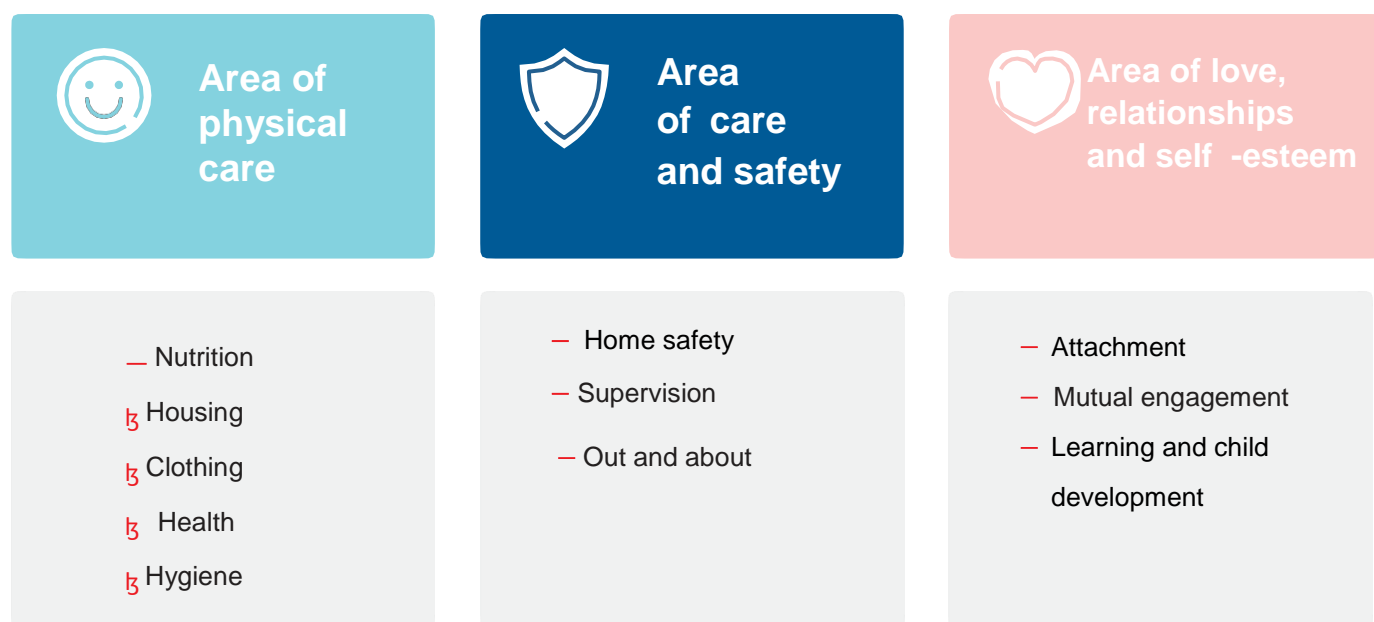
Personal attributes of the carer, social environment or attributes of the child are not accounted for unless actual care is observed to be affected by them. Thus,

need: physical, safety, love and esteem. Each area is made up of different sub-areas, which are further broken down into different elements of care. The score for each area is made up of scores obtained from each of these elements. The highest score is the overall total for the assessed area to focus practitioner's activity.

Blank forms for the 'traffic light score sheet' and action plan can be found in section 2c.

The assessment tool record sheet (see section

2b) The toolkit covers the following indicators of neglect:



if a child is provided with adequate food, appropriate clothes and a safe house, the Assessment Tool for Neglect will score better even if the carer happened to be poor.

The grades are on a five point (extending from best to worst) continuum. Grade one is the best and five the worst. This grading is based on how carer(s) respond to the child's needs. This is applied in three areas of

1. Family name

Fill in the carer(s) name and the date of assessment at the top of the Record Sheet.

Note: The toolkit uses the word 'carer' throughout to include either a parent or a person who has a caring role for the child.

2. Carer(s) names(s)

It is important to include the voice of the child within the assessment.

4. Situations

- a) So far as practicable, use the steady state of an environment and discount any temporary insignificant upsets e.g. no sleep the night before.
- b) Discount the effect of extraneous factors on the environment (e.g. house refurbished by welfare agency) unless carers have made a positive contribution, for example keeping it clean, making additions in the interest of the child such as a safe garden, outdoor or indoor play equipment, or safety features etc.
- c) Allowances should be made for evidence or leave out. Don't guess.

Area of physical care

The person to whom these observations relate (one or more than one carer, as applicable).

3. Methods

The first session with the carer(s) should include a friendly explanation of the assessment toolkit.

Lists of prompts are available with the tool and can be referred to during the visit. They can be used where there is already enough information on the elements or sub-areas to enable scoring.

background factors that can affect interaction temporarily without necessarily upsetting steady state e.g. bereavement, recent loss of job, and illness in carers. It may be necessary to revisit and score at another time.

- d) If the practitioner feels like they are being deliberately misled, seek other ways to gather

1. Nutritional

(a) Quality.

(b) Quantity.

(c) Preparation.

(d) Organisation.

(e) Emotional care.

Take a comprehensive history about the meals provided including nutritional contents (milk, fruits etc.), preparation, set meal times, routine and organisation. Also note the carer's knowledge about nutrition, and the carer's reaction to suggestions made regarding nutrition (whether keen and accepting or dismissive).

Without being intrusive, observe for evidence of provision, kitchen appliances and utensils, dining furniture and its use. It is important not to lead, but

to observe the responses carefully for accuracy. Observation at a meal time in the natural setting (without special preparation) is particularly useful. Score on amount offered, and the carer's intention to feed younger children, rather than the actual amount consumed. Be aware some children may have eating/feeding problems.

2. Housing

(a) Maintenance.

(b) Décor.

(c) Facilities.

Observe. If deficient, ask to see if effort has been made to remedy. Ask yourself if the carer is capable of doing things him/herself. Discount if the repair or decoration is done by welfare agencies or landlord. Ensure children's bedrooms are seen.

3. Clothing

- (a) Insulation.
- (b) Fitting.
- (c) Look.

Observe. See if effort has been made towards restoration, cleaning and ironing.

Refer to the age band.

4. Health

- (a) Sought.
 - (b) Follow-up.
 - (c) Surveillance.
 - (d) Disability.
- (a) Home safety.
 - (b) Supervision.

Observe a child's appearance (hair, skin, behind ears and face, nails, rashes due to long-term neglect of cleanliness, teeth). Ask about practice.

Seek information from other professionals with knowledge of child health, check about immunisation and surveillance uptake, and reasons for non-attendance, if any. Check whether reasons can be appreciated particularly if appointment does not offer a clear benefit. Corroborate with relevant professionals. Distinguish genuine difference of opinion between carer and professional from non-genuine misleading reasons. Beware of being over-empathetic with the carer if the child has a disability or chronic illness. Remain objective.

5. Hygiene

Refer to age band.

1. Attachment

This mainly relates to the carer. Sensitivity denotes the carer showing awareness of any



Area of care and safety

- (c) Out and about.

