



Oldham
Partnership



**Working
with neglect:**
Practice toolkit



Section one:

Background information

1a: Introduction and toolkit summary

1b: What we know about neglect

Section 1a

Introduction and toolkit summary



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 own early experience. This should form the basis for any assessment undertaken.

This toolkit is for practitioners to use with parents/carers. Section 1a provides guidance for how to use the assessment tool.

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

- ▶ Identify early, children whose developmental needs are being insufficiently met 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
- ▶ Engage parents in looking at their parenting using pictures and descriptions that help discussion and provide an opportunity for working together and 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 care services, health, education and other agencies

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.



Section 1b

What we know about neglect

Neglect is the most prevalent form of child maltreatment in the UK¹. 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 their 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

Working Together to Safeguard Children, 2013, defines neglect as the persistent 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 inadequate care-givers); or
- ▶ ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs²

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:

- i. frequently passive
- ii. the intent to harm is not always present
- iii. it is more likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies
- iv. overlaps often with other forms of maltreatment
- v. is often a revolving door syndrome where families require long term support
- vi. lacks clarification between professionals on the agreed threshold for intervention.

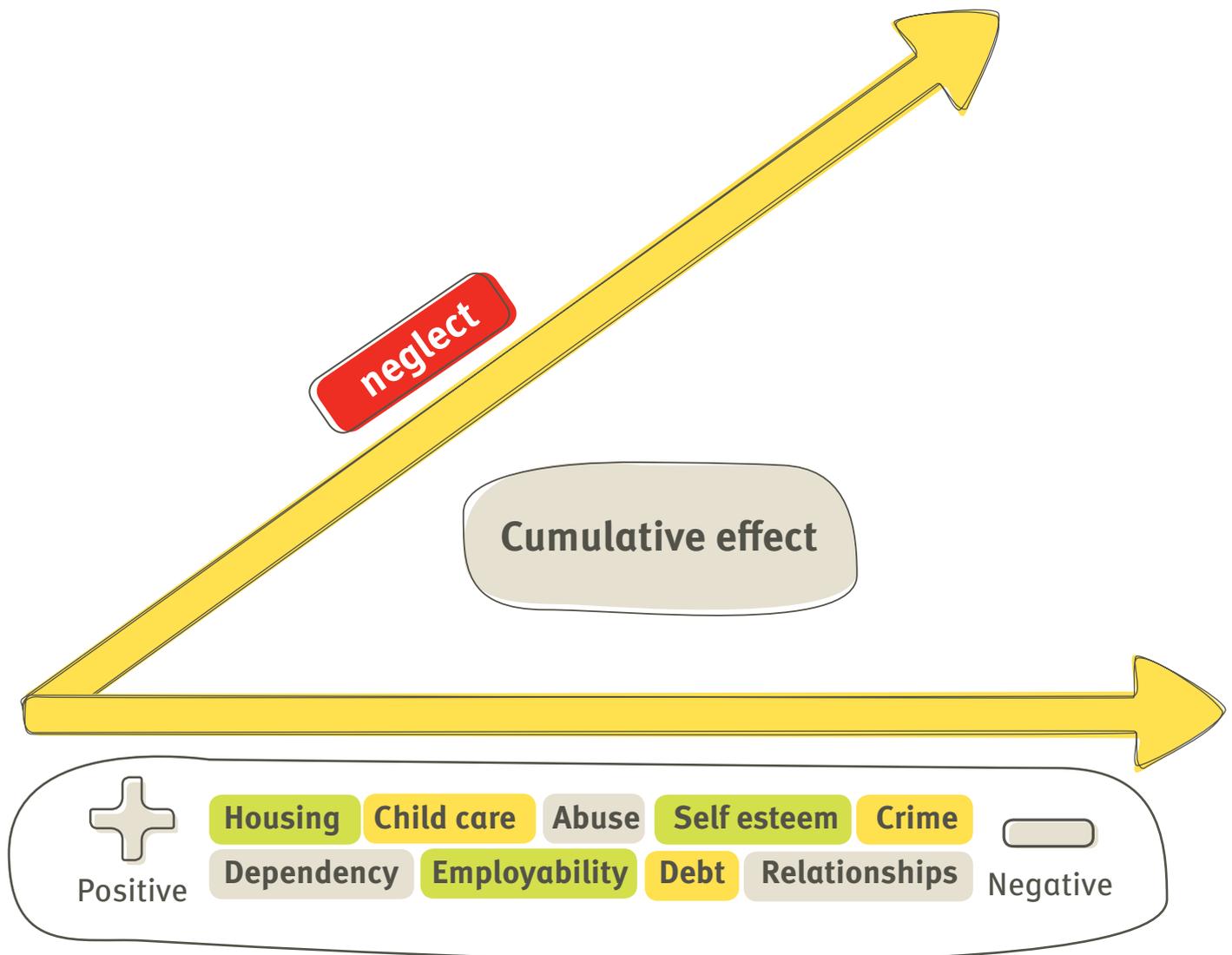
Therefore the way in which we define neglect can determine how we respond to it.

1. 10% of children are neglected or psychologically abused: Ruth Gilbert, Cathy Spatz Widom, Kevin Browne, David Fergusson, Elspeth Webb, Staffan Janson (The Lancet, Child Maltreatment Series, articles 1-3, published December 2008 and January 2009)

2. Working Together to Safeguard Children, HM Government, 2013, p.86)

2. Factors which contribute to neglect

- i. Family violence, modelling of inappropriate behaviour
- ii. Multiple co-habitation and change of partner
- iii. Alcohol and substance abuse
- iv. Maternal low self-esteem and self-confidence
- v. Poor parental level of education and cognitive ability
- vi. Parental personality characteristics inhibiting good parenting
- vii. Social and emotional immaturity
- viii. Poor experience of caring behaviour in parents own childhood
- ix. Depriving physical and emotional environment in parents own childhood
- x. Experience of physical, sexual, emotional abuse in parents own childhood
- xi. Health problems during pregnancy
- xii. Pre-term or low birth weight baby
- xiii. Low family income
- xiv. Low employment status
- xv. Single parenting
- xvi. 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.

Research³ 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/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.

