Working with neglect:
Practice toolkit
Section one:

Background information

1a: Introduction and toolkit summary

1b: What we know about neglect

July 2015
Glasgow Child Protection Committee has adopted the use of the Graded Care Profile when working with neglect since 2008. One of Glasgow’s Social Work practice standards is that the Graded Care Profile must be used with all families who are subject to a child protection registration where neglect is an issue.

Glasgow Social Work Services and Action for Children have been working together to adapt the original Graded Care Guidance and endorse the use of the tool as the main risk assessment in the assessment of neglect.

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.

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 work services, health, education and other agencies
Section 1b: 
What we know about neglect

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 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

Neglect is 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child’s basic emotional needs. 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.

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 (Scottish Government, 2010a, paragraph 36)

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Section 1b:
What we know about neglect

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

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Section 1b: What we know about neglect

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 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

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 became 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.
Section 1b:

What we know about neglect

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 emotion-ally 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 work services. It enables parents to recognise the needs of their child and supports practitioner to keep the focus on the child.

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Section Two:

Responding to the need

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

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.

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.

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### 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) surveillance
(d) disability

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, 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 Toolkit for Neglect should be used to benchmark change, progress and deterioration.

10. Action Plan

The action plan(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 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:

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## A. Area of physical care

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Main Carer:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### 1. Nutrition

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

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.
- ☐ No portion control, too much food provided.
A. Area of physical care

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

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Main Carer:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. Housing</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No concern</td>
<td>No or low concern</td>
<td>Prevention/additional services required</td>
<td>Child protection/social work involvement</td>
<td>Child protection register as a minimum</td>
</tr>
<tr>
<td>a. Maintenance</td>
<td>Well maintained, safe, warm and clean</td>
<td>State of repair adequate. Family mostly maintenance issues, no known accidents to child in home</td>
<td>No reported incidents in home and some repairs outstanding</td>
<td>In disrepair, amenable to self repair but family unmotivated.</td>
<td>Dangerous disrepair, amenable to self repair (exposed nails, live wires) More than one accident to child in home</td>
</tr>
<tr>
<td>b. Décor</td>
<td>Excellent, child’s taste/needs specially catered for/are considered</td>
<td>Good, child’s taste/needs considered</td>
<td>In need of decoration but reasonably clean and organised</td>
<td>Dirty/chaotic environment</td>
<td>Squalid, bad odour, exposure to hazards within the home</td>
</tr>
<tr>
<td>c. Facilities</td>
<td>Essential and additional amenities, good heating, shower and bath, play and learning facilities are evident</td>
<td>All essential amenities, effort to maximise benefit for the child if lacking due to practical constraints (child comes first)</td>
<td>Essential to bare, no effort to consider the child</td>
<td>Essential to bare e.g. inadequate bedding, lack of warmth, unclean, no heating system which works, dirty toilet and bath, does not have own bed.</td>
<td>Child dangerously exposed or not provided for</td>
</tr>
</tbody>
</table>

**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.
A. Area of physical care

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

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 (e.g. insufficient, dirty, stained and/or wet)
☐ No clean working fridge
☐ Toothpaste, soap, toilet rolls, towels unavailable/inaccessible
### A. Area of physical care

<table>
<thead>
<tr>
<th>3. Clothing</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Insulation</strong></td>
<td>No concern</td>
<td>No or low concern</td>
<td>Prevention /additional services required</td>
<td>Child protection /social work involvement</td>
<td>Child protection register as a minimum</td>
</tr>
<tr>
<td>Well protected with high quality clothes</td>
<td></td>
<td></td>
<td>Adequate to variable weather protection</td>
<td>Inadequate weather protection, lack of warmth, hat, gloves, shoes</td>
<td>Dangerously exposed</td>
</tr>
<tr>
<td><strong>b. Fitting</strong></td>
<td>Excellent fitting and comfortable</td>
<td>Reasonable fit and well maintained/even if cheaper/handed down</td>
<td>Clothing inconsistent, a little too loose or too small</td>
<td>Clothes clearly too large or too small</td>
<td>Grossly improper fitting</td>
</tr>
<tr>
<td><strong>c. Look age 0-5</strong></td>
<td>Newish, clean, ironed</td>
<td>Some effort to restore any wear, clean and ironed</td>
<td>Repair lacking, usually not quite clean or ironed</td>
<td>Worn, somewhat dirty and crumpled</td>
<td>Dirty, badly worn and crumpled, smelly</td>
</tr>
<tr>
<td><strong>d. Look age 5+</strong></td>
<td>Newish, clean, ironed</td>
<td>Some effort to restore any wear, clean and ironed</td>
<td>Repair lacking, usually not quite clean or ironed</td>
<td>Worn, somewhat dirty and crumpled</td>
<td>Dirty, badly worn and crumpled, smelly</td>
</tr>
</tbody>
</table>
A. Area of physical care

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 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

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.

b. 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

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

<table>
<thead>
<tr>
<th>Family Name:</th>
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</thead>
</table>

## 5. Hygiene

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No concern</th>
<th>No or low concern</th>
<th>Prevention/additional services required</th>
<th>Child protection/social work involvement</th>
<th>Child protection register as a minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hygiene a. Age 0-4</strong></td>
<td>Cleaned, bathed and hair brushed daily</td>
<td>Cleaned, bathed and hair brushed regularly, almost daily</td>
<td>Irregular, no routine. Sometimes bathed and hair brushed.</td>
<td>Occasionally bathed but seldom hair brushed</td>
<td>Seldom bathed or clean</td>
</tr>
<tr>
<td><strong>Hygiene b. Age 5-7</strong></td>
<td>Some independence at above tasks but always helped and supervised</td>
<td>Reminded and products provided for, mostly, watched and helped if needed</td>
<td>Irregularly reminded, products provided sometimes watched.</td>
<td>Reminded only now and then, minimum supervision</td>
<td>Parental indifference/no supervision</td>
</tr>
<tr>
<td><strong>Hygiene c. Age 7+</strong></td>
<td>Reminded followed, helped regularly</td>
<td>Mostly reminded and encouraged if lapses</td>
<td>Irregularly reminded, and products not consistently provided</td>
<td>Left to their own initiatives. Provision minimum and inconsistent</td>
<td>Parental indifference/no supervision</td>
</tr>
</tbody>
</table>
A. Area of physical care

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. Surveillance
- Carer fails to attend for regular developmental checks with young child.
### B. Area of care & safety

<table>
<thead>
<tr>
<th>Family Name:</th>
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<tbody>
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#### a. Awareness & safety features

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<th>4</th>
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<td><strong>Awareness</strong></td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Safety Features</td>
<td></td>
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</tbody>
</table>

- **Awareness**
  - Awareness of all safety issues. Pets appropriately managed with child appropriate care roles with animals
  - Aware of important safety issues
  - Poor awareness and perception except for immediate danger
  - Oblivious to safety risks, dangerous animals/pets present
  - Parental indifference/not bothered

- **Safety Features**
  - Abundant features, gate, guards, medicines out of reach, electrical safety devices, intercom to listen to the baby, safety within garden
  - Essential features, secure doors, windows and any heavy furniture item secured, safe gas and electrical appliances, drugs and toxic chemicals out of reach, smoke alar
  - Lacking in essential features, very little improvisation or DIY (done too casually to be effective)
  - No safety features, some possible hazards due to disrepair e.g. tripping hazard due to littered floor, unsteady heavy fixtures, unsafe appliances
  - Definite hazard due to disrepair - exposed electric wires and sockets, unsafe windows e.g. broken glass, dangerous medicines carelessly lying around
# B. Area of care & safety

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<thead>
<tr>
<th>Family Name:</th>
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### b. Practice & Supervision

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Description</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practice baby / pre-mobility age</strong></td>
<td>Appropriately cautious with handling and laying down, seldom unattended</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Toddler/preschool</td>
<td>Vigilance and effective measures against any perceived dangers when up and about</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4 – 7 years</td>
<td>Close supervision indoor and outdoor (including supervision/safety controls in relation to internet/TV/games)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8 – 16 years</td>
<td>Allows out in known safe surroundings with time limits and checks. Age appropriate safety and supervision controls in relation to internet/TV/games exposure</td>
<td>☐</td>
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**B. Area of care & safety**

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<th>b. Practice &amp; Supervision</th>
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<th>2  No or low concern</th>
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<th>4  Child protection/social work involvement</th>
<th>5  Child protection register as a minimum</th>
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<tbody>
<tr>
<td>Supervision</td>
<td>Child is left in care of a vetted adult, never in sole care of an under 16. Carer/child always aware of each other’s whereabouts</td>
<td>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</td>
<td>As 2 but more frequently</td>
<td>A child left in the care of another child or young person, or an unsuitable or unknown adult</td>
<td>For recreational reason a 0-7 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</td>
</tr>
</tbody>
</table>
### B. Area of care & safety

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#### c. Traffic

<table>
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<tr>
<th>Age Group</th>
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<tbody>
<tr>
<td><strong>Aged 0-4</strong></td>
<td>WELL SECURED IN THE PRAM, HARNESSES OR WALKING HAND CLUTCHED WITH CHILD’S PACE</td>
<td>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</td>
<td>BABIES NOT SECURED, 3-4 YEAR OLDS LEFT FAR BEHIND WHEN WALKING OR DRAGGED WITH IRRITATION</td>
<td>BABIES UNSECURED, CARELESS WITH PRAM, 3-4 YEAR OLD LEFT TO WANDER AND DRAGGED ALONG IN FRUSTRATION WHEN FOUND</td>
</tr>
<tr>
<td><strong>5-7 YEAR OLD ALLOWED TO CROSS WITH AN OLDER CHILD (BUT BELOW 13) AND SIMPLY WATCHED, 8-9 CROSSES ALONE</strong></td>
<td>5-7 YEAR OLD ALLOWED TO CROSS A BUSY ROAD ALONE</td>
<td>A CHILD AGED 7 CROSSES A BUSY ROAD ALONE WITHOUT ANY CONCERN OR THOUGHT</td>
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<td>5-10 YEAR OLD ESCORTED BY ADULT CROSSING A BUSY ROAD WALKING CLOSE TOGETHER</td>
<td>5-7 YEAR OLD ALLOWED TO CROSS WITH A 13+ CHILD; 8-9 ALLOWED TO CROSS ALONE IF THEY RELIABLY CAN</td>
<td>5-7 YEAR OLDS ALLOWED TO CROSS A BUSY ROAD ALONE</td>
<td>A CHILD AGED 7 CROSSES A BUSY ROAD ALONE WITHOUT ANY CONCERN OR THOUGHT</td>
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</tbody>
</table>
B. Area of care & safety

Prompt Questions

a. Awareness

☐ 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.
B. Area of care & safety

Prompt Questions

b. Safety features

**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 carer 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.

**Child aged 8 years and above**
- [ ] 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

<table>
<thead>
<tr>
<th>Family Name:</th>
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## 1. Care of love

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<td>No or low concern</td>
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<td>Child protection/social work involvement</td>
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### a. Sensitivity
- Anticipates or picks up very subtle signals, verbal or non verbal expression or mood
- Usually understands clear signals, distinct verbal or clear non verbal expression
- Not sensitive enough, messages and signals have to be intense to make an impact e.g. crying, demand attention
- Quite insensitive, needs repeated or prolonged intense signals, parents emotional difficulties dominate
- Insensitive to even sustained intense signals or dislikes child. Parents insensitive to impact on child of their parenting

### b. Response emotionally In tune with child
- 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
- No responses unless a clear mishap for fear of being accused.

### c. Reciprocation (quality)
- 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 parental mood)
- Emotional response, flat and functional, lacks warmth, annoyance if child in moderate distress but attentive if in severe distress
- 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
C. Area of love, relationships & self-esteem

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

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<table>
<thead>
<tr>
<th>2. Mutual engagement</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td><strong>a. Interaction</strong></td>
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</tr>
<tr>
<td>Carer frequently initiates interaction with child and shows enjoyment</td>
<td>No concern</td>
<td>No or low concern</td>
<td>Prevention /additional services required</td>
<td>Child protection /social work involvement</td>
<td>Child protection register as a minimum</td>
</tr>
<tr>
<td>Carer can both initiate interaction and show enjoyment but not always</td>
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<tr>
<td>Interaction mainly by child, sometimes by carer</td>
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<tr>
<td>Carer seldom initiates interaction. Child seeking engagement with carer</td>
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<tr>
<td>Child appears resigned or apprehensive or wary, constantly seeks carer contact</td>
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</tbody>
</table>

| **b. Quality**       |   |   |   |   |   |
| Frequent pleasure 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 for pleasure, child can derive some pleasure (attempts to sit on knees, tries to show a toy) |   |   |   |   |   |
| Carer aversive to seeking pleasure from relationship. Overtures, if any, mainly negative. Child resigned or plays on own |   |   |   |   |   |
C. Area of love, relationships & self-esteem

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

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<td>3. Stimulation and self-esteem</td>
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<tr>
<td><strong>Stimulation</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>a. Age 0-2 years</strong></td>
<td>No concern</td>
<td>No or low concern</td>
</tr>
<tr>
<td>Stimulation</td>
<td>Ample and appropriate stimulation (talking, touching, looking), toys, plenty of equipment</td>
<td>Enough and appropriate intuitive stimulation but less showy toys, gadgets, outings and celebration</td>
</tr>
<tr>
<td><strong>Stimulation b. Age 2-5 years</strong></td>
<td></td>
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</tr>
<tr>
<td>Stimuli: interactive stimuli, talking to and playing with, reading stories, varied topics and conversation</td>
<td>Stimuli: sufficient and satisfactory stimuli</td>
<td>Stimuli: variable and adequate stimuli, parents needs encouragement to meet child's development needs</td>
</tr>
<tr>
<td>Toys and gadgets: sports equipment available and used frequently</td>
<td>Toys and gadgets: provides toys as necessary and improvises</td>
<td>Toys and gadgets: Lacking on essential toys, not encouraged to care for toys</td>
</tr>
<tr>
<td>Outings: taking child out for recreational purposes to child-centred places</td>
<td>Outings: some visits to child-centred places</td>
<td>Outings: child plays locally without observation, goes with adult wherever adult goes</td>
</tr>
<tr>
<td>Celebrations: events and occasions celebrated as significant days in family life</td>
<td>Celebrations: some events and occasions well celebrated</td>
<td>Celebrations: seasonally and low-key personal celebrations</td>
</tr>
</tbody>
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### C. Area of love, relationships & self-esteem

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<td><strong>3. Stimulation and self-esteem</strong></td>
<td></td>
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<tr>
<td><strong>Stimulation c. Aged 5+ years</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>Education:</strong> active interest in schooling and support at home, attendance regular,</td>
<td>No concern</td>
<td>No or low concern</td>
</tr>
<tr>
<td><strong>Sports and Leisure:</strong> well organised outside school hours, e.g. swimming, Scouts etc</td>
<td></td>
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</tr>
<tr>
<td><strong>Peer interaction:</strong> facilitated and approved</td>
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<td></td>
</tr>
<tr>
<td><strong>Games and access to information:</strong> well provided for, including access to a computer with safety controls</td>
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</tr>
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</table>

| Education: active interest in schooling, support at home when free of essential chores | | | | |
| Sports and Leisure: all affordable support | | | | |
| Peer interaction: facilitated on occasions | | | | |
| Games and access to information: mostly well provided with safety controls | | | | |

| Education: maintains schooling but little support at home even if has spare time | | | | |
| Sports and Leisure: not proactive in finding out but avails opportunities if offered | | | | |
| Peer interaction: support available through friendships | | | | |
| Games and access to information: under provided or little supervision/control in place | | | | |

| Education: child makes all the effort, carer not bothered. | | | | |
| Sports and Leisure: child makes all the effort, carer not bothered. | | | | |
| Peer interaction: child finds own friendships, no help from carer unless reported to be bullied | | | | |
| Games and access to information: poorly provided and lack of safety controls/supervision | | | | |
| Education: not bothered or can even be discouraging for other gains | | | | |
| Sports and Leisure: not bothered even if child is unsafe pursuit | | | | |
| Peer interaction: carer indifference, lacks motivation | | | | |
| Games and access to information: carer indifference | | | | |
C. Area of love, relationships & self-esteem

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Main Carer:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### 3. Stimulation and self-esteem

#### Stimulation

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No concern</td>
<td>No concern</td>
<td>Prevention</td>
<td>Child protection</td>
<td>Child protection</td>
<td></td>
</tr>
<tr>
<td>No or low concern</td>
<td></td>
<td>/additional services</td>
<td>/social work involvement</td>
<td>register as a minimum</td>
<td></td>
</tr>
</tbody>
</table>

#### Approval

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Talks about the child with delight/praises without being asked, generous emotional reward for any achievement</td>
<td>Usually talks warmly about the child when asked, generous praise and emotional reward but only for major achievements</td>
<td>Doesn't initiate praise of child, but agrees with others. Often countered by criticism</td>
<td>Indifferent if child praised by others, indifferent to child's achievement</td>
<td>Negates if the child is praised, achievements not acknowledged, reprimand or ridicule is the only reward if at all, low warmth, high criticism</td>
<td></td>
</tr>
</tbody>
</table>

#### Disapproval

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Consistent boundaries in place by carer if any set limits are crossed</td>
<td>Mild verbal and consistent disapproval if any set limit is crossed</td>
<td>Inconsistent boundaries or methods, shouts or ignores for own convenience, mild physical and moderate other sanctions, carers argue</td>
<td>Inconsistent, shouts/harsh verbal, moderate physical or severe other sanctions. Carers frequently argue in front of the children</td>
<td>Ridiculed, severe physical or other cruel sanctions. Carers violent in front of the children</td>
<td></td>
</tr>
</tbody>
</table>

#### Acceptance

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Unconditional acceptance. Always warm and supportive even if child is failing</td>
<td>Unconditional acceptance even if temporarily upset by child's behavioural demands</td>
<td>Annoyance at child's failure, behavioural demands less well tolerated</td>
<td>Unsupportive to rejecting if child is failing or if behavioural demands are high. Failure to address child's difficulties</td>
<td>Indifferent if child is achieving but rejects or admonishes if makes mistakes or fails. Exaggerates child's mistakes</td>
<td></td>
</tr>
</tbody>
</table>

---

[Table with conditions for self-esteem: Approval, Disapproval, Acceptance]
C. Area of love, relationships & self-esteem

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

1. Stimulation: Prompt Questions

- **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 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.

- **c. Reciprocation (quality)**
  - 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.

- **Approval**
  - Carer does not show pride in child’s achievement.
  - Child does not seek praise from carer.
2c. Score Sheet

<table>
<thead>
<tr>
<th>Sub-area overall score*</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
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<tr>
<td>Housing</td>
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<tr>
<td>Clothing</td>
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<tr>
<td>Health</td>
<td></td>
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<tr>
<td>Hygiene</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Awareness &amp; safety features</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Practice &amp; supervision</td>
<td></td>
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<tr>
<td>Traffic</td>
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<tr>
<td>Carer behaviour</td>
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<tr>
<td>Mutual engagement</td>
<td></td>
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<tr>
<td>Stimulation</td>
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<tr>
<td>Approval</td>
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<td></td>
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<tr>
<td>Disapproval</td>
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<td></td>
<td></td>
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<tr>
<td>Accept</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1: No concern  2: Low/no concern  3: Prevention /additional services required  4: Child protection /social work involvement  5: Child protection register 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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Staff name:</th>
<th>Carefirst ID:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Where are we now?</th>
<th>What needs to happen?</th>
<th>Who is going to do it?</th>
<th>Our time-scales for change</th>
<th>What progress has been made?</th>
</tr>
</thead>
<tbody>
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