This sub-area covers how safely the environment is organised. It includes safety features and the carer's behaviour regarding safety in every day activity (e.g. lit cigarettes left lying in the vicinity of child). The awareness may be inferred from the presence and appropriate use of safety fixtures and equipment in and around the house or in the car (child safety seat etc.), by observing handling of young babies and supervision of toddlers. Also, observe how the carer instinctively reacts to the child being exposed to danger.

If observation is not possible, then ask about the awareness. Observe or ask about the child being allowed to cross the road, play outdoors etc. If possible, verify from other sources. Refer to the age band where indicated.

signal from the child. The carer may become aware, yet respond a little later in certain circumstances. Response synchronisation denotes the timing of the carer's response in the form of appropriate action in relation to the signal from the child. Reciprocation represents the emotional quality of the response.

2. Mutual engagement

Observe mutual interaction during feeding, playing, and other activities. Observe what happens when the carer and the child talk, touch, seek out for comfort, seek out for play, babies reach out to touch while feeding or stop feeding to look and smile at the carer. Where the child has a disability, seek information from other professionals to ensure understanding of the care that should be

delivered.



Area of love, relationships and self-esteem

Spontaneous interaction is the best opportunity to observe these areas. Observe whether the carer spontaneously talks and verbalises with the child or responds when the child makes overtures. Note whether both the carer and the child, either or neither, derive pleasure from the activity. Notwithstanding it is leisure, engagement or functional (e.g. feeding etc).

3. Learning and child development

Observe or enquire how the child is encouraged to learn. Examples with infants (age 0-2) include: stimulating verbal interaction, interactive play, nursery rhymes or joint story reading, learning social rules, and providing developmentally stimulating equipment. If lacking, try to note if this is due to carer being occupied by other essential chores.

Praise and reward

Find out how and how much the child's achievement is rewarded or neglected. It can be assessed by asking how the child is doing or simply by praising the child and noting the carer's response (agrees with delight or neglects).

Boundaries

If the opportunity presents, observe how the child is reprimanded for undesirable behaviour. Otherwise, enquire carefully (does the child throw tantrums? How do you cope if it happens when you are tired yourself?) Beware of discrepancy between what is said and what is done. Any observation is helpful in such situations e.g. child being ridiculed or shouted at. Try and assess whether the carer is consistent.

Acceptance

Observe or probe how the carer generally feels after she has reprimanded the child, or either when the child has been reprimanded by others (e.g. teacher), when the child is underachieving, or feeling sad for various reasons. Check whether the child is rejected or accepted in such circumstances as shown by warm and supportive behaviour.

4. Scoring and notes pages

Go through the elements in order and tick the box which most represents the situation. The number of the column is the score for that element. Where more than one element represents a sub-area, use the method described on the following page to obtain the overall score for the sub-area. The notes pages enable practitioner and carer to add details about what has been seen and discussed.

5. Obtaining a score for a sub-area from the score in its elements

The highest score for one of the elements will be the overall score for that sub-area. Therefore, if one element scores at 4 while others score at 2, then the overall score for that sub-area will be 4.

This method helps identify the problem even if it is one sub-area or element. Its primary aim is to safeguard the child's welfare while being objective. Being able to target such elements or areas is an advantage with this scale.

6. Transferring the score onto the traffic light score sheet

Having worked out the score for the sub-areas and elements, transfer the scores onto the record sheet, and tick the relevant boxes.

7. Targeting

If the care is of a poor grade in an element or sub-area, it can be identified for targeting by noting it in the table on the action plan in section 2c. Interventions can then be planned with the family to aim for a better score after a period of intervention. Aiming for one grade better will place less demand on the carer than aiming for the ideal in one leap.

8. Measuring

The Assessment of Care should be used to benchmark change, progress and deterioration.

9. Action plan

The action plan (see section 2c) is the working tool that arises from assessment and will inform the Child's Plan. Its aim is to describe the changes, allocate tasks and to engage families in the process. The action plan will be fluid; tasks achieved will be removed, while others will be added and reviewed in accordance with the recorded timescales for change.

Section 2b

Assessment tool record sheet

Family name:

Carer(s) name(s):

Child's name:

Date:

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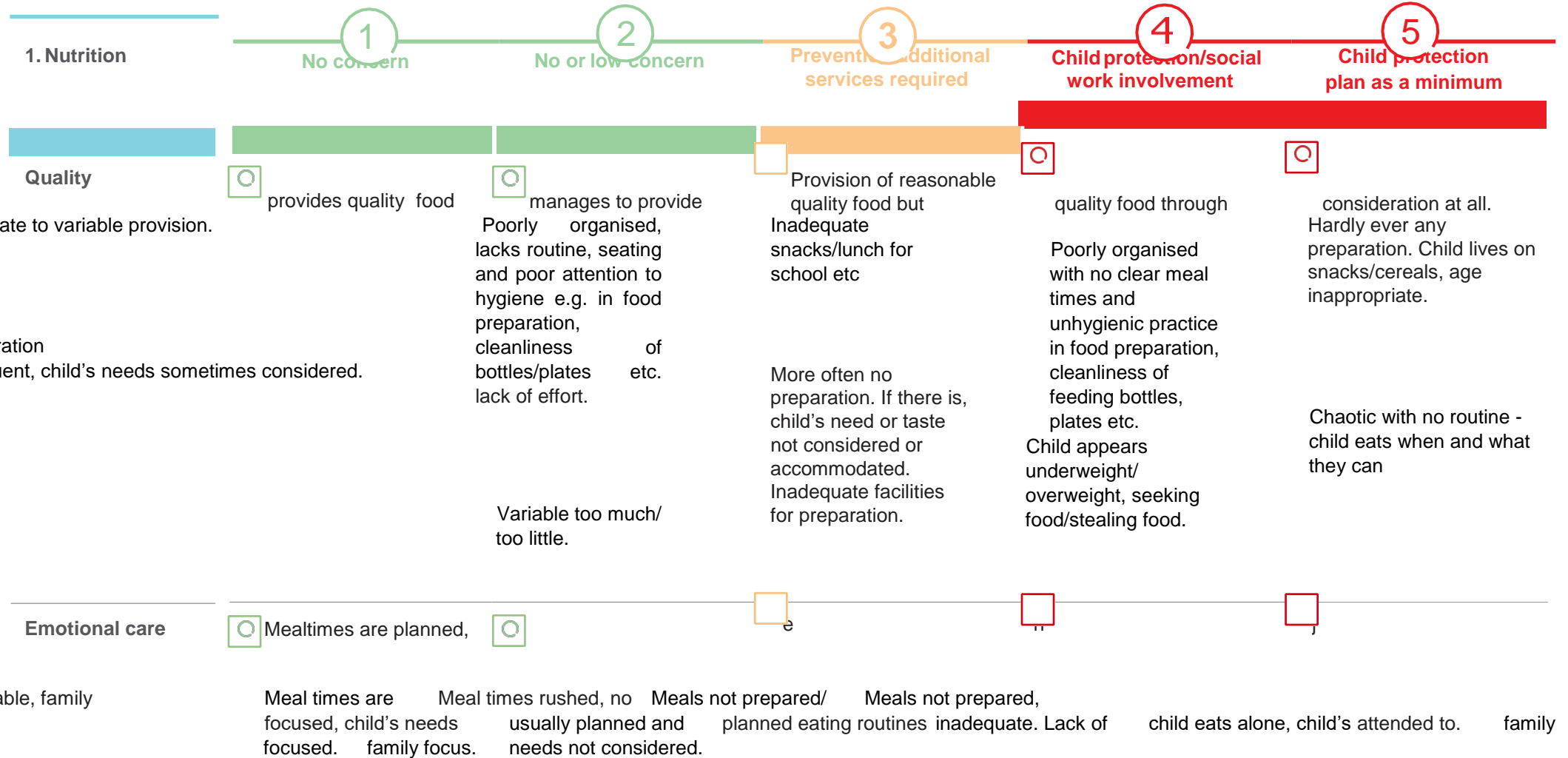
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Carer(s) name(s):

