HOW
ACTION FOR CHILDREN
WORKS WITH

argyll & bute child protection committee

# Argyll & Bute Assessment & 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:

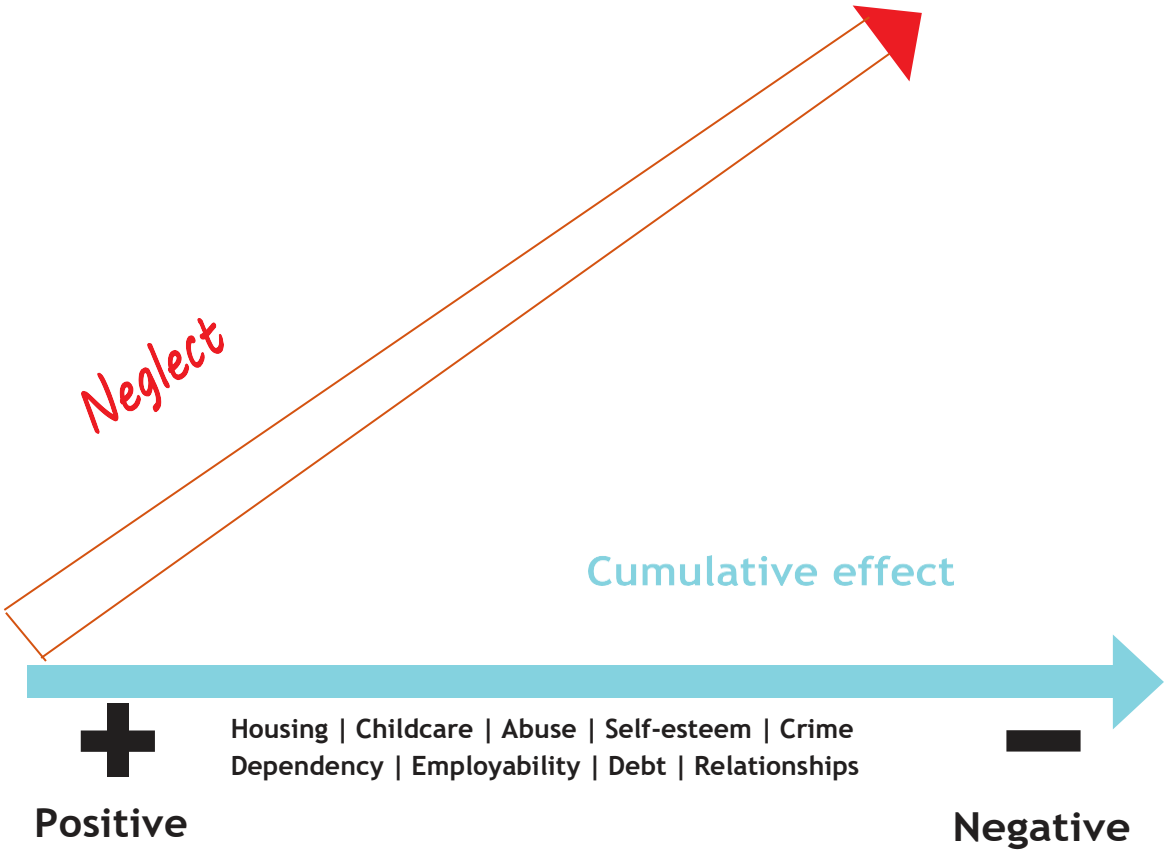
- Frequently passive.
- The intent to harm is not always present.
- It is more likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies.
- Often overlaps with other forms of maltreatment.
- Is often a revolving door where families require long-term support.
- 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)

## 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.
- Depriving physical and emotional environment in parents' own childhood.
- Experience of physical, sexual, emotional abuse in parents' own childhood.
- Health problems during pregnancy.
- Pre-term or low birth weight baby.
- Low family income.
- Low employment status.
- Single parenting.
- 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.

Research[1] 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.
- 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, self-reliant, but have poor social relationships due to isolation.
- The parent may have inappropriate expectations in relation to the child's age/development.