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 - 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 - 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/Impact:

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

Management:

- ▶ children benefit from access to stimulation, responsive alternative environments eg. 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 and where appropriate
- ▶ to take the lead responsibility for co-ordinating the assessment and multi-agency meetings

The assessment tool will provide 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 practitioner to keep the focus on the child.

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



Section two:

Responding to the need

2a: Assessment tool practice guidance

2b: Assessment tool record sheet

2c: Assessment tool blank forms

Section 2a

Assessment tool practice guidance

The aim of this guidance is to establish a common standard of care that is given to children by parents/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 and some sub-areas 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 score for the assessed area to focus practitioners activity.

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

The record sheet (See section 2b)

The toolkit covers the following indicators of neglect:



Area of physical care

- ▶ Nutrition
- ▶ Housing
- ▶ Clothing
- ▶ Health
- ▶ Hygiene



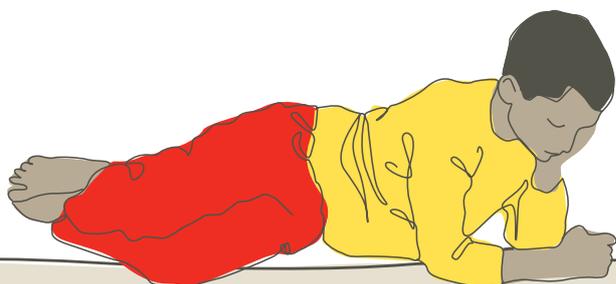
Area of care & safety

- ▶ Awareness and Safety features
- ▶ Practice and Supervision
- ▶ Traffic



Area of love, relationships & self-esteem

- ▶ Carer Behaviour
- ▶ Mutual Engagement
- ▶ Stimulation and Self-esteem



1. **Family name:** Fill in the clients name and the date of assessment at the top of the Record Sheet.

2. **Family name/ the main carer:** the person to whom these observations relate (one or both parents as the case may be, substitute carer or each parent separately if need be):

- ▶ One or both parents
- ▶ Substitute carer
- ▶ Each parent separately

Make note of it in the appropriate place at the top right corner of the Record Sheet.

3. **Methods:** The first session with the family should include a friendly explanation of the assessment toolkit .

Lists of prompts are available with the tool and should be referred to during the visit. It can be used where there is already enough information on the elements or sub-areas to enable scoring. It is vital to include the voice of the child within the assessment.

For pre- birth assessments, use the tool to gather known information and work through areas with parent(s) /carers(s) discussing how they would provide for and respond to the needs of their child, once born.

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 – 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 which can affect interaction temporarily without necessarily upsetting steady state e.g. bereavement, recent loss of job, and illness in parents. It may be necessary to revisit and score at another time.
- d) If the practitioner feels like they are being deliberately misled choose grade 5 otherwise score as if it is not true

Obtaining information on different items in sub-areas



Area of physical care

1. **Nutritional**

(a) **quality**

(b) **quantity**

(c) **preparation and**

(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 carers' knowledge about nutrition, and the carers' 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 honesty. Observation at a meal time in the natural setting (without special preparation) is particularly useful. Score on amount offered, and the carers 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 them him/herself. Discount if the repair or decoration is done by welfare agencies or landlord.

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) prevention

(d) disability

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

Sought information from other professionals with knowledge of child health, check about immunisation and surveillance uptake, and reasons for non-attendance if any, see if 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 sympathetic with carer if the child has a disability or chronic illness. Remain objective.

5. Hygiene

Refer to age band



Area of care & safety

(a) awareness and safety features

(b) practice and supervision

(c) traffic

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 & self-esteem

1. Carer Behaviour

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 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 reaching out to touch while feeding or stop feeding to look and smile at the carer. Skip this part if child is known to have behavioural problems as it may become unreliable.

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

3. Stimulation and Self-esteem

Observe or enquire how the child is encouraged to learn. Examples with infants (0-2 years) include: stimulating verbal interaction, interactive play, nursery rhymes or joint story reading, learning social rules, providing developmentally stimulating equipment. If lacking, try to note if it was due to carer being occupied by other essential chores. The four elements (i, ii, iii and iv) in age bands 2-5 years and 5 years are complimentary. A score in one of the elements could suffice. If more elements are scored, use which ever column describes the case best. In the event of a tie, choose the higher score.

Approval

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).

Disapproval

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

Acceptance

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

5. Scoring

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 below to obtain the overall score for the sub -area.

6. Obtaining a score for a sub-area from 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 child's welfare while being objective. Being able to target such elements or areas is an advantage with this scale.

7. Transferring the score onto the record sheet

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

8. 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. See blank form 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.

9. Measuring

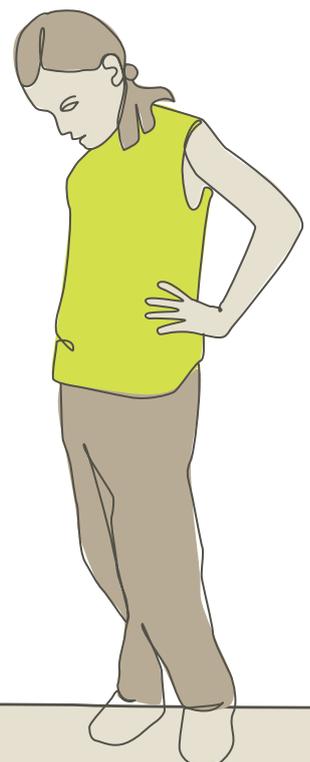
The Assessment Tool for Neglect should be used bench mark change, progress and deterioration.

10. Action Plan

The action plan(2c) is the working tool that arises from assessment and will inform the Children'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 time- scales for change.

11. Acknowledgements

We would like to acknowledge the work of Dr O P Srivastava, Consultant Community Paediatrician, and Luton Child Development Centre who developed the original Graded Care Profile.



Section 2b

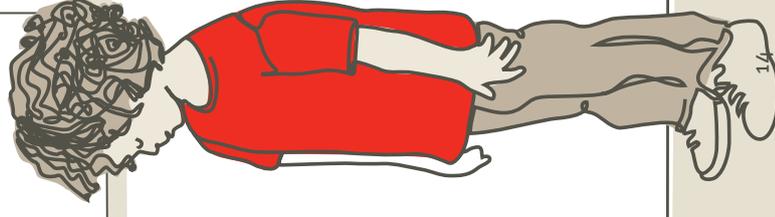
Assessment tool record sheet



Family name:

Main carer:

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.