	Aware and proactive, and drink.	Aware and usually	s e a t i n g , t i m i n g , m e n t e r s w i t h a	Provision of poor	Quality not a Usually well prepared for the family always thinking of child's needs. y f o r Meals mostly well organised at regular times with good attention to hygiene. inconsistent.
Quantity	Consistently provided to meet age and stage of development. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	Cooked/prepared for the child's needs/ age/taste. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mostly provided to meet age and stage of development. <input type="checkbox"/>	<input type="checkbox"/>
Organisation	Meals well organised - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:



Quality

- Carer gives toddler/baby food Carer which is inappropriate for his/ one age.
- The child appears to be
There is no use of fresh/ extremely vegetables/fruit.
- There is excessive use of sugar, sweets, crisps, chips.
School age child is not provided Special adequate lunch or dinner met e.g.

Quantity

- does not provide at least prepared meal per day. her
- hungry. frozen
- The child has been observed to eat
- excessively/ravenously.
- dietary needs are not with allergies. money.
- No portion control, too much food provided.

Preparation



1. Nutrition Prompt questions



There are inadequate working facilities which permit meals to be prepared, e.g. cooker. There is inadequate cooking equipment e.g. pots and pans.

Organisation

Special dietary needs are not met e.g. allergies.

Emotional care

- Carer appears to feed baby without holding him/her.
- School age child is not provided with adequate lunch or dinner money.

Feeding methods for young child/ baby appear to be unhygienic e.g. unsatisfactory/dirty bottles.

Scraps of old food are observed on the living/dining room floor.

Notes

A. Area of physical care

Carer(s) name(s):

child in home.

addressing these issues.

issues. Conditions have resulted in an accident to a child in the home.

nails, live wires). More than one accident to child in home/garden.

amenities, good heating, shower/ bath, beds and bedding provided.

Play and Learning facilities are evident.

effort to maximise benefit for the child if lacking due to practical constraints (child comes first).

effort to consider the child.

inadequate bedding, lack of warmth, unclean, no working heating system, dirty toilet and bath, does not have own bed/ bedding).

exposed or not provided for.



A. Area of physical care | Housing

Date:

2. Housing	1 No concern	2 No or minor concern	3 Prevent additional services required	4 Child protection/social work involvement	5 Child protection plan as a minimum
Maintenance	<input checked="" type="checkbox"/> Well maintained, safe, warm and clean.	<input type="checkbox"/> Generally well maintained and safe. No known accidents to	<input type="checkbox"/> Some repairs outstanding. Not always proactive in	<input type="checkbox"/> State of repair is inadequate and unmotivated to address	<input type="checkbox"/> Dangerous disrepair which is not being addressed (e.g. exposed
Décor	<input checked="" type="checkbox"/> Well decorated throughout home, child's tastes reflected in their bedroom.	<input checked="" type="checkbox"/> Mostly well decorated throughout and evidence of child's needs/preferences being considered.	<input type="checkbox"/> Some rooms in need of plaster/decoration e.g. holes/marks on walls.	<input type="checkbox"/> Dirty/chaotic environment e.g. dirty, sticky walls, peeling paper, marks on walls.	<input type="checkbox"/> Squalid, bad odour, exposure to hazards within the home.
Facilities	<input checked="" type="checkbox"/> Essential and additional	<input checked="" type="checkbox"/> All essential amenities,	<input type="checkbox"/> Essential to bare, no	<input type="checkbox"/> Essential to bare (e.g.	<input type="checkbox"/> Child dangerously

Note: Discount any direct external influences like repair done by another agency but count if the carer

2. Housing

Prompt questions



The outside doors are The house has a bad smell. badly fitted/do not work.

Inside doors are left unhygienic. unfitted and damaged.





Windows have been left broken/uncovered. The bedroom window lacks curtains/blinds. Conditions in the carer's bedroom are very superior to



Maintenance

those in the child's **Décor** bedroom.



Facilities

The house lacks a working heating system.

The child has inadequate bedding (e.g. insufficient, dirty, stained and/or wet).

There is no clean working fridge.

Toothpaste, soap, toiletries, towels are unavailable/ inaccessible.

The home lacks showering/ bathing facilities which work and are available for washing.



The home lacks a toilet which works.



The toilet and wash basin are dirty.



The kitchen is dirty.



The kitchen equipment is unwashed.

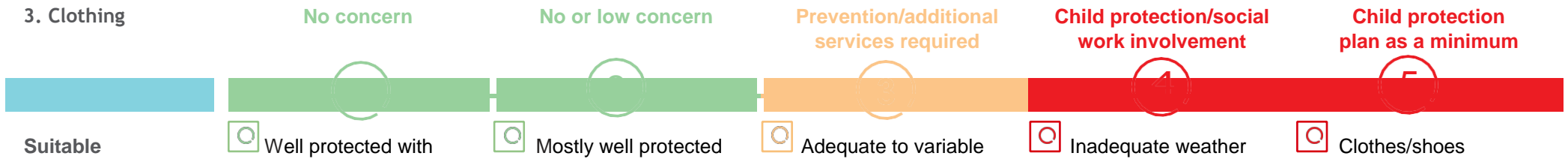
A. Area of physical care

Notes



Carer(s) name(s):
Date:

3. Clothing

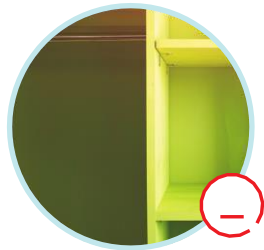


for weather conditions	clothes/shoes suitable for all weathers.	<input checked="" type="checkbox"/> with appropriate clothes/shoes for the weather.	weather protection. Sometimes suitably dressed but can be lacking appropriate clothing and shoes.	protection, lack of warmth, hat, gloves, shoes. Overdressed in warm weather.	completely unsuitable, putting child at risk.
Fitting	<input checked="" type="checkbox"/> Excellent Fitting and allows comfortable movement.	<input checked="" type="checkbox"/> Reasonable fit and well maintained	<input type="checkbox"/> Clothing inconsistent, a little too loose or too small.	<input type="checkbox"/> Clothes clearly too large or too small.	<input type="checkbox"/> Totally inappropriate fit.
Look	<input checked="" type="checkbox"/> Clean, ironed and well presented.	Some effort to restore wear and clean.	<input type="checkbox"/> Repair lacking, usually not quite clean.	<input type="checkbox"/> Unwashed, dirty and crumpled. Little effort made.	<input type="checkbox"/> Unwashed, dirty, badly worn, crumpled and smelly.