[1] Child Neglect: Causes and Contributors by P McKinsey Crittenden in H Dubowitz, Neglected Children: Research, Practice and Policy - Sage Publications 1999, p47 - 68.

**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.
- 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.

**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 andresponsibilities

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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HOW ACTION FOR CHILDREN WORKS

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, 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 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:

### Area of physical care

- Nutrition
- Housing
- Clothing
- Health
- Hygiene

### Area of care and safety

- Home safety
- Supervision
- Out and about

### Area of love, relationships and self-esteem

- Attachment
- Mutual engagement
- Learning and child development

**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)**
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.

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 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 evidence or leave out. Don't guess.

## Area of physical care

### 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.

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.

# Area of care and safety

(a) Home safety.

(b) Supervision.

(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.

# Area of love, relationships and self-esteem

## 1. Attachment

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

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. Notewhether 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:**

We would like to acknowledge 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.

HOW ACTION FOR CHILDREN WORKS

**Carer(s) name(s):**
**Date:**

| 1. Nutrition | 1 No concern | 2 No or low concern | 3 Preventative additional services required | 4 Child protection/social work involvement | 5 Child protection plan as a minimum |
|---|---|---|---|---|---|
| **Quality** | ○ Aware and proactive, provides quality food and drink. | ○ Aware and usually manages to provide reasonable quality food and drink. | ☐ Provision of reasonable quality food but inconsistent. | ☐ Provision of poor quality food through lack of effort. | ☐ Quality not a consideration at all. |
| **Quantity** | ○ Consistently provided to meet age and stage of development. | ○ Mostly provided to meet age and stage of development. | ☐ Adequate to variable provision. | ☐ Variable too much/ too little. Inadequate snacks/lunch for school etc | ☐ Child appears underweight/ overweight, seeking food/stealing food. |
| **Preparation** | ○ Cooked/prepared for the child's needs/ age/taste. | ☐ Usually well prepared for the family always thinking of child's needs. | ☐ Preparation infrequent, child's needs sometimes considered. | ☐ More often no preparation. If there is, child's need or taste not considered or accommodated. Inadequate facilities for preparation. | ☐ Hardly ever any preparation. Child lives on snacks/cereals, age inappropriate. |
| **Organisation** | ○ Meals well organised - seating, timing, manners with a regular routine | ○ Meals mostly well organised at regular times with good attention to hygiene. | ☐ Poorly organised, lacks routine, seating and poor attention to hygiene e.g. in food preparation, cleanliness of bottles/plates etc. | ☐ Poorly organised with no clear meal times and unhygienic practice in food preparation, cleanliness of feeding bottles, plates etc. | ☐ Chaotic with no routine - child eats when and what they can |
| **Emotional care** | ○ Mealtimes are planned, | ○ | ☐ e | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| | enjoyable, family focused, child's needs attended to. | Meal times are usually planned and family focused. | Meal times rushed, no planned eatingroutines | Meals not prepared/ inadequate. Lack of family focus. | Meals not prepared, child eats alone, child's needs not considered. |

# 1. Nutrition
## Prompt questions










### Quality

- [ ] Carer gives toddler/baby food which is inappropriate for his/her age.
- [ ] There is no use of fresh/frozen vegetables/fruit.
- [ ] There is excessive use of sugar, sweets, crisps, chips.
- [ ] Special dietary needs are not met e.g. allergies.

### Quantity

- [ ] Carer does not provide at least one prepared meal per day.
- [ ] The child appears to be extremely hungry.
- [ ] The child has been observed to eat excessively/ravenously.
- [ ] School age child is not provided with adequate lunch or dinner money.
- [ ] No portion control, too much food provided.