Section 2b. Assessment tool record sheet © Action for Children 2012.

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A. Area of physical care

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
1. Nutrition					
a. Quality	Aware and proactive, provides quality food and drink <input type="checkbox"/>	Aware and usually manages to provide reasonable quality food and drink <input type="checkbox"/>	Provision of reasonable quality food but inconsistent <input type="checkbox"/>	Provision of poor quality food through lack of effort <input type="checkbox"/>	Quality not a consideration at all <input type="checkbox"/>
b. Quantity	Ample <input type="checkbox"/>	Mostly adequate <input type="checkbox"/>	Adequate to variable <input type="checkbox"/>	Variable to low <input type="checkbox"/>	Mostly low or starved <input type="checkbox"/>
c. Preparation	Cooked/ prepared for the child's needs/ age/ taste <input type="checkbox"/>	Mostly well prepared for the family usually thinking of child's needs <input type="checkbox"/>	Preparation infrequent and mainly for the adults, child sometimes thought about <input type="checkbox"/>	More often no preparation. If there is, child's need or taste not considered or accommodated. Inadequate facilities for preparation <input type="checkbox"/>	Hardly ever any preparation. Child lives on snacks/cereals, age inappropriate <input type="checkbox"/>
d. Organisation	Meals well organised – seating, timing, manners, with a regular routine <input type="checkbox"/>	Meals mostly well organised- regular timing of meals and clean bottles <input type="checkbox"/>	Poorly organised, lacks routine, improper seating, dirty bottles <input type="checkbox"/>	Ill-organised, no clear meal time, unhygienic feeding equipment <input type="checkbox"/>	Chaotic - eat when and what one can <input type="checkbox"/>
e. Emotional care	Meal times are planned, enjoyable, family focused, child's needs attended to <input type="checkbox"/>	Time usually allocated for meals, child aware of routine <input type="checkbox"/>	Meal times rushed, no planned eating routines <input type="checkbox"/>	Child's needs not considered, school lunch boxes not prepared/ inadequate <input type="checkbox"/>	Children appear underweight, seeking food/ stealing <input type="checkbox"/>



A. Area of physical care

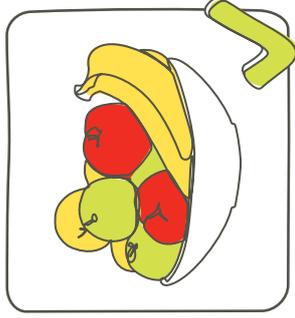
Family name:

Date:

Main carer:

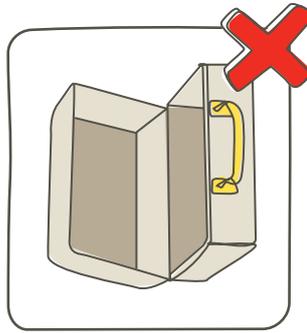
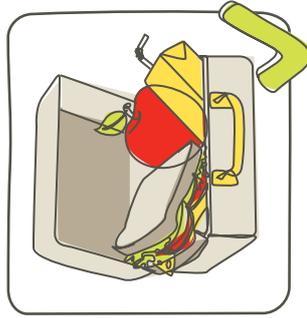


1. Nutrition: Prompt questions



a. Quality

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



b. Quantity

- Carer does not provide at least one prepared meal per day, including school meals.
- 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.



A. Area of physical care

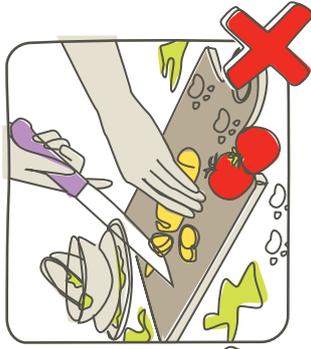
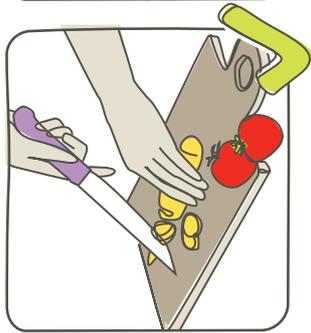
Family name:

Date:

Main carer:



1. Nutrition: Prompt questions



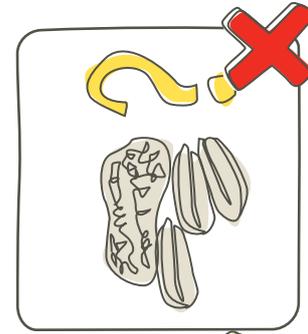
c. Preparation

- 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.



d. Organisation

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



e. Emotional care

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



A. Area of physical care

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
2. Housing					
a. Maintenance	Well maintained, safe, warm and clean <input type="checkbox"/>	State of repair adequate. Family address maintenance issues, no known accident to child in home <input type="checkbox"/>	No reported incidents in home and some repairs outstanding <input type="checkbox"/>	In disrepair, amenable to self repair but family unmotivated. More than one accident to child in home <input type="checkbox"/>	Dangerous disrepair, amenable to self repair (exposed nails, live wires) More than one accident to child in home <input type="checkbox"/>
b. Décor	Excellent, child's taste/ needs specially catered for/are considered <input type="checkbox"/>	Good, child's taste/ needs considered <input type="checkbox"/>	In need of decoration but reasonably clean and organised <input type="checkbox"/>	Dirty/chaotic environment, exposure to hazards within the home <input type="checkbox"/>	Squalid, bad odour, exposure to hazards within the home <input type="checkbox"/>
c. Facilities	Essential and additional amenities, good heating, shower and bath, play and learning facilities are evident <input type="checkbox"/>	All essential amenities, effort to maximise benefit for the child if lacking due to practical constraints (child comes first) <input type="checkbox"/>	Essential to bare, no effort to consider the child <input type="checkbox"/>	Essential to bare, inadequate bedding, lack of warmth, unclean, no heating system which works, dirty toilet and bath, does not have own bed <input type="checkbox"/>	Child dangerously exposed or not provided for <input type="checkbox"/>
<p>NOTE: Discount any direct external influences like repair done by another agency but count if the carer has spent a loan or a grant on the house or had made any other personal effort towards house improvement</p>					