3. Clothing

Prompt questions



The child does not have



appropriate for the weather.

es that do A child who soils/wets is left in not fit him/her. dirty/wet clothes or dirty/wet bedding.

There are insufficient The child has no waterproof coat. nappies for baby/toddler. There is no place for keeping the

The child's clothes smell.

The child's clothes look really dirty.

There are large holes/tears or several missing buttons/ fasteners on the child's clothes.



The child's shoes let in water. child's clothes together e.g.

Insulation

Fitting and adequacy

Look

cupboard/drawers/basket/bag. day time clothes.

The child lacks enough clean The child lacks his/her own clothes to allow regular changing. personal clothes.

The child lacks enough clean clothes to allow regular changing.



Notes



Carer(s) name(s):
Date:



4. Health **No concern** **No or low concern** **Prevention/additional** **Child protection/social** **Child protection services required** **work involvement plan as a minimum**



	Green		Orange	Red	
Opinion sought	<input checked="" type="checkbox"/> Seeks medical, dental	<input checked="" type="checkbox"/> Seeks advice and	<input type="checkbox"/> Inconsistently responds	<input type="checkbox"/> Delays seeking medical	<input type="checkbox"/> Medical attention only
Follow up	<input checked="" type="checkbox"/> All appointments kept. Rearranges if problems. and optical care on preventative basis and for presenting issues.	<input checked="" type="checkbox"/> Fails to bring child to occasional one in two appointments due to prioritise clear benefit to responds to guidance from professionals on matters of concern about child health including dental and optical care.	<input type="checkbox"/> Does not bring child to prompted. Doubts its usefulness even if it is of non-attendance to guidance provided on child's preventative health. Only seeks medical advice on persistent/serious illness. Child may not be registered with GP or dentist. Alternatively seeks guidance on illness of any severity, resulting in unnecessary consultation's	<input type="checkbox"/> Only takes child if appointments despite prompts. Reasons for doubt about their lack usefulness, error or care until moderately severe. Dental and optical care not sought. Alternatively seeks medical care and labels for child to meet own needs.	<input type="checkbox"/> Fails to take child to appointments due to failure to needs of the child. sought when illness becomes critical (emergencies) or ignored.
	immunisation and health checks unless genuine reservations.	immunisation and health checks unless exceptional or practical problems but has plans		some immunisations and health checks. Fails to prioritise but takes up if persuaded.	carelessness, accepts health input if accessed at home.
Surveillance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	to address this. clarity or are misleading. due to pressing practical constraints.		



Up to date with

Up to date with

Child not taken for

Omissions because of

1

2

3

4

5

4. Health

No concern
protection/social
plan as a minimum

No or low concern
Child protection
services required

Prevention/additional
work involvement

Child
work involvement



Diagnosed
to pressing
illness

Compliance
lacking from
time to

Any lack of compliance
lacking for trivial
due to difference of
address prioritise or
appropriately. Parent/
needs and ensures importance.

Compliance is
child's needs.

Compliance frequently
time with failure to
not given/used

Serious failure to meet
reasons, significant
Compassion for child's

disability/chronic
this.

excellent, (any lack is
health needs. Little

Excuses empathy if at all. carer misleading they are met made. with information.

No compassion for
child's needs.



Carer(s) name(s):

Date:



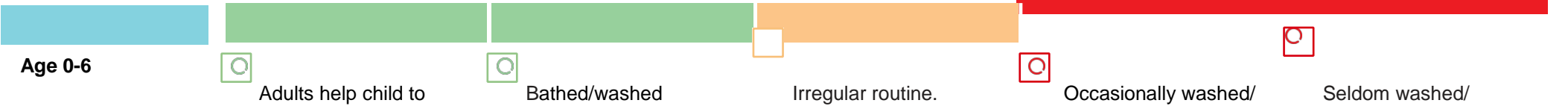
bathe/wash and hair/teeth brushed daily.

and hair/teeth brushed regularly with help from adults.

Sometimes washed/ bathed and hair/teeth brushed, sometimes not.

bathed but seldom hair/teeth brushed. Child appears unclean.

bathed with poor oral hygiene and hair care.





above tasks according to age and stage of development. Younger children always helped and supervised and older children reminded and supported.

products provided for. Mostly watched and helped if needed. Some independence at above tasks according to age and stage of development. Younger children usually helped and supervised and older children usually reminded and supported.

inconsistent and products not always available (shampoo, toothpaste etc).

and support. Lack of access to toothpaste, shampoo etc.

indifference/no supervision or support.

Some

Age 7+

independence at



Reminded and



Supervision



Minimal supervision



Parental



4. Health



Prompt questions



Opinion sought

Follow up

Surveillance



Carer has failed to report medical problems in the child, e.g. discharge from ears, squint, recurring diarrhoea.

Carer fails to follow through on planned medical appointments if required.

Carer fails to attend for regular developmental checks with young child.



Carer appears to be unaware that the child has a need for dental treatment.

Carer seeks medical opinion inappropriately.



Carer(s) name(s):

Date:

a. Home safety

No concern

No or low concern

Prevention/additional services required

Child protection/social work involvement

Child protection plan as a minimum





Carer(s) name(s):

Date:

Awareness



Awareness of all safety important safety issues.



Aware of most however only

Some awareness safety and risks e.g.



Lack of awareness to issues. Pets appropriately



Carer indifference/ not bothered.

Safety features



All safety features

managed with child appropriate care roles with animals.

e.g. gates, guards, smoke alarms, medicines /cleaning materials safely stored, Heavy furniture/windows secured. Safe gas and electrical appliances.



Essential features

present .eg. gates, guards, smoke alarms, medicines / cleaning materials safely stored, Heavy furniture / windows secured. Safe gas and electrical appliances.



Lacking in essential

intervenes if immediate danger.

safety features.



No safety features,

from animals/pets.

some possible hazards due to disrepair e.g. tripping hazard due to littered floor, unsteady heavy fixtures, unsafe appliances.



Definite hazards due to

disrepair. Exposed electric wires and sockets, unsafe windows e.g. broken glass, medicines carelessly lying around or stored where baby / child could access.