### Preparation

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

### 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.

## Notes

**Carer(s) name(s):**
**Date:**

| 2. Housing | 1 No [illegible]ern | 2 No or [illegible]Concern | 3 Preven[illegible]dditional services required | 4 Child pro[illegible]on/social work involvement | 5 Chil[illegible]otection plan as a minimum |
|---|---|---|---|---|---|
| **Maintenance** | ☐ Well maintained, safe, warm and clean. | ☐ Generally well maintained and safe. No known accidents to child in home. | ☐ Some repairs outstanding. Not always proactive in addressing these issues. | ☐ State of repair is inadequate and unmotivated to address issues. Conditions have resulted in an accident to a child in the home. | ☐ Dangerous disrepair which is not being addressed (e.g. exposed nails, live wires). More than one accident to child in home/garden. |
| **Décor** | ☐ Well decorated throughout home, child's tastes reflected in their bedroom. | ☐ Mostly well decorated throughout and evidence of child's needs/ preferences being considered. | ☐ Some rooms in need of plaster/decoration e.g. holes/marks on walls. | ☐ Dirty/chaotic environment e.g. dirty, sticky walls, peeling paper, marks on walls. | ☐ Squalid, bad odour, exposure to hazards within the home. |
| **Facilities** | ☐ Essential and additional amenities, good heating, shower/ bath, beds and bedding provided.<br><br>Play and Learning facilities are evident. | ☐ All essential amenities, effort to maximise benefit for the child if lacking due to practical constraints (child comes first). | ☐ Essential to bare, no effort to consider the child. | ☐ Essential to bare (e.g. inadequate bedding, lack of warmth, unclean, no working heating system, dirty toilet and bath, does not have own bed/ bedding). | ☐ Child dangerously exposed or not provided for. |

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

# 2. Housing
## Prompt questions


### Maintenance

- ☐ The outside doors are badly fitted/do not work.
- ☐ Inside doors are left unfitted and damaged.
- ☐ Windows have been left broken/uncovered.


### Décor

- ☐ The house has a bad smell.
- ☐ The furniture is broken or unhygienic.
- ☐ There is no covering on the floor.
- ☐ The bedroom window lacks curtains/blinds.
- ☐ Conditions in the carer's bedroom are very superior to those in the child's bedroom.


### Facilities

- ☐ 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.
- ☐ 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, toiletrolls, towels are unavailable/ inaccessible.

## Notes

# A. Area of physical care | Clothing

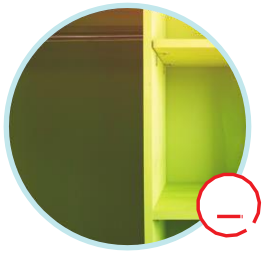
**Carer(s) name(s):**
**Date:**

| 3. Clothing | 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 |
|---|---|---|---|---|---|
| **Suitable for weather conditions** | ☐ Well protected with clothes/shoes suitable for all weathers. | ☐ Mostly well protected with appropriate clothes/shoes for the weather. | ☐ Adequate to variable weather protection. Sometimes suitably dressed but can be lacking appropriate clothing and shoes. | ☐ Inadequate weather protection, lack of warmth, hat, gloves, shoes. Overdressed in warm weather. | ☐ Clothes/shoes completely unsuitable, putting child at risk. |
| **Fitting** | ☐ Excellentt Fitting and allows comfortable movement. | ☐ Reasonable fit and well maintained | ☐ Clothing inconsistent, a little too loose or too small. | ☐ Clothes clearly too large or too small. | ☐ Totally inappropriate fit. |
| **Look** | ☐ Clean, ironed and well presented. | ☐ Some effort to restore any wear and clean. | ☐ Repair lacking, usually not quite clean. | ☐ Unwashed, dirty and crumpled. Little effort made. | ☐ Unwashed, dirty, badly worn, crumpled and smelly. |

## 3. Clothing
Prompt questions


### Insulation

- ☐ The child does not have clothes appropriate for the weather.
- ☐ The child has no waterproof coat.
- ☐ The child's shoes let in water.




### Fitting and adequacy

- ☐ The child has clothes that do not fit him/her.
- ☐ There are insufficient nappies for baby/toddler.
- ☐ The child sleeps in his/her day time clothes.
- ☐ The child lacks his/her own personal clothes.
- ☐ The child lacks enough clean clothes to allow regular changing.