A. Area of physical care

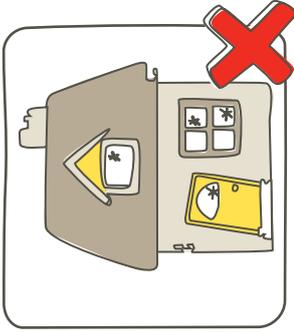
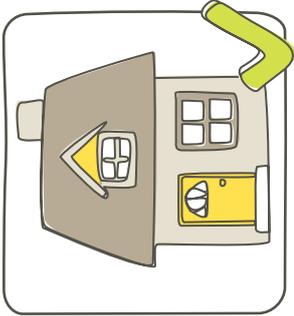
Family name:

Date:

Main carer:

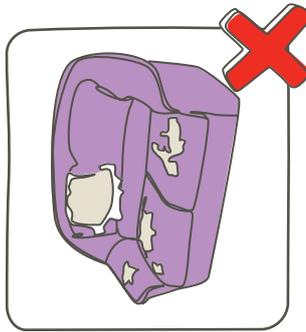
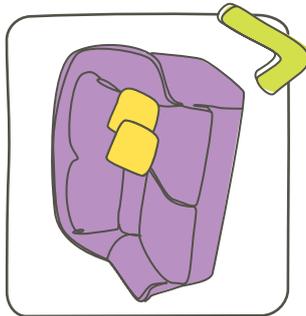


2. Housing: Prompt questions



a. Maintenance

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



b. 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.



A. Area of physical care

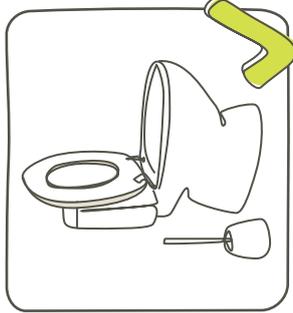
Family name:

Date:

Main carer:



2. Housing: Prompt questions



c. 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 heating system which works.
- The child has inadequate bedding (eg. insufficient, dirty, stained and/or wet.)
- Clean, working fridge
- Toothpaste, soap, toilet rolls, towels available/accessible.



A. Area of physical care

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
3. Clothing					
a. Insulation	Well protected with high quality clothes <input type="checkbox"/>	Mostly well protected with appropriate garments to the weather <input type="checkbox"/>	Adequate to variable weather protection <input type="checkbox"/>	Inadequate weather protection, lack of warmth, hat, gloves, shoes <input type="checkbox"/>	Dangerously exposed <input type="checkbox"/>
b. Fitting	Excellent fitting and comfortable <input type="checkbox"/>	Reasonable fit and well maintained/ even if cheaper/handed down <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"/>	Grossly improper fitting <input type="checkbox"/>
c. Look age 0-5	Newish, clean, ironed <input type="checkbox"/>	Some effort to restore any wear, clean and ironed <input type="checkbox"/>	Repair lacking, usually not quite clean or ironed <input type="checkbox"/>	Worn, somewhat dirty and crumpled <input type="checkbox"/>	Dirty, badly worn and crumpled, smelly <input type="checkbox"/>
d. Look age 5+	Newish, clean, ironed <input type="checkbox"/>	Some effort to restore any wear, clean and ironed <input type="checkbox"/>	Repair lacking, usually not quite clean or ironed <input type="checkbox"/>	Worn, somewhat dirty and crumpled <input type="checkbox"/>	Dirty, badly worn and crumpled, smelly <input type="checkbox"/>



A. Area of physical care

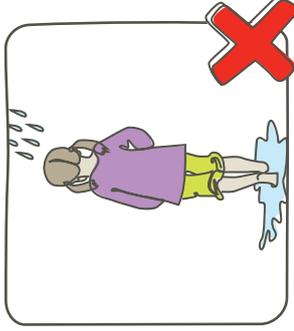
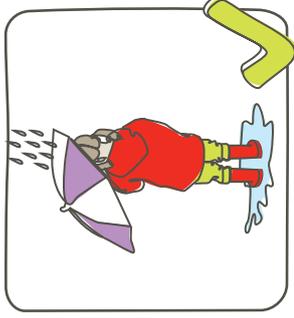
Family name:

Date:

Main carer:

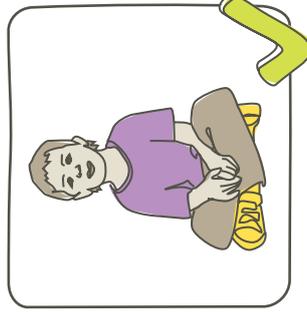


3. Clothing: Prompt questions



a. Insulation

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



b. Fitting and adequacy

- The child has clothes that do not fit him/her.
- There are insufficient nappies for baby/toddler.
- The child routinely 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.



A. Area of physical care

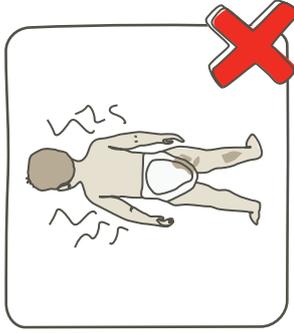
Family name:

Date:

Main carer:

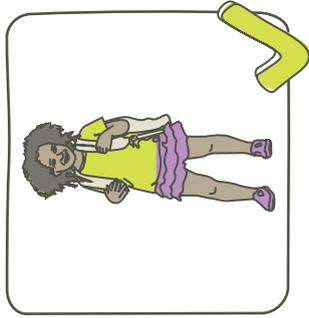


3. Clothing: Prompt questions



c. Look - age 0-5 years

- 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.



d. Look - age 5+ years

- 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.



A. Area of physical care

Family name:

Date:

Main carer:

4. Health	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
a. Opinion Sought	Not only on illnesses but also other genuine health matters. Preventative, including dental and optical care <input type="checkbox"/>	From professionals/ experienced adults on matters of genuine and immediate concern about child health <input type="checkbox"/>	On illness of any severity. Often frequent unnecessary consultation and/or medication <input type="checkbox"/>	When illness becomes moderately severe (delayed), dental care and optical care not attended to <input type="checkbox"/>	When illness becomes critical (emergencies) or ignored <input type="checkbox"/>
b. Follow Up	All appointments kept. Rearranges if problems <input type="checkbox"/>	Fails one in two appointments due to doubt about their usefulness or due to pressing practical constraints <input type="checkbox"/>	Fails one in two appointments even if of clear benefit for reasons of personal inconvenience <input type="checkbox"/>	Attends after prompting. Doubts its usefulness even if it is of clear benefit to the child <input type="checkbox"/>	Fails a needed follow up despite reminders. Misleading explanations for not attending <input type="checkbox"/>
c. Prevention	Up to date with immunisation unless genuine reservations <input type="checkbox"/>	Up to date with immunisation unless exceptional or practical problems and plans to address this <input type="checkbox"/>	Omission for reasons of personal inconvenience, takes up if persuaded <input type="checkbox"/>	Omissions because of carelessness, accepts health input if accessed at home <input type="checkbox"/>	Clear disregard of child's welfare, no access home visits, child not seen <input type="checkbox"/>
d. Disability/chronic illness (3mths after diagnosis)/illness	Compliance excellent, (any lack is due to difference of opinion) Compassion for child's needs <input type="checkbox"/>	Any lack of compliance is due to pressing practical reason <input type="checkbox"/>	Compliance is lacking from time to time for no pressing reason (excuses) <input type="checkbox"/>	Compliance frequently lacking for trivial reasons, significant minimisation of child's health needs. Little affection, if at all. <input type="checkbox"/>	Serious compliance failure, medication not given for no reasons, carer misleading with information (inexplicable Deterioration) No compassion for child's needs <input type="checkbox"/>



A. Area of physical care

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
5. Hygiene					
Hygiene a. Age 0-4	Cleaned, bathed and hair brushed daily <input type="checkbox"/>	Cleaned, bathed and hair brushed regularly, almost daily <input type="checkbox"/>	Irregular, no routine. Sometimes bathed and hair brushed. <input type="checkbox"/>	Occasionally bathed but seldom hair brushed <input type="checkbox"/>	Seldom bathed or clean <input type="checkbox"/>
Hygiene b. Age 5-7	Some independence at above tasks but always helped and supervised <input type="checkbox"/>	Usually reminded and products provided for, mostly watched and helped if needed <input type="checkbox"/>	Irregularly reminded, products provided sometimes watched. <input type="checkbox"/>	Reminded only now and then, minimum supervision <input type="checkbox"/>	Parental indifference/no supervision <input type="checkbox"/>
Hygiene c. Age 7+	Reminded followed, helped regularly <input type="checkbox"/>	Mostly reminded and encouraged if lapses <input type="checkbox"/>	Irregularly reminded, and products not consistently provided <input type="checkbox"/>	Left to their own initiatives. Provision minimum and inconsistent <input type="checkbox"/>	Parental indifference/no supervision <input type="checkbox"/>



A. Area of physical care

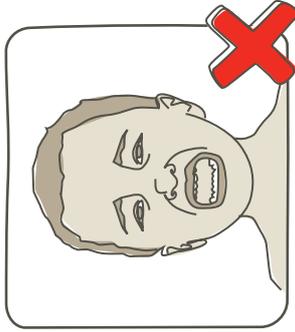
Family name: _____

Date: _____

Main carer: _____

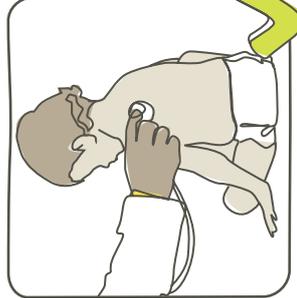


4. Health: Prompt questions



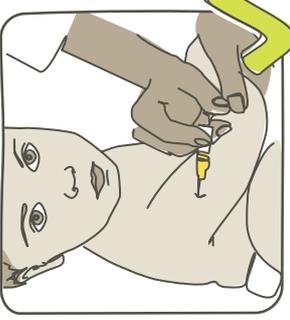
a. Opinion sought

- 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.



b. Follow up

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



c. Prevention

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





B. Area of care & safety

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
a. Awareness & safety features					
Awareness	Awareness of all safety issues. Pets appropriately managed with child appropriate care roles with animals <input type="checkbox"/>	Some inconsistency in managing safety issues <input type="checkbox"/>	Poor awareness and perception except for immediate danger <input type="checkbox"/>	Oblivious to safety risks, dangerous animals/pets present <input type="checkbox"/>	Parental indifference/not bothered <input type="checkbox"/>
Safety Features	Abundant features, gate, guards, medicines out of reach, electrical safety devices, intercom to listen to the baby, safety within garden <input type="checkbox"/>	Essential features, secure doors, windows and any heavy furniture item, safe gas and electrical appliances, drugs and toxic chemicals out of reach, smoke alarm <input type="checkbox"/>	Lacking in essential features, very little improvisation or DIY (done too casually to be effective) <input type="checkbox"/>	No safety features. Some possible hazard due to disrepair (tripping hazard due to littered floor, unsteady heavy fixtures, unsafe appliances) <input type="checkbox"/>	Definite hazard due to disrepair - exposed electric wires and sockets, unsafe windows (broken glass), dangerous medicines carelessly lying around <input type="checkbox"/>



B. Area of care & safety

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
b. Practice & Supervision					
Practice baby / pre-mobility age	Very cautious with handling and laying down, seldom unattended <input type="checkbox"/>	Cautious while handling and laying down, checks if unattended <input type="checkbox"/>	Handling careless, frequently unattended when laid down in house. <input type="checkbox"/>	Handling unsafe, unattended even during care chores (bottle left in the mouth) <input type="checkbox"/>	Dangerous handling, left dangerously unattended, during care chores like bath <input type="checkbox"/>
Toddler/preschool	Vigilance and effective measures against any perceived dangers when up and about <input type="checkbox"/>	Effective measures against any imminent danger <input type="checkbox"/>	Inconsistent measures taken against imminent danger <input type="checkbox"/>	Ineffective measures if at all, improvement from mishaps soon lapses <input type="checkbox"/>	Inadvertently exposes to dangers (dangerously hot iron near by) <input type="checkbox"/>
4 – 7 years	Close supervision indoor and outdoor <input type="checkbox"/>	Supervision indoors, no direct supervision outdoor if known to be at a safe place <input type="checkbox"/>	Little supervision indoors or outdoors. Acts if noticeable danger. <input type="checkbox"/>	No supervision. Intervenes after mishaps which soon lapses again <input type="checkbox"/>	Minor mishaps ignored or the child is blamed, intervenes casually after major mishaps <input type="checkbox"/>
8 – 16 years	Allows out in known safe surroundings with time limits and checks <input type="checkbox"/>	Allows out in unfamiliar surroundings if thought to be safe with time limits <input type="checkbox"/>	Not always aware of whereabouts outdoors believing it is safe as long as returns in time <input type="checkbox"/>	Not bothered about daytime outings, concerned about late nights in case of child younger than 13 <input type="checkbox"/>	Not bothered despite knowledge of dangers outdoors,-railway lines, ponds, unsafe building or staying away until late <input type="checkbox"/>



B. Area of care & safety

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
b. Practice & Supervision					
Supervision	Child is left in care of a vetted adult, never in sole care of an under 16. Parent/child always aware of each others whereabouts	A young child is left with a young person under 16 or an unsuitable adult (not someone posing any known or suspected risk to children but might include an adult with mental illness or learning disabilities) who is familiar to the child for no longer than as necessary, as an isolated incident	As 2 but more frequently	A child is often left in the care of another child or young person, or an unsuitable or unknown adult	For recreational reason a o-7 year old is left alone or in a company of a relatively older but less than 8 year old child or an unsuitable person. Child found wandering. Child locked out. Parent unaware of child's whereabouts, welfare and not able to speak by phone with child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B. Area of care & safety

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
c. Traffic					
Aged 0-4	Well secured in the pram, harnesses or walking hand clutched with child's pace <input type="checkbox"/>	3-4 years old allowed to walk but close by, always in vision, hand clutched if necessary i.e., crowd <input type="checkbox"/>	Infants not secured in pram. 3-4 year old expected to catch up with adult when walking, glance back now and again if left behind <input type="checkbox"/>	Babies not secured, 3-4 year olds left far behind when walking or dragged with irritation <input type="checkbox"/>	Babies unsecured, careless with pram, 3-4 year old left to wander and dragged along in frustration when found <input type="checkbox"/>
Age 5 and above	5-10 year old escorted by adult crossing a busy road walking close together <input type="checkbox"/>	5-7 year old allowed to cross road with a 13+ child; 8-9 allowed to cross alone <input type="checkbox"/>	5-7 year olds allowed to cross with an older child (but below 13), 8-9 crosses busy road alone <input type="checkbox"/>	5-7 year old allowed to cross a busy road alone <input type="checkbox"/>	A child aged 7 crosses a busy road alone without any concern or thought <input type="checkbox"/>



B. Area of care & safety

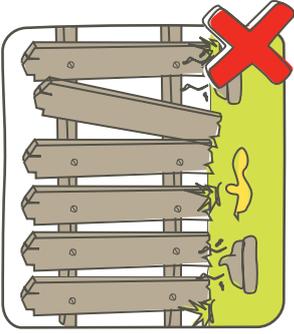
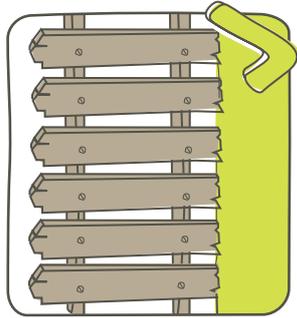
Family name:

Date:

Main carer:



Prompt questions



a. Awareness

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



a. 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.



B. Area of care & safety

Family name:

Date:

Main carer:

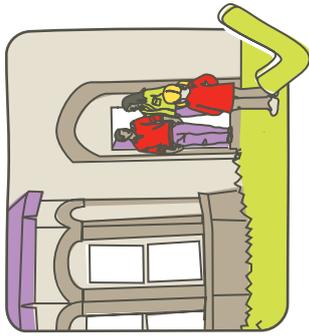


Prompt questions

Signed:

Parent/Carer

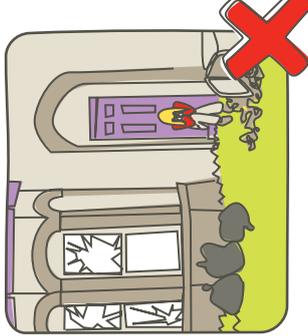
Practitioner/Manager



b. Practice and supervision

Toddler/ pre school

- 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 4-7 years

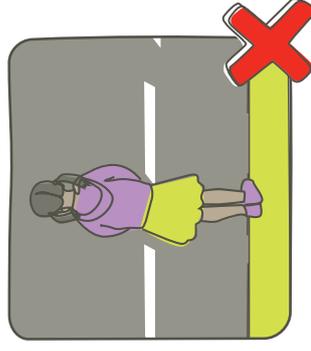
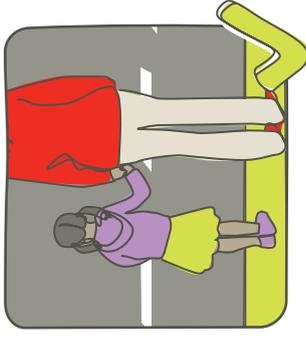
- The carer does not know where a young child is when he/she is out playing.
- The carer does not know where a young child is within the home/building.
- The child does not know where the carer is.
- The child has frequent accidents inside the house or in the garden involving injuries.

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.

c. Traffic

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





C. Area of love, relationships & self-esteem

Family name:

Main carer:

Date:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
1. Care of love					
a. Sensitivity	Anticipates or picks up very subtle signals, verbal or non verbal expression or mood <input type="checkbox"/>	Usually understands clear signals, distinct verbal or clear non verbal expression <input type="checkbox"/>	Not sensitive enough, messages and signals have to be intense to make an impact e.g. crying, demand attention <input type="checkbox"/>	Quite insensitive, needs repeated or prolonged intense signals, parents emotional difficulties dominate <input type="checkbox"/>	Insensitive to even sustained intense signals or dislikes child. Parents insensitive to impact on child of their parenting <input type="checkbox"/>
b. Response emotionally In tune with child	Responses in tune with signals or even before in anticipation <input type="checkbox"/>	Responses mostly in tune except when occupied by essential chores <input type="checkbox"/>	Inconsistent emotional response due to own needs dominating <input type="checkbox"/>	Even when child in distress responses delayed <input type="checkbox"/>	No responses unless a clear mishap for fear of being accused. <input type="checkbox"/>
c. Reciprocation (quality)	Responses fit with the signal from the child, both emotionally (warmth) and materially (food, nappy change). <input type="checkbox"/>	Mostly warm. Emotional responses usually warm and reassuring <input type="checkbox"/>	Child exposed to carer's inconsistent responses due to parental mood <input type="checkbox"/>	Emotional response brisk, flat and functional, lacks warmth, annoyance if child in moderate distress but attentive if in severe distress <input type="checkbox"/>	Shows dislike/punitive even if child in distress, acts after a serious mishap mainly to avoid incrimination, any warmth/remorse deceptive. Child indiscriminately affectionate to strangers <input type="checkbox"/>



C. Area of love, relationships & self-esteem

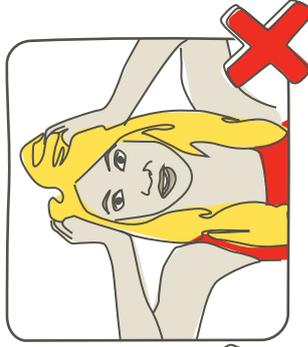
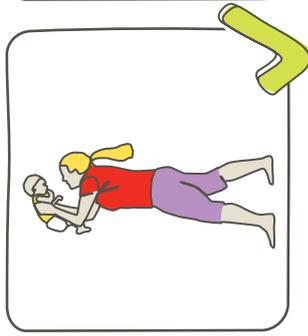
Family name:

Date:

Main carer:



1. Care of love: Prompt questions

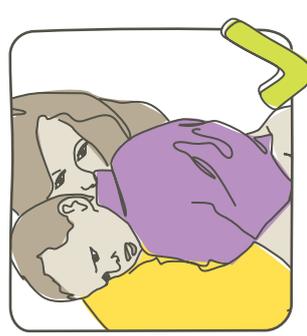


a. Sensitivity

- 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.

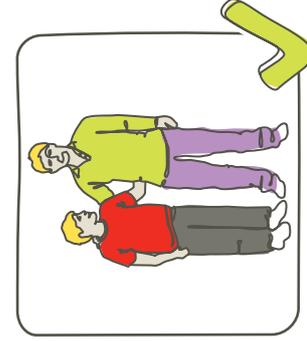
b. Response emotionally In tune

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



c. Reciprocation (quality)

- 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)





C. Area of love, relationships & self-esteem

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
2. Mutual engagement					
a. Interaction	Parent frequently initiates interaction with child and shows enjoyment <input type="checkbox"/>	Parent can initiate interaction and show enjoyment but not always <input type="checkbox"/>	Interaction mainly by child, sometimes by parent <input type="checkbox"/>	Parent seldom initiates interaction. Child seeking engagement with parent <input type="checkbox"/>	Child appears resigned or apprehensive or wary, constantly seeks parental contact <input type="checkbox"/>
b. Quality	Frequent pleasure engagement, mutual enjoyment <input type="checkbox"/>	Quite often and both enjoy equally <input type="checkbox"/>	Less often engaged for pleasure, child enjoys more, carer passively participates getting some enjoyment at times <input type="checkbox"/>	Engagement mainly functional, indifferent when child attempts to engage for pleasure, child can derive some pleasure (attempts to sit on knees, tries to show a toy) <input type="checkbox"/>	Parent averse to seeking pleasure from relationship. Overtures, if any, mainly negative. Child resigned or plays on own <input type="checkbox"/>



C. Area of love, relationships & self-esteem

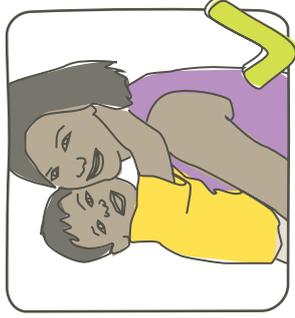
Family name:

Date:

Main carer:



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.



b. Quality

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



C. Area of love, relationships & self-esteem

Family name:

Date:

Main carer:

3. Stimulation and self-esteem	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
Stimulation a. Age 0-2 years	Ample and appropriate stimulation (talking, touching, looking), toys, plenty of equipment <input 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, even mobility restricted (confined in chair/pram) for carer's convenience. Irrate at baby's demands <input type="checkbox"/>
b. Age 2-5 years	Stimuli: interactive stimuli, talking to and playing with, reading stories, varied topics and conversation Toys and gadgets: sports equipment available and used frequently Outings: Taking child out for recreational purposes to child-centred places Celebrations: events and occasions celebrated as significant days in family life <input type="checkbox"/>	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 <input type="checkbox"/>	Stimuli: variable and adequate stimuli, parents needs encouragement to meet child's development needs Toys and gadgets: limited toys, those required by school or nursery, no effort to improvise Outings: takes child to child-friendly places and non-child friendly places Celebrations: mainly seasonal and low-key personal celebrations <input type="checkbox"/>	Stimuli: deficient stimuli Toys and gadgets: lacking on essential toys, not encouraged to care for toys Outings: child plays locally without observation, goes with adult wherever adult goes Celebrations: seasonal but no personal celebrations <input type="checkbox"/>	Stimuli: no stimuli and/or child does not respond Toys and gadgets: no toys or stimulation unless provided by others 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 <input type="checkbox"/>



C. Area of love, relationships & self-esteem

Family name:

Date:

Main carer:

3. Stimulation and self-esteem	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
<p>c. Aged 5+ years</p> <p>Education: active interest in schooling and support at home, attendance regular,</p> <p>Sports and Leisure: well organised outside school hours, e.g. swimming, scouts etc</p> <p>Peer interaction: facilitated and approved</p> <p>Games and access to information: well provided for, including access to a computer</p>	<p>Education: active interest in schooling, support at home when free of essential chores</p> <p>Sports and Leisure: all affordable support</p> <p>Peer interaction: facilitated on occasions</p> <p>Games and access to information: mostly well-provided</p>	<p>Education: maintains schooling but little support at home even if has spare time</p> <p>Sports and Leisure: not proactive in finding out but avails opportunities if offered</p> <p>Peer interaction: support available through friendships</p> <p>Games and access to information: Under provided</p>	<p>Education: child makes all the effort, carer not bothered.</p> <p>Sports and Leisure: child makes all the effort, carer not bothered.</p> <p>Peer interaction: child finds own friendships, no help from carer unless reported to be bullied</p> <p>Games and access to information: poorly provided</p>	<p>Education: not bothered or can even be discouraging for other gains</p> <p>Sports and Leisure: not bothered even if child is unsafe pursuit</p> <p>Peer interaction: parental indifference, lacks motivation</p> <p>Games and access to information: Parental indifference</p>	



C. Area of love, relationships & self-esteem

Family name:

Date:

Main carer:

	1 No concern	2 Low concern	3 Prevention /additional services required	4 Consult with children's social care to consider if child protection	5 Child protection plan as a minimum
3. Stimulation and self-esteem					
Self-esteem Approval	Talks about the child with delight/praise without being asked, generous emotional reward for any achievement <input type="checkbox"/>	Usually talks warmly about the child when asked. Praise and emotional reward given but only for major achievements <input type="checkbox"/>	Doesn't initiate praise of child, but agrees with others. Often countered by criticism <input type="checkbox"/>	Indifferent if child praised by others, indifferent to child's achievement which is quietly acknowledged <input type="checkbox"/>	Negates if the child is praised, achievements not acknowledged, reprimand or ridicule is the only reward if at all, low warmth, high criticism <input type="checkbox"/>
Disapproval	Consistent boundaries in place by carer if any set limits are crossed <input type="checkbox"/>	Mainly mild verbal and consistent disapproval if any set limit is crossed <input type="checkbox"/>	Inconsistent boundaries or methods, shouts or ignores for own convenience, mild physical and moderate other sanctions, parents argue <input type="checkbox"/>	Inconsistent, shouts/harsh verbal, moderate physical or severe other sanctions. Parents frequently argue in front of the children <input type="checkbox"/>	Ridiculed, severe physical or other cruel sanctions. Parents violent in front of the children <input type="checkbox"/>
Acceptance	Unconditional acceptance. Always warm and supportive even if child is failing <input type="checkbox"/>	Unconditional acceptance even if temporarily upset by child's behavioural demands <input type="checkbox"/>	Annoyance at child's failure, behavioural demands less well tolerated <input type="checkbox"/>	Unsupportive to rejecting if child is failing or if behavioural demands are high. Failure to address child's difficulties <input type="checkbox"/>	Indifferent if child is achieving but rejects or admonishes if makes mistakes or fails. Exaggerates child's mistakes <input type="checkbox"/>



C. Area of love, relationships & self-esteem

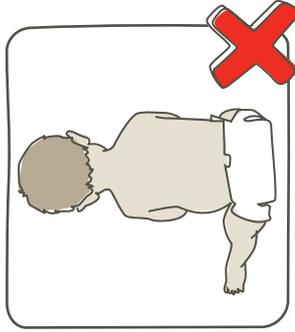
Family name:

Date:

Main carer:

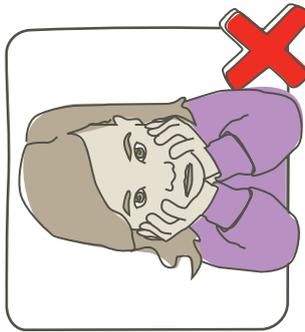
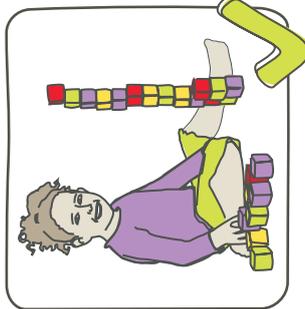


3. Stimulation: Prompt questions



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. Area of love, relationships & self-esteem

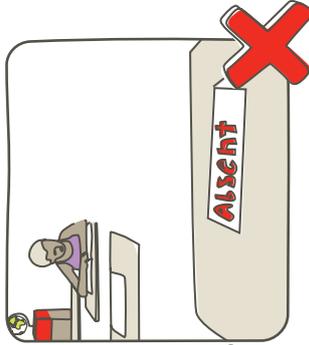
Family name: _____

Date: _____

Main carer: _____



3. Stimulation: Prompt questions



c. Aged 5+ years

- Carer regularly withdraws her 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 etc 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.

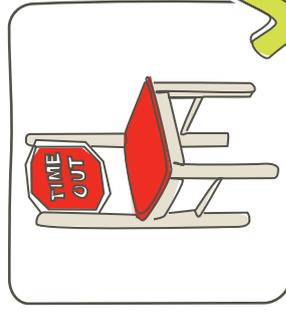
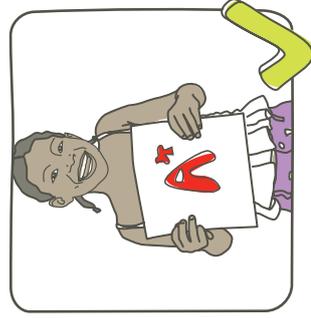
Signed: _____

Parent/Carer

Practitioner/Manager

Approval

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



Disapproval

- 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 or put him/her into car.

2c. Blank template record sheet

Date of scoring: _____

	1	2	3	4	5
Emotional care 	Approval				
	Disapproval				
	Accept				
Care & safety 	Mutual engagement				
	Stimulation				
	Approval				
	Disapproval				
	Accept				
Physical care 	Nutrition				
	Housing				
	Clothing				
	Health				
	Hygiene				
	Awareness & safety features				
	Practice & supervision				

Sub-area overall score* _____

Date of scoring: _____

	1	2	3	4	5
Emotional care 	Approval				
	Disapproval				
	Accept				
Care & safety 	Mutual engagement				
	Stimulation				
	Approval				
	Disapproval				
	Accept				
Physical care 	Nutrition				
	Housing				
	Clothing				
	Health				
	Hygiene				
	Awareness & safety features				
	Practice & supervision				

Sub-area overall score* _____

1: No concern **2:** Low concern **3:** Prevention /additional services required **4:** Consult with children’s social care to consider if child protection **5:** Child protection plan as a minimum

***Obtaining a score for a sub-area:** 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.

2c. Action plan

Name: _____

Staff name: _____

Date: _____

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