Carer(s) name(s):

Date:

b. Supervision

No concern
 No or low concern
 Prevention/additional
 Child
protection/social
Child protection services required
work involvement
plan as a minimum

Age Group	No concern	Prevention/additional	Child
<p><input type="checkbox"/> pre-mobility age</p> <p><input type="checkbox"/> Toddler/ Vigilant and effective preschool measures against any perceived dangers when up and about including supervision and controls when using technology/ watching TV etc. (e.g. defined time limits).</p>	<p><input checked="" type="checkbox"/> Baby/ <input type="checkbox"/> Appropriately cautious with handling and laying down, seldom unattended.</p> <p><input checked="" type="checkbox"/> Effective measures against any imminent danger including supervision and controls when using technology/ watching TV (e.g. defined time limits)</p>	<p><input type="checkbox"/> to potentially risky situations. Over reliance on TV /other technology to keep child occupied.</p> <p>Inconsistent reactions</p>	<p><input type="checkbox"/> supervision and reliance on technology/TV. Lack of parental control</p> <p>Lack of safe</p> <p>exposes child to danger (e.g. hot iron nearby). Lack of safe supervision, and reliance on technology/ TV has exposed child to inappropriate content</p> <p>No supervision which</p>
<p>Age 4-10</p> <p>Close supervision indoor and outdoor including supervision/safety controls in relation to internet/social media/ TV/games.</p> <p>Appropriate cautious with handling and laying down, checks if unattended.</p>	<p>Supervision indoors, no direct supervision outdoors if known to be at a safe place. Monitors access to internet/social media/TV/games.</p> <p>Handling careless, Handling unsafe, Dangerous handling,</p>	<p><input type="checkbox"/> frequently unattended when laid down in house.</p>	<p><input type="checkbox"/> unattended even during care chores (bottle left in the mouth).</p> <p>left dangerously unattended during care chores like bath.</p>



Carer(s)
name(s):
Date:

Little supervision
Child is blamed for

Lack of supervision.

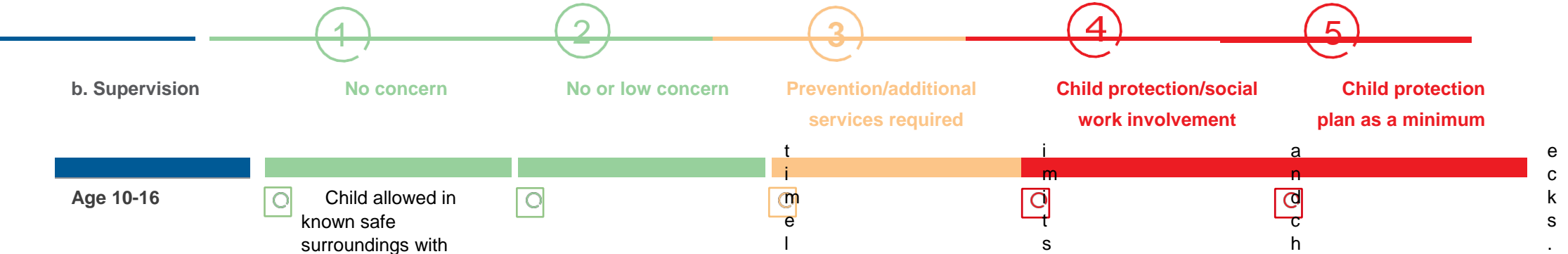


indoors and outdoors. Acts if noticeable danger. Few supervision/safety controls in relation to internet/social media/TV/games. Parent lacks knowledge and skills about online safety.

Intervenes after mishaps which soon lapses again. Not always aware of child's whereabouts. No supervision/safety controls in relation to internet/social media/TV/games, Child has accessed inappropriate content / been a victim through use of social

mishaps. No supervision/safety controls in relation to internet/social media/TV/games. Regularly accesses inappropriate content and child is dangerously exposed/vulnerable through use

etc. media etc. of social media





Carer(s)

name(s):

Date:

Age appropriate safety, supervision and controls for internet, TV, social media, games exposure.

Child allowed out in unfamiliar surroundings if thought to be safe with time limits. Age appropriate safety, supervision and controls for internet, TV, social media, games exposure.

Not always aware of whereabouts outdoors, believing it is safe as long as child returns in time. Few supervision/ safety controls in relation to internet/ social media/TV/games. Carer lacks knowledge and skills about online safety.

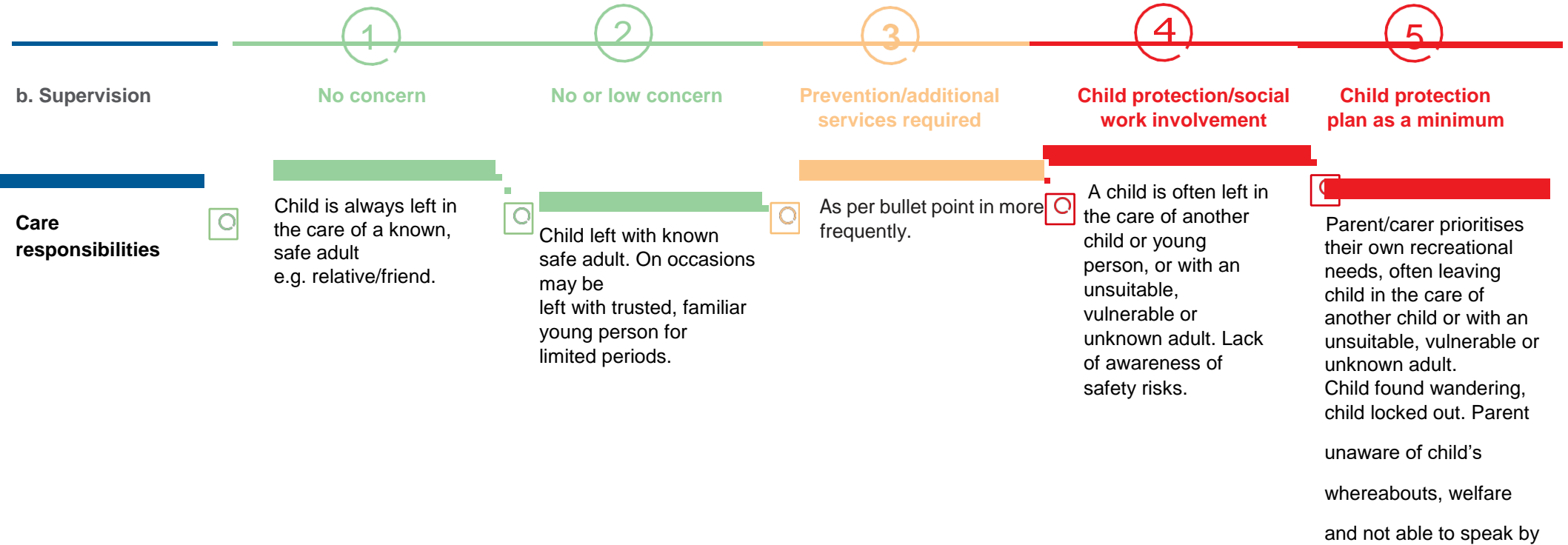
Not concerned about late nights for child/ young person younger than 13. No supervision/ safety controls in relation to internet/social media/ TV/games, Young person has accessed inappropriate content / been a victim through use of social media etc.

Not bothered despite knowledge of dangers outdoors e.g. railway lines, unsafe buildings or staying out late/ overnight. No supervision/safety controls in relation to internet/social media/TV/ games. Regularly accesses inappropriate content and young person is dangerously exposed/ vulnerable through use of social media etc.