### Look

- ☐ A child who soils/wets is left in dirty/wet clothes or dirty/wet bedding.
- ☐ There is no place for keeping the child's clothes together e.g. cupboard/drawers/basket/bag.
- ☐ The child lacks enough clean clothes to allow regular changing.
- ☐ 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.

## Notes

**Carer(s) name(s):**
**Date:**

| 4. Health | 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 |
|---|---|---|---|---|---|
| **Opinion sought** | ☐ Seeks medical, dental and optical care on preventative basis and for presenting issues. | ☐ Seeks advice and responds to guidance from professionals on matters of concern about child health including dental and optical care. | ☐ Inconsistently responds 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 | ☐ Delays seeking medical care until moderately severe. Dental and optical care not sought. Alternatively seeks medical care and labels for child to meet own needs. | ☐ Medical attention only sought when illness becomes critical (emergencies) or ignored. |
| **Follow up** | ☐ All appointments kept. Rearranges if problems. | ☐ Fails to bring child to occasional appointments due to doubt about their usefulness, error or due to pressing practical constraints. | ☐ Does not bring child to one in two appointments due to failure to prioritise needs of the child. | ☐ Only takes child if prompted. Doubts its usefulness even if it is of clear benefit to the child. | ☐ Fails to take child to appointments despite prompts. Reasons for non-attendance lack clarity or are misleading. |
| **Surveillance** | ☐ Up to date with immunisation and health checks unless genuine reservations. | ☐ Up to date with immunisation and health checks unless exceptional or practical problems but has plans | ☐ to address this. | ☐ Child not taken for some immunisations and health checks. Fails to prioritise but takes up if persuaded. | ☐ Omissions because of carelessness, accepts health input if accessed at home. |

| 4. Health | 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 |
|---|---|---|---|---|---|
| **Diagnosed disability/chronic illness** | ☐ Compliance excellent, (any lack is due to difference of opinion). Compassion for child's needs and ensures they are met | ☐ Any lack of compliance is due to pressing practical reason but has plans to address this. | ☐ Compliance is lacking from time to time with failure to prioritise or understand importance. Excuses made. | ☐ Compliance frequently lacking for trivial reasons, significant minimisation of child's health needs. Little empathy if at all. | ☐ Serious failure to meet child's needs. Medication/equipment not given/used appropriately. Parent/ carer misleading with information. No compassion for child's needs. |

# A. Area of physical care | Hygiene

**Carer(s) name(s):**
**Date:**

| 5. Hygiene | 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 |
|---|---|---|---|---|---|
| **Age 0-6** | ☐ Adults help child to bathe/wash and hair/teeth brushed daily. | ☐ Bathed/washed and hair/teeth brushed regularly with help from adults. | ☐ Irregular routine. Sometimes washed/ bathed and hair/ teeth brushed, sometimes not. | ☐ Occasionally washed/ bathed but seldom hair/teeth brushed. Child appears unclean. | ☐ Seldom washed/ bathed with poor oral hygiene and hair care. |
| **Age 7+** | ☐ Some independence at above tasks according to age and stage of development. Younger children always helped and supervised and older children reminded and supported. | ☐ Reminded and 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. | ☐ Supervision inconsistent and products not always available (shampoo, toothpaste etc). | ☐ Minimal supervision and support. Lack of access to toothpaste, shampoo etc. | ☐ Parental indifference/no supervision or support. |

## 4. Health
### Prompt questions

**Opinion sought**

- [ ] Carer has failed to report medical problems in the child, e.g. discharge from ears, squint, recurring diarrhoea.
- [ ] Carer appears to be unaware that the child has a need for dental treatment.
- [ ] Carer seeks medical opinion inappropriately.

**Follow up**

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

**Surveillance**

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

## Notes

# B. Area of care and safety | Home safety

Carer(s) name(s):
Date:

| a. Home safety | 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 |
|---|---|---|---|---|---|
| Awareness | ☐ Awareness of all safety issues. Pets appropriately managed with child appropriate care roles with animals. | ☐ Aware of most important safety issues. | ☐ Some awareness however only intervenes if immediate danger. | ☐ Lack of awareness to safety and risks e.g. from animals/pets. | ☐ Carer indifference/ not bothered. |
| Safety features | ☐ All safety features 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 safety features. | ☐ No safety features, 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. |

# B. Area of care and safety | Supervision

**Carer(s) name(s):**
**Date:**

**b. Supervision**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| No concern | No or low concern | Prevention/additional services required | Child protection/social work involvement | Child protection plan as a minimum |
| **Baby / pre-mobility age** | ☐ Appropriately cautious with handling and laying down, seldom unattended. | ☐ Appropriate cautious with handling and laying down, checks if unattended. | ☐ Handling careless, frequently unattended when laid down in house. | ☐ Handling unsafe, unattended even during care chores (bottle left in the mouth). | ☐ Dangerous handling, left dangerously unattended during care chores like bath. |
| **Toddler/ preschool** | ☐ Vigilant and effective measures against any perceived dangers when up and about including supervision and controls when using technology/ watching TV etc. (e.g. defined time limits). | ☐ Effective measures against any imminent danger including supervision and controls when using technology/ watching TV (e.g. defined time limits | ☐ Inconsistent reactions to potentially risky situations. Over reliance on TV /other technology to keep child occupied. | ☐ Lack of safe supervision and reliance on technology/TV. Lack of parental control | ☐ No supervision which exposes child to danger (e.g. hot iron nearby). Lack of safe supervision, and reliance on technology/ TV has exposed child to inappropriate content |
| **Age 4-10** | ☐ Close supervision indoor and outdoor including supervision/safety controls in relation to internet/social media/ TV/games. | ☐ Supervision indoors, no direct supervision outdoors if known to be at a safe place. Monitors access to internet/social media/TV/games. | ☐ Little 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. | ☐ Lack of supervision. 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 media etc. | ☐ Child is blamed for 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 of social media etc. |

# B. Area of care and safety | Supervision

**Carer(s) name(s):**
**Date:**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **b. Supervision** | **No concern** | **No or low concern** | **Prevention/additional services required** | **Child protection/social work involvement** | **Child protection plan as a minimum** |
| **Age 10-16** | ☐ Child allowed in known safe surroundings with time limits and checks. 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. |

# B. Area of care and safety | Supervision

**Carer(s) name(s):**
**Date:**

| b. Supervision | 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 |
|---|---|---|---|---|---|
| **Care responsibilities** | ☐ Child is always left in the care of a known, safe adult e.g. relative/friend. | ☐ Child left with known safe adult. On occasions may be left with trusted, familiar young person for limited periods. | ☐ As per bullet point in more frequently. | ☐ A child is often left in the care of another child or young person, or with an unsuitable, vulnerable or unknown adult. Lack of awareness of safety risks. | ☐ Parent/carer prioritises their own recreational needs, often leaving child in the care of another child or with an unsuitable, vulnerable or unknown adult. Child found wandering, child locked out. Parent unaware of child's whereabouts, welfare and not able to speak by phone with the child. |

Carer(s) name(s):
Date:

| c. Out and about | 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 |
|---|---|---|---|---|---|
| Age 0-4 | ☐ Well secured in the pram, harnesses or walking hand held with attention to child's pace. | ☐ Carer responds to surroundings e.g. crowds/traffic and holds hand or keeps close by. | ☐ Infants not secured in pram. 3 to 4-year-old expected to catch up with adult when walking. Carer distracted by mobile phone, glances back now and again if child left behind. | ☐ Babies not secured 3 to 4-year-olds left far behind when walking. Carer often distracted and compromises child safety e.g. owing to use of mobile phone. | ☐ Babies unsecured, careless with pram, 3 to 4-year-old left to wander. Carer often distracted and compromises child safety e.g. owing to use of mobile phone. Parents/carer shouts or uses unsuitable responses. |
| Age 5+ | ☐ 5 to 10-year-old escorted by carer crossing a busy road walking close together. | ☐ Child is escorted by carer crossing busy roads but older children have some independence where safe and appropriate. | ☐ 5-7 yr old can cross with an older child and simply watched. 8-9 yr old can cross alone if appropriate | ☐ Lack of guidance and supervision by carer with child allowed to cross busy roads alone. | ☐ A child crosses a busy road alone without any concern or thought. Carer fails to appreciate the danger that the child is exposed to. |