Carer(s) name(s):

Date:





phone with the child.

Carer(s) name(s):

Date:



Age 0-4	1	2	3	4	5
	<input checked="" type="checkbox"/> Well secured in surroundings e.g. expected to catch up attention to child's pace.	<input checked="" type="checkbox"/> Carer responds to pram. 3 to 4-year-old behind when walking. holds hand or keeps close by.	<input checked="" type="checkbox"/> Infants not secured in 4-year-olds left far 4-year-old left with adult when walking. Carer distracted by mobile phone, glances child left behind.	<input checked="" type="checkbox"/> Babies not secured carelessly with pram, 3 to walking hand held with safety e.g. owing to use of mobile phone.	<input checked="" type="checkbox"/> Babies unsecured, the pram, harnesses or crowds/traffic and to wander. Carer often distracted and compromises child safety e.g. owing to use of mobile phone.
	back now and again if of mobile phone.	safety e.g. owing to			Parents/carer shouts or uses unsuitable



responses.

Age 5+

5 to 10-year-old carer crossing busy road with an older child and supervision by carer but older child simply watched. 8-9 yr old with child allowed to cross a busy road alone without any escorted by carer roads

Child is escorted by 5-7 yr old can cross alone if appropriate

Lack of guidance and supervision by carer

A child crosses a busy road alone without any escorted by carer roads

children have some independence where the danger that the child safe and appropriate. Carer fails to appreciate walking close together. is exposed to.

Prompt questions





B. Area of care and safety



a. Home safety

- The house or garden/yard is frequently fouled with animal faeces or urine.

b. Safety features

- The garden is full of rubbish.
- Dangerous substances are placed within young child's reach.
- The home has no safety gate in regular use for a toddler.
- Potentially dangerous objects If fires are used there is no fire are left within easy reach of guard. young child.
- Outside doors cannot be locked.



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Prompt questions



c. Supervision

Toddler/preschool

Child aged 4 to 7-years-old



The home has no safety
 gate in regular use for a toddler.
 The carer does not know where
 a young child is when he/she
 is out playing.



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guard.

The carer does not know where a The child is left in an un- enclosed young child is within the home / garden / yard. building.

The child has frequent accidents The child does not know where the inside the house or in the garden carer is. involving injuries.

The child has frequent accidents The carer does not know where a inside the house or in the garden young child is within the home/ involving injuries. building.



Child aged 8 years and above

- The child has frequent accidents inside the house or in the garden involving injuries.
- The carer cannot state the agreed limits of the child's play area.
- The child is locked out of the house.



d. Out andabout

- The carer allows child aged under 8 to cross roads on his/her own.
- The child aged under 8 makes his/ her own way to school or nursery.

Notes



B. Area of care and safety



C. Area of love, relationships and self-esteem

Carer(s) names: Date:

1. Attachment

No concern

No or low concern

Prevention/additional services required

Child protection/social work involvement

Child protection plan as a minimum

1

very subtle signals, verbal or non-verbal expression or mood.

2

child's verbal and non-verbal signals.

3

response to signals. They have to be intense to make an impact.

4

carer's emotional difficulties dominating. Child has to repeat signals to gain response.

5

sustained, intense signals from child. Carer indifferent to child.

Anticipates or picks up a. Sensitivity



Carer is responsive to



Inconsistent

Quite insensitive, with

Failure to respond to



b. Emotional response



Responses in tune with signals or even before in anticipation.



Responses mostly in tune except when occupied by essential chores.



Inconsistent emotional response due to own or partner's needs dominating.



Even when child in distress responses delayed.



Failure to provide an emotional response to meet child's needs.

c. Engaging with each other



Responses fit with the responses usually warm

Mostly warm. Emotional inconsistent responses

Child exposed to carer's and functional, lacks



Emotional response flat signals of emotional attachment. Punitive response even if



B. Area of care and safety

emotionally (warmth) and materially (food, nappy change).

and reassuring.

(due to parent/carer having other priorities/ low mood etc).

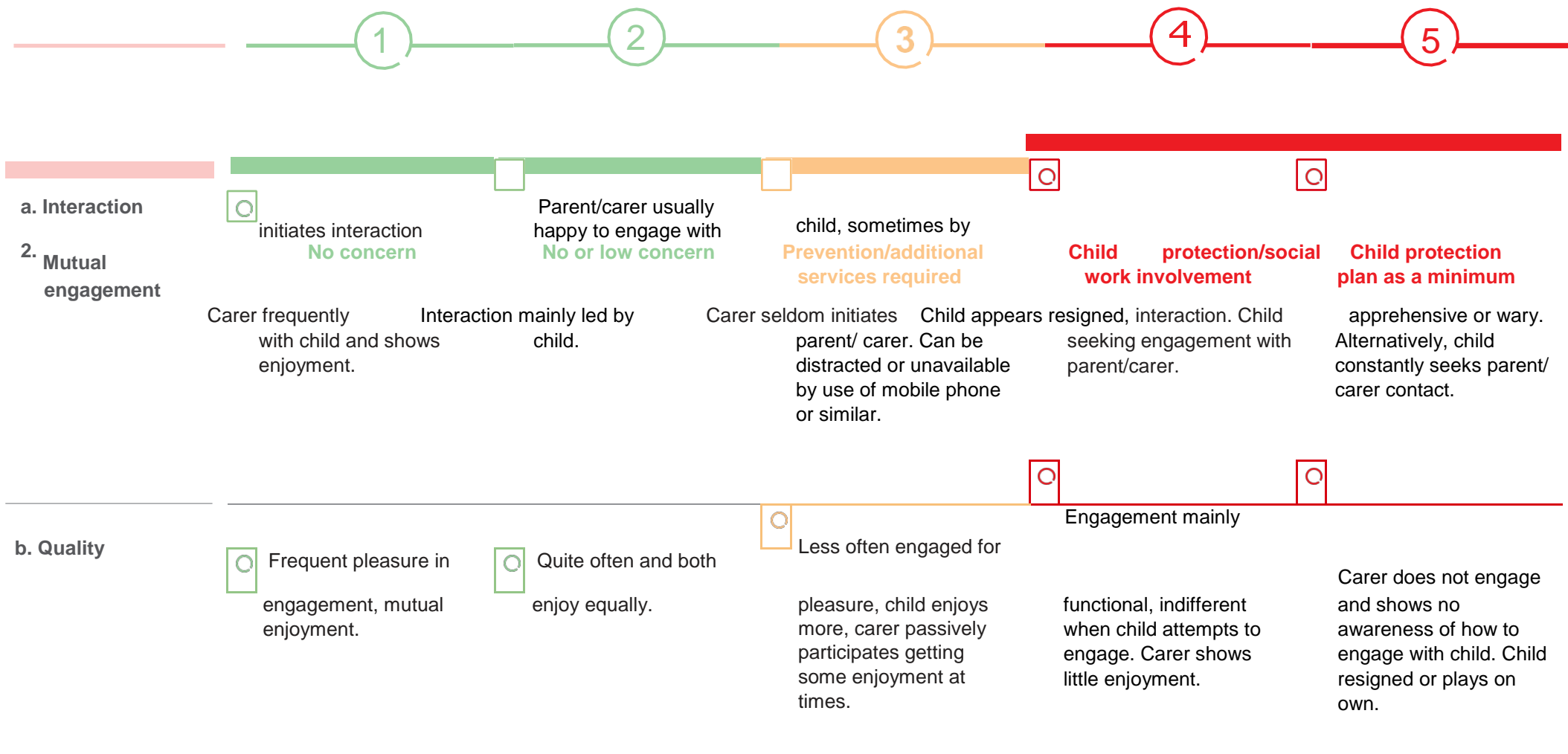
warmth, annoyance if child in moderate distress but attentive if in severe distress.

child in distress. Lacks warmth. Child indiscriminately affectionate to strangers.