## Prompt questions

### 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.
- [ ] The home has no safety gate in regular use for a toddler.
- [ ] If fires are used there is no fire guard.
- [ ] Outside doors cannot be locked.
- [ ] Windows can easily be opened by small child.
- [ ] Dangerous substances are placed within young child's reach.
- [ ] Potentially dangerous objects are left within easy reach of young child.

## Prompt questions








### c. Supervision

**Toddler/preschool**

- ☐ The home has no safety gate in regular use for a toddler.
- ☐ If fires are used there is no fire guard.
- ☐ The child is left in an un- enclosed garden / yard.
- ☐ The child has frequent accidents inside the house or in the garden involving injuries.
- ☐ The carer does not know where a young child is within the home/ building.

**Child aged 4 to 7-years-old**

- ☐ The carer does not know where a young child is when he/she is out playing.
- ☐ The carer does not know where a young child is within the home / building.
- ☐ The child does not know where the carer is.
- ☐ The child has frequent accidents inside the house or in the garden involving injuries.

**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

# C. Area of love, relationships and self-esteem



**Carer(s) names:**
**Date:**

| | 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 |
|---|---|---|---|---|---|
| **1. Attachment** | | | | | |
| **a. Sensitivity** | ☐ Anticipates or picks up very subtle signals, verbal or non-verbal expression or mood. | ☐ Carer is responsive to child's verbal and non-verbal signals. | ☐ Inconsistent response to signals. They have to be intense to make an impact. | ☐ Quite insensitive, with carer's emotional difficulties dominating. Child has to repeat signals to gain response. | ☐ Failure to respond to sustained, intense signals from child. Carer indifferent to child. |
| **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 signal from the child, both emotionally (warmth) and materially (food, nappy change). | Mostly warm. Emotional responses usually warm and reassuring. | Child exposed to carer's inconsistent responses (due to parent/carer having other priorities/ low mood etc). | ☐ Emotional response flat and functional, lacks warmth, annoyance if child in moderate distress but attentive if in severe distress. | No emotional attachment. Punitive response even if child in distress. Lacks warmth. Child indiscriminately affectionate to strangers. |

# C. Area of love, relationships and self-esteem



**Carer(s) names:**
**Date:**

| 2. Mutual engagement | 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. Interaction | ☐ Carer frequently initiates interaction with child and shows enjoyment. | ☐ Parent/carer usually happy to engage with child. | ☐ Interaction mainly led by child, sometimes by parent/ carer. Can be distracted or unavailable by use of mobile phone or similar. | ☐ Carer seldom initiates interaction. Child seeking engagement with parent/carer. | ☐ Child appears resigned, apprehensive or wary. Alternatively, child constantly seeks parent/ carer contact. |
| b. Quality | ☐ Frequent pleasure in engagement, mutual enjoyment. | ☐ Quite often and both enjoy equally. | ☐ Less often engaged for pleasure, child enjoys more, carer passively participates getting some enjoyment at times. | ☐ Engagement mainly functional, indifferent when child attempts to engage. Carer shows little enjoyment. | ☐ Carer does not engage and shows no awareness of how to engage with child. Child resigned or plays on own. |

# 1.Attachment

## Prompt questions


### a. Sensitivity

- [ ] Carer response to child's immediate need or behaviour is insensitive/inconsistent.
- [ ] Carer does not check spiteful play with siblings/pets.
- [ ] Carer expects child to look after him/herself inappropriately.


### b. Emotional response

- [ ] Carer does not comfort child when distressed.
- [ ] Child is provocative with carer to elicit boundary/control setting.


### 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

- [ ] 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.

### b. Quality

- [ ] Carer does not comfort child when distressed.
- [ ] Carer does not control child when control is needed.
- [ ] Child is indiscriminately affectionate to stranger.