C. Area of love, relationships and self-esteem

Carer(s) names: Date:



1. Attachment

Prompt questions



a. Sensitivity b. Emotional response

- Carer response to child's Carer does not comfort child immediate need or behaviour is when distressed.
- insensitive/inconsistent.
- Child is provocative with carer to Carer does not check spiteful elicit boundary/control setting. play with siblings/pets.

Carer expects child to look after him/her self inappropriately.



c. Engaging with each other

- Child does not notice/care when carer leaves the room (age appropriate).

- Child is

- inappropriately withdrawn with other adults.

Child is clingy/anxious for too long after short separation from carer (age appropriate).

2. Mutual engagement

Prompt questions



a. Interaction

b. Quality

Carer does not show physical affection to/for child.

Carer spends very little time with child.

Carer does not interact with child.

Carer does not listen to child.



Carer is distracted by use of mobile phone.

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**Note
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A worksheet template for writing, featuring two vertical columns of horizontal lines. Each column contains 20 lines in total, with a double line at the bottom of each column to provide a base line.



C. Area of love, relationships and self-esteem



C. Area of love, relationships and self-esteem

Carer(s) names:

Date:

3. Promoting learning and development	1 No concern	2 No or low concern	3 Prevention/additional services required	4 Child protection/social work involvement	5 Child protection plan as a minimum
a. Age 0-2	<input checked="" type="checkbox"/> Ample and appropriate stimulation (talking, touching, looking), toys, plenty of equipment.	<input checked="" type="checkbox"/> Enough and appropriate intuitive stimulation but less showy toys, gadgets, outings and celebrations.	<input type="checkbox"/> Inadequate and inappropriate, baby left alone while carer pursues own recreation, inconsistent interaction with baby.	<input type="checkbox"/> Baby left alone while carer pursuing own pleasure unless prompted by baby's demands.	<input type="checkbox"/> Absent, event mobility restricted (confined in chair/pram) for carer's convenience. Angry with baby's demands.
b. Age 2-5	<input checked="" type="checkbox"/> Stimuli: interactive stimuli, talking to and playing with, reading stories, varied topics and conversation. Toys and gadgets: sports equipment available and used frequently.	<input checked="" type="checkbox"/>	<input type="checkbox"/> O u t i n g s : t a k i n g c h i l d o	<input type="checkbox"/> u t f o r r e c r e a t i o n a l p u r	<input type="checkbox"/> p o s e s t o c h i l d - c e n t r e d



C. Area of love, relationships and self-esteem

Carer(s) names:

Date:

c. Aged 5+

: events and occasions celebrated as significant days in family life.

Education: active interest in schooling and support at home, attendance regular.

Sports and leisure: well organised outside school hours, e.g. swimming, Scouts.

Peer interaction: facilitated and approved.

Toys and gadgets: limited toys, those required by school or nursery, no effort to improvise.

Outings: takes child to non-child friendly places.

Celebrations: mainly seasonal and low-key personal celebrations.

Stimuli: deficient stimuli.

Toys and gadgets: lacking on essential toys, not encouraged to care for toys.

Toys and gadgets: no toys unless provided by other sources e.g. from grants, friends, relatives.

Outings: no outings for child. Child may play with other children outside while adult engaged in adult social activities e.g. pub.

Celebrations: no seasonal or personal celebrations.

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Stimuli: sufficient and satisfactory stimuli.

Toys and gadgets: provides toys as necessary and improvises.

Outings: some visits to child-centred places.

Celebrations: some events and occasions well celebrated.

Stimuli: variable and adequate stimuli, carer needs encouragement

3. Promoting learning **No concern** and child development

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to meet child's development needs.

Stimuli: no stimuli.

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C. Area of love, relationships and self-esteem

Carer(s) names:

Date:

with safety controls.

No or low concern

Education: active interest in schooling, support at home when free of essential chores.

Sports and leisure: all affordable support.

Peer interaction: facilitated on occasions.

Games and access to information: mostly well provided with safety controls.

Prevention/additional services required

Education: maintains schooling but little support at home even if has spare time.

Sports and leisure: not proactive in finding out but avails opportunities if offered.

Peer interaction: support available through friendships.

Games and access to information: under provided or little supervision/control in place.

Child protection/social work involvement

Education: child makes all the effort, carer not bothered.

Sports and leisure: child makes all the effort, carer not bothered.

Peer interaction: child finds own friendships, no help from carer unless reported to be bullied.

Games and access to information: poorly provided and lack of safety controls/supervision.

Child protection plan as a minimum

Education: not bothered or can even be discouraging for other gains.

Sports and leisure: not bothered even if child is involved in unsafe activities.

Peer interaction: carer indifference, lacks motivation.

Games and access to information: carer indifference.

3. Promoting learning and child development

1

No concern

2

No or low concern

3

Prevention/additional services required

4

Child protection/social work involvement

5

Child protection plan as a minimum



C. Area of love, relationships and self-esteem

Carer(s) names:

Date:

d. Praise and reward

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks about the child about the child when	Usually talks warmly praise of child, but	Doesn't initiate by others,	Indifferent if child praised parent/carer	Negates if the child is with delight/praises	
			praised, achievements		

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
without being asked, generous emotional reward for any achievement.	asked, generous praise and emotional reward but reserved for major achievements.	agrees with others. Often countered by criticism.	struggles to find positives. Indifferent to child's achievement.	not acknowledged, reprimand or ridicule is the only reward if at all, low warmth, high criticism.

e. Boundaries

Age appropriate and	Mostly consistent in	Inconsistent boundaries	Inconsistent, shouts/	Failure to implement
consistent rules in place. Child is aware of the limits.	implementing rules. Child is aware of the rules.	or methods. Carer can use unsuitable strategies to manage behaviour e.g. shouts or ignores, mild physical sanctions. Parents/ carers may argue/have differences in how to respond.	harsh verbal, moderate physical or severe other sanctions. Carers frequently argue in front of the children.	any boundaries. Severe physical or other cruel sanctions. Carers violent in front of the children.

f. Acceptance

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unconditional	Unconditional acceptance	Annoyance at child's	Unsupportive to	Indifferent if child is



C. Area of love, relationships and self-esteem

Carer(s) names:

Date:

acceptance. Always warm and supportive even if child is failing.

even if temporarily upset by child's behavioural demands.

failure, behavioural demands less well tolerated.

rejecting if child is failing or if behavioural demands are high. Failure to address child's difficulties.

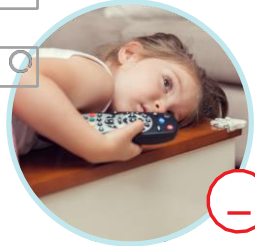
achieving but rejects or admonishes if makes mistakes or fails. Exaggerates child's mistakes.

3. Promoting learning and child development Prompt questions



a. Aged 0-2 years

- Carer is unaware of child's age appropriate developmental needs.
- Carer has poor eye contact with



child.
Carer does not provide child. based family routines.

Carer does not provide books/toys for child.

b. Aged 2-5 years

- Carer does not provide child based family routines.
- Carer does not provide books/toys for child.

c. Aged 5+ years

- Carer regularly withdraws child from school/nursery. in child's
- Child turns up late for school/ nursery. from carer. Carer frequently quarrels with partner/ requests.
- Carer does not return school diary/notes relevant to the child's welfare. Carer has attempted suicide in the
- Carer does not provide child based family routines e.g. Carer has threatened to leave the
- Carer does not provide books/toys for child.

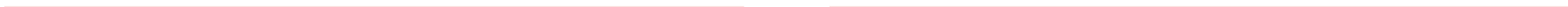
d. Praise and Reward

- Carer does not show pride in child's achievement. partner/other adult in
- Carer does not seek praise

e. Boundaries

- Carer is involved in violence with partner/other adult in front of child.
- Carer fails to respond to school adult in front of child. liaison
- Carer has made suicidal threats in
- presence of the child.

Notes





C. Area of love, relationships and self-esteem

A large white rectangular area with horizontal red lines, divided into two equal columns by a central vertical red line. This area is intended for writing or drawing.

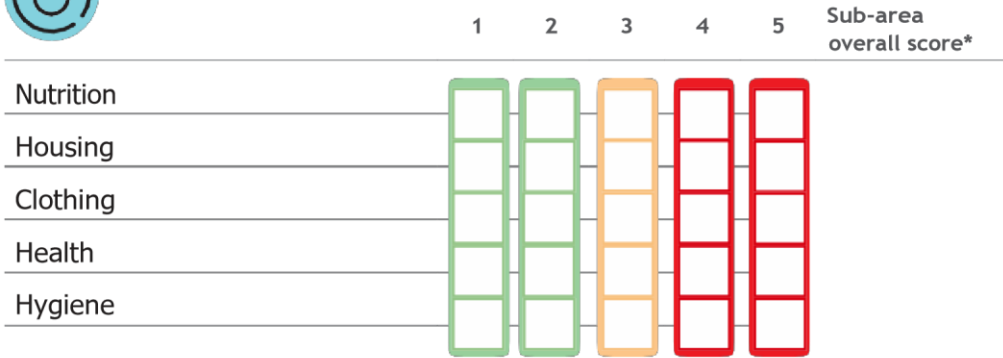


C. Area of love, relationships and self-esteem

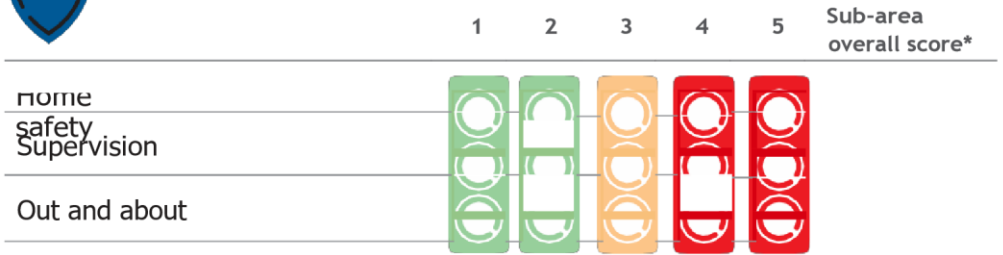
2c. Traffic light score sheet



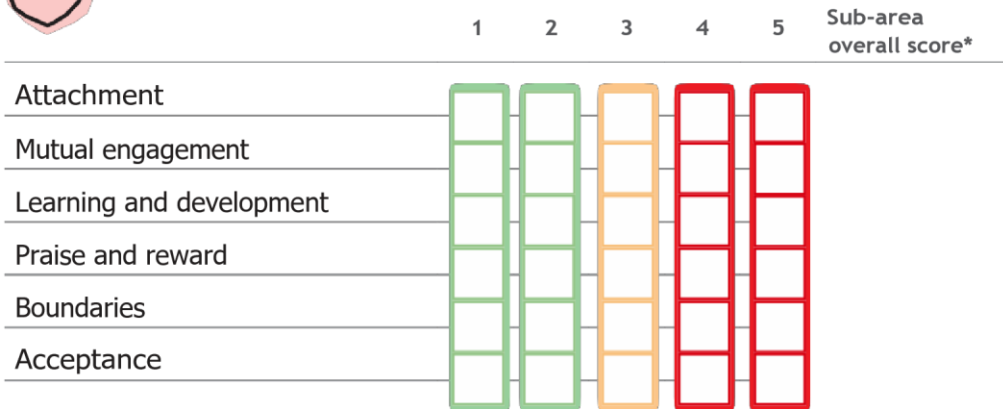
Area of physical care



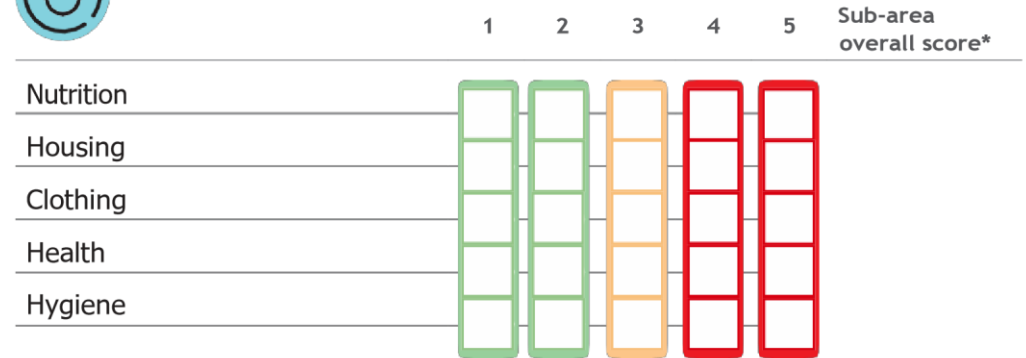
Area of care and safety



Area of love, relationships and self-esteem



Area of physical care



Area of care and safety



Area of love, relationships and self-esteem





C. Area of love, relationships and self-esteem

- No concern
- No/low concern
- Prevention/additional services required
- Child protection/social work involvement
- Child protection plan as a minimum

2c.Action plan

Name(s of carer(s):
Staff name:
Date:

Where are we been made?	What needs	Who is going	Our timescales	What progress now? to happen? to do it? change has

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