## Notes

# 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** | ☐ Ample and appropriate stimulation (talking, touching, looking), toys, plenty of equipment. | ☐ Enough and appropriate intuitive stimulation but less showy toys, gadgets, outings and celebrations. | ☐ Inadequate and inappropriate, baby left alone while carer pursues own recreation, inconsistent interaction with baby. | ☐ Baby left alone while carer pursuing own pleasure unless prompted by baby's demands. | ☐ Absent, event mobility restricted (confined in chair/pram) for carer's convenience. Angry with baby's demands. |
| **b. Age 2-5** | ☐ **Stimuli:** interactive stimuli, talking to and playing with, reading stories, varied topics and conversation.<br><br>**Toys and gadgets:** sports equipment available and used frequently.<br><br>**Outings:** taking child out for recreational purposes to child-centred places.<br><br>**Celebrations:** events and occasions celebrated as significant days in family life. | ☐ **Stimuli:** sufficient and satisfactory stimuli.<br><br>**Toys and gadgets:** provides toys as necessary and improvises.<br><br>**Outings:** some visits to child-centred places.<br><br>**Celebrations:** some events and occasions well celebrated. | ☐ **Stimuli:** variable and adequate stimuli, carer needs encouragement to meet child's development needs.<br><br>**Toys and gadgets:** limited toys, those required by school or nursery, no effort to improvise.<br><br>**Outings:** takes child to non-child friendly places.<br><br>**Celebrations:** mainly seasonal and low-key personal celebrations. | ☐ **Stimuli:** deficient stimuli.<br><br>**Toys and gadgets:** lacking on essential toys, not encouraged to care for toys.<br><br>**Outings:** child plays locally without observation, goes with adult wherever adult goes.<br><br>**Celebrations:** seasonal but no personal celebrations. | ☐ **Stimuli:** no stimuli.<br><br>**Toys and gadgets:** no toys unless provided by other sources e.g. from grants, friends, relatives.<br><br>**Outings:** no outings for child. Child may play with other children outside while adult engaged in adult social activities e.g. pub.<br><br>**Celebrations:** no seasonal or personal celebrations. |

# C. Area of love, relationships and self-esteem

**Carer(s) names:**
**Date:**

| 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. Aged 5+ | ☐ **Education:** active interest in schooling and support at home, attendance regular.<br><br>**Sports and leisure:** well organised outside school hours, e.g. swimming, Scouts.<br><br>**Peer interaction:** facilitated and approved.<br><br>**Games and access to information:** well provided for, including access to a computer with safety controls. | ☐ **Education:** active interest in schooling, support at home when free of essential chores.<br><br>**Sports and leisure:** all affordable support.<br><br>**Peer interaction:** facilitated on occasions.<br><br>**Games and access to information:** mostly well provided with safety controls. | ☐ **Education:** maintains schooling but little support at home even if has spare time.<br><br>**Sports and leisure:** not proactive in finding out but avails opportunities if offered.<br><br>**Peer interaction:** support available through friendships.<br><br>**Games and access to information:** under provided or little supervision/control in place. | ☐ **Education:** child makes all the effort, carer not bothered.<br><br>**Sports and leisure:** child makes all the effort, carer not bothered.<br><br>**Peer interaction:** child finds own friendships, no help from carer unless reported to be bullied.<br><br>**Games and access to information:** poorly provided and lack of safety controls/ supervision. | ☐ **Education:** not bothered or can even be discouraging for other gains.<br><br>**Sports and leisure:** not bothered even if child is involved in unsafe activities.<br><br>**Peer interaction:** carer indifference, lacks motivation.<br><br>**Games and access to information:** carer indifference. |

# C. Area of love, relationships and self-esteem

Carer(s) names:
Date:

| 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 |
|---|---|---|---|---|---|
| d. Praise and reward | ☐ Talks about the child with delight/praises without being asked, generous emotional reward for any achievement. | ☐ Usually talks warmly about the child when asked, generous praise and emotional reward but reserved for major achievements. | ☐ Doesn't initiate praise of child, but agrees with others. Often countered by criticism. | ☐ Indifferent if child praised by others, parent/carer struggles to find positives. Indifferent to child's achievement. | ☐ Negates if the child is praised, achievements not acknowledged, reprimand or ridicule is the only reward if at all, low warmth, high criticism. |
| e. Boundaries | ☐ Age appropriate and consistent rules in place. Child is aware of the limits. | ☐ Mostly consistent in implementing rules. Child is aware of the rules. | ☐ Inconsistent boundaries 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. | ☐ Inconsistent, shouts/ harsh verbal, moderate physical or severe other sanctions. Carers frequently argue in front of the children. | ☐ Failure to implement any boundaries. Severe physical or other cruel sanctions. Carers violent in front of the children. |
| f. Acceptance | ☐ Unconditional acceptance. Always warm and supportive even if child is failing. | ☐ Unconditional acceptance even if temporarily upset by child's behavioural demands. | ☐ Annoyance at child's failure, behavioural demands less well tolerated. | ☐ Unsupportive to rejecting if child is failing or if behavioural demands are high. Failure to address child's difficulties. | ☐ Indifferent if child is 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.
- [ ] Child turns up late for school/ nursery.
- [ ] Carer fails to respond to school liaison requests.
- [ ] Carer does not return school diary/notes relevant to the child's welfare.
- [ ] Carer does not provide child based family routines e.g. appropriate for schooling.
- [ ] Carer does not provide books/toys for child.

### d. Praise and Reward

- [ ] Carer does not show pride in child's achievement.
- [ ] Child does not seek praise from carer.

### e. Boundaries

- [ ] Carer is involved in violence with partner/other adult in front of child.
- [ ] Carer frequently quarrels with partner/ adult in front of child.
- [ ] Carer has made suicidal threats in front of child.
- [ ] Carer has attempted suicide in the presence of the child.
- [ ] Carer has threatened to leave the child.

## Notes

# 2c. Traffic light score sheet

## Area ofphysical care

| | 1 | 2 | 3 | 4 | 5 | Sub-area overall score* |
|---|---|---|---|---|---|---|
| Nutrition | | | | | | |
| Housing | | | | | | |
| Clothing | | | | | | |
| Health | | | | | | |
| Hygiene | | | | | | |

## Area of physical care

| | 1 | 2 | 3 | 4 | 5 | Sub-area overall score* |
|---|---|---|---|---|---|---|
| Nutrition | | | | | | |
| Housing | | | | | | |
| Clothing | | | | | | |
| Health | | | | | | |
| Hygiene | | | | | | |

## Area of care and safety

| | 1 | 2 | 3 | 4 | 5 | Sub-area overall score* |
|---|---|---|---|---|---|---|
| Home safety | | | | | | |
| Supervision | | | | | | |
| Out and about | | | | | | |

## Area of care and safety

| | 1 | 2 | 3 | 4 | 5 | Sub-area overall score* |
|---|---|---|---|---|---|---|
| Awareness and safety features | | | | | | |
| Practice and supervision | | | | | | |
| Traffic | | | | | | |

## Area of love, relationships and self-esteem

| | 1 | 2 | 3 | 4 | 5 | Sub-area overall score* |
|---|---|---|---|---|---|---|
| Attachment | | | | | | |
| Mutual engagement | | | | | | |
| Learning and development | | | | | | |
| Praise and reward | | | | | | |
| Boundaries | | | | | | |
| Acceptance | | | | | | |

## Area of love, relationships and self-esteem

| | 1 | 2 | 3 | 4 | 5 | Sub-area overall score* |
|---|---|---|---|---|---|---|
| Attachment | | | | | | |
| Mutual engagement | | | | | | |
| Learning and development | | | | | | |
| Praise and reward | | | | | | |
| Boundaries | | | | | | |
| Acceptance | | | | | | |

1 No concern 2 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 now? | What needs to happen? | Who is going to do it? | Our timescales change | What progress has been made? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |