

Child and Young Person's Neglect Toolkit

Child/young person's name: _____

Practitioner: _____

Organisation: _____

Is there an Early Help or statutory assessment for this child? YES ☐ / NO ☐

Have you read the separate guidance document and consulted the toolkit below to complete the summary sheet? YES ☐ / NO ☐

Date: _____

Review date: _____

Acknowledgements:

Nottinghamshire and Nottingham City Safeguarding Children Partnerships have adapted this toolkit which was initially developed by Jane Wiffin on behalf of Hounslow LSCB and then revised by North Somerset; to offer a 'Structured Judgement Approach' to the identification of child neglect and the tools for agencies to work in partnership with families to improve outcomes for the children and young people.

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1. PHYSICAL CARE			
1.1 Food			
Child/young person is provided with necessary quality and quantity of food and drink, which is appropriate to their age and stage of development. Meals are organised and there is a routine which includes the family sometimes eating together and appropriate support for feeding. Child/young person's special dietary requirements are always met. Parents/carers understand the importance of foods and a balanced diet.	Child/young person is provided with enough food and drink which is of reasonable quality and suitable for their age, but there is a lack of consistency in preparation and routine. Child/young person may occasionally be expected to prepare their own food. Child/young person's special dietary requirements are inconsistently met. Parents/carers understand the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide.	Child/young person receives low quality and/or quantity food and drink and often appears hungry. The food and drink is often not appropriate to their age and stage of development and there is a lack of preparation or routine. Child/young person may regularly be expected to prepare their own food. Child/young person's special dietary requirements are rarely met. Parents/carers are unable to provide or are indifferent to the importance of appropriate food for the child.	Child/young person does not receive an adequate quantity of food and is observed to be hungry. The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc. There is a lack of routine in preparation and times when food is available. The child/young person may largely be expected to prepare their own food. Lack of patience at mealtimes/provision of support for feeding. The child/young person's special dietary requirements are never met. Parents/carers are unable to provide or are actively resistant to advice about appropriate food and drink and the need for a routine.

1.2 Quality of housing			
The home is in a reasonable state of repair and decoration and has all essential amenities such as heating, washing facilities, cooking and food storage facilities, adequate beds and bedding and a toilet. The home is clean and tidy.	The home needs decoration and repairs. It has some essential amenities - including heating, washing facilities, cooking and food storage facilities, beds and bedding and a toilet. Parents/carers are aware of the issues and have taken steps to address them. The home is reasonably clean, but may be damp, but the parents/carers have taken all possible steps to address this.	The home is in a state of disrepair, parents/carers are unmotivated or unable to address this and the child/young person has suffered occasional accidents and potentially poor health as a result. The home appearance is bare and possibly unclean/smelly and there are inadequate or dirty amenities such as beds and bedding, toilet, washing facilities and cooking and food storage facilities. The whole environment is unclean and chaotic. The home smells of damp and there is evidence of mould with little or no attempt to address this.	The home is in a dangerous state of disrepair, and this has caused accidental injuries and/or poor health for the child/young person. The home conditions are unclean and unhygienic and there is a lack of essential amenities such as a working toilet, washing facilities, inappropriate and unclean bed, unclean bedding and poor or unclean facilities for the preparation and storage of food. Faeces or other harmful substances are visible. The home smells badly. There may be a strong smell of damp and extensive untreated mould.
Parents/carers understand the importance of the home conditions to child/young person's well-being.	Parents/carers recognise the importance of the home conditions to the child/young person's sense of wellbeing but are hampered by personal circumstances.	Parents/carers are indifferent or unable to recognise the impact of the home conditions on the child/young person's sense of wellbeing.	Parent/carers are unwilling to take advice about the impact of the home circumstances on the child/young person's wellbeing.
Any outside space at the home is suitable for children.	Any outside space at the home is partially suitable for children.	Any outside space at the home is unsuitable for children.	Any outside space is hazardous.

1.3 A stable home			
Child/young person has a stable home environment without too many moves (unless necessary). Parents/carers understand the importance of stability for child/young person.	Child/young person has a reasonably stable home environment but has experienced a number of house moves/new adults in the family home. Parents/carers recognise that this could be detrimental to the child/young person, but their personal circumstances occasionally impact on providing stability	Child/young person does not have a stable home environment and has either experienced lots of moves and/or lots of adults coming in and out of the home for periods of time. Parents/carers do not recognise or accept the importance of stability for child.	Child/young person experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to children/young people sleeping in unsuitable circumstances). The home has numerous adults coming and going and the child/young person does not always know these adults who stay over. Parents/carers are unable to understand the impact on the child/young person of instability and are resistant to advice regarding this.
1.4 Clothes and footwear			
Child/young person has enough clothing and footwear which is clean and fits well.	Child/young person has clothing and footwear, but this is sometimes poorly fitting and/or dirty/unclean.	Child/young person has clothing and footwear which is dirty, in a poor state of repair and not well fitting. They do not have enough clothing to allow for regular washing. The child/young person lacks appropriate clothing for the	Child/young person has clothing and footwear which is very dirty, ill-fitting, and smelly. They do not have enough clothes/footwear. The child/young person may sleep in day clothing and clothes are not washed for them when they are dirty. The clothing/footwear is usually unsuitable for the weather.

Child/young person is dressed age-appropriately for the weather and parents/carers are aware of the importance of this	The parents/carers understand the need for age and weather appropriate clothing for the child/young person, but their own personal circumstances can get in the way of this being provided.	weather. Parents/carers are indifferent to the importance of appropriate clothing/footwear for the child/young person and may place responsibility on the child/young person to wear suitable clothing	The parents/carers are unable to understand or resistant to advice about the need for appropriate clothing/footwear for the wellbeing of the child/young person. Parents/carers place full responsibility on the child/young person to ensure suitable clothing is worn.
1.5 Animals			
Animals are well cared for and are a positive enhancement to the home environment. Children and young people are encouraged to behave kindly towards animals.	Animals are reasonably well cared for but may contribute to a sense of chaos in the house. Animals present no dangers to children, young people or adults and any ill-treatment of animals is addressed by parents/carers.	Animals are not always well cared for, ailments treated, or house trained. Animal faeces or urine in the home is not dealt with appropriately. The mistreatment of animals by adults or children and young people is not always addressed by parents/carers.	Animals are not well cared for, ailments not treated and there is animal faeces and urine in the home. Animals are dangerous and child/young person may be left unsupervised with them. Parents/carers do not address or may encourage the ill treatment of animals by adults or children and young people.
1.6 Hygiene			
The child/young person is clean and is either given a bath/washed daily or given encouragement appropriate to their age and ability.	The child/young person is reasonably clean, but the parents/carers do not bath/wash the child/young person regularly.	The child/young person looks unclean, is only occasionally bathed/washed or encouraged to wash and brush teeth in an age-appropriate way.	The child/young person looks dirty. They are not bathed or washed or encouraged to do so.

The child/young person is consistently encouraged/supported to brush their teeth. Head lice, skin complaints, nappy rash etc. are treated appropriately. Parents/carers take an active interest in the child/young person's appearance. Necessary menstrual (period) or incontinence products are provided by parents/carers.	The child/young person is not consistently given encouragement to wash or brush their teeth appropriate to their age and ability. Head lice and skin conditions including nappy rash and other medical needs are inconsistently treated, and correct medication is not always used, but parents/carers treat it if given encouragement and advice. Parents/carers take some interest in the child's/young person's appearance and the importance of hygiene to their wellbeing. Necessary menstrual (period) or incontinence products are usually provided but this can be inconsistent.	There is evidence that the child/young person does not brush their teeth on a regular basis and is not supported to do this. The child may suffer from tooth decay. Head lice and skin conditions including nappy rash are not treated appropriately and parents/carers are indifferent to concerns expressed by others. Parents/carers are unable to or do not take an interest in child/young person's appearance and do not acknowledge the importance of hygiene to the child/young person's wellbeing. Necessary menstrual (period) or incontinence products are often not provided.	The child/young person does not brush teeth or cannot do this independently and is not supported to do this. There is tooth decay, and the child may need tooth extractions. Head lice and skin conditions including nappy rash are not treated and become chronic and parents/carers are resistant to concerns expressed by others. Parents/carers are unable to or do not take an interest in the child's/young person's appearance and are resistant to concerns expressed by others about the child/young person's lack of hygiene and the impact of this on their wellbeing. Necessary menstrual (period) or incontinence products are frequently not provided.
2. HEALTH			
2.1 Sleeping arrangements			
Parents/carers have information on safe sleeping for babies and follow the advice and guidelines.	Parents/carers have information on safe sleeping for babies, and are generally responsive and alert to these, but do not always follow	Parents/carers are unaware of safe sleeping advice and guidelines for babies, even if they have been provided.	Parents/carers are indifferent about or resistant to safe sleeping advice and guidance for babies and may see it as interference.

Parents/carers have an awareness of the importance of the room temperature and the sleeping position of babies. Parents/carers do not smoke in the home. Babies, children and young people have suitable beds and regularly cleaned bedding, including properly maintained specialist equipment if needed. Parents/carers are aware of guidance around co-sleeping and recognise the dangers of alcohol and drugs in co-sleeping. Parents/carers make suitable and safe sleeping arrangements for babies, including when there are changes to routine such as family sickness or sleeping away from the home. Parents/carers understand that children and young people need	guidelines. The temperature of the home may not always be suitable for babies, smoking may sometimes take place in the home and parents/carers with a baby may not be aware of their sleeping position. Parents/carers generally provide suitable bed and bedding, but this is not always cleaned or replaced when needed. Parents/carers aware of the dangers of co-sleeping and recognise the dangers of parental drug and alcohol use on safe sleeping, but this is sometimes inconsistently observed. Suitable and safe sleeping arrangements are not always made especially when there is a change of routine such as family sickness or sleeping away from the home. Parents/carers understand the need for bedtime routines but can	Parents/carers are unable to accept or understand advice about beds and bedding, room temperature, sleeping position of babies and smoking in the home. Parents/carers do not always provide a suitable bed and bedding, which is often dirty or in need of replacing, with some unreasonable expectations for child/young person to clean their own bedding. Parents/carers do not recognise the dangers of co-sleeping or the dangers of alcohol and drug use in co-sleeping. Sleeping arrangements in the home for a baby are unsuitable and unsafe and the parents/carers are indifferent to advice regarding this. Parents/carers are unable to ensure or indifferent to the need for a	Parents/carers do not properly consider what is needed in terms of beds and bedding, room temperature, sleeping position of babies and adults smoking in the home. An appropriate bed or bedding is not provided for the baby, child or young person and/or is inadequate, dirty or in need of replacing, with an unreasonable expectation of the child/young person to clean their own bedding. Parents/carers co-sleep with a baby and may use alcohol or drugs before doing so. Sleeping arrangements in the home for a baby are unsuitable and unsafe and parents/carers are resistant to advice regarding this. The child/young person does not get enough sleep and their

sufficient sleep and encourage sensible bedtime routines. Parents/carers understand the need for undisturbed sleep and remove distractions from the child's bedroom such as mobile phones and electronic devices.	be inconsistent at times due to their personal circumstances. The child/young person may be using electronic devices until quite late on frequent occasions and inconsistent boundaries are put in place to restrict this.	consistent bedtime routine and the child/young person is often tired during the day as a result of this. The parents/carers are unable to prevent or are indifferent to the child being disturbed at night by electronic devices, which happens frequently.	behaviour and education are significantly impacted as a result. The child's sleep is typically disturbed by electronic devices and the parents/carers are unable to prevent or are resistant to advice about preventing this.
2.2 Seeking advice and help			
Parents/carers seek advice from professionals or experienced adults on matters of concern about the child/young person's health. Appointments are made and the child/young person is consistently brought to them. The child/young person is taken to routine dentist and optician (eye care) appointments and all recommended immunisations are up to date.	Advice is usually sought from professionals or experienced adults about injury/illnesses, but this is occasionally delayed or poorly managed as a result of difficulties experienced by parents/carers. Parents/carers understand the importance of regular check-ups at the dentist and optician but are not always consistent in keeping routine appointments. Immunisations can be delayed, but eventually completed. Parents/carers are inconsistent about ensuring that the child/young	Advice is often not sought from professionals or trusted adults, but this is done when concerns are serious or when prompted by others. The child/young person is not routinely taken to dentist and optician (eye care) appointments. Immunisations are not up to date, but parents/carers will allow these to be done if home visits are carried out. Parents/carers cannot or do not	Parents/carers do not attend to childhood illnesses/injury, unless severe or in an emergency. Childhood illnesses are allowed to deteriorate before advice and care is sought, and parents/carers are resistant to taking advice from others or seeking medical advice. The child/young person is not brought to health appointments, or dentist or optician appointments. Their immunisations are not up to date, even if home appointments have been offered. Parents/carers do not ensure that the child/young person completes

Parents/carers ensure child/young person completes any recommended programme of medication or treatment.	person completes any agreed programme of medication or treatment, recognise the importance to the child/young person but personal circumstances can get in the way.	ensure the child/young person completes any agreed programme of medication or treatment and they are unable to assess the impact or are indifferent to the impact on child/young person's wellbeing. The child/young person is largely responsible for caring for their own health needs.	any agreed programme of medication or treatment and are unable to understand or resistant to advice about this from others and do not recognise likely impact on child/young person. The child/young person is seen as being completely responsible for caring for their own health needs.
2.3 Disability needs			
Parents/carers are positive about child/young person's identity and values them. Parents/carers attend to needs relating to child/young person's disability. Parents/carers are proactive in seeking appointments and advice and advocating for the child/young person's well-being.	Parents/carers are generally but not always positive about the child/young person's identity but values them. Parents/carers are inconsistent in recognising the impact and meeting the needs relating to child/young person's disability and may allow their own needs to take precedence over the needs of the child/young person. Parents/carers accepts advice and support but are not always proactive in seeking advice and support around the child/young person's needs.	Parents/carers can show irritation at the child/young person's disability, often blaming the child and not recognising identity. Parents/carers do not always prioritise needs relating to child/young person's disability and there is significant minimisation of child/young person's health needs. Parents/carers do not or are unable to seek or accept advice and support around the child/young person's needs and can be indifferent to the impact on the child/young person.	Parents/carers are unable to or do not recognise child/young person's identity and are negative about child/young person as a result of their disability. Parents/carers do not ensure that needs relating to child/young person's disability are met, which leads to deterioration of the child/young person's health and well-being. Parents/carers are unable to understand or are resistant to advice regarding seeking help for the child/young person and decline support around child/young person's disability.

3. SAFETY & SUPERVISION			
3.1 Safety awareness and prevention of harm			
Parents/carers are aware of safety issues, e.g., choking risks, lighters, safe storage of drugs/medications and there is evidence of proactive safety measures taken including equipment use and maintenance. Baby/child is well secured when travelling in pram/pushchair. Baby/child is always secured in car seat/booster seat appropriate to their age and weight when travelling by car (see ROSPA car safety guidance). Parents/carers are aware of possible fire safety risks, there are working smoke alarms and exits are clear.	Parents/carers are aware of safety issues but are inconsistent in use and maintenance of safety equipment. Baby/child is not always secured when travelling in pram/pushchair. Child is usually secured in car seat/booster seat appropriate to their age and weight when travelling by car, but this is not always consistently done. Parents/carers have some awareness of possible fire safety risks but do not prioritise this.	Parents/carers do not always recognise risk and there is evidence of regular dangers to the child/young person. Proactive safety measures such as equipment are not used. Parents/carers are unable to understand or are indifferent to advice or are unable to sustain safety measures. Baby/child is often not secured when travelling in pram/ pushchair. Child is often not secured in car seat/booster seat appropriate to their age and weight when travelling by car. Parents/carers have a limited understanding of the need to guard against fire risks. Rubbish is allowed to accumulate, and doorways are not kept clear.	Parents/carers are unable to recognise danger to the child/young person's safety and are unable to understand or resistant to advice regarding this, does not recognise the importance to the child/young person, and can hold child/young person responsible for accidents and injuries. Baby/child is frequently not secured when travelling in pram/pushchair. Child is frequently not secured in car seat appropriate to their age and weight when travelling by car. There are fire risks in the home, e.g., blocked exits, accumulation of rubbish or other materials which could cause or sustain a fire. Parents/carers do not understand the risks this presents in terms of fire.

3.2 Supervision of the child/young person			
Effective supervision is provided in line with age and stage of development. Parents/carers recognise the importance of appropriate supervision to child/young person's well-being.	Variable supervision is provided both indoors and outdoors, but parents/carers do intervene where there is danger. Parents/carers aware of the importance of supervision but can allow personal circumstances to impact on their ability to supervise.	Little supervision is provided indoors or outdoors, and carer does not always respond quickly to dangers. Parents/carers are unable to understand or are indifferent to the importance of supervision and do not consistently act on advice given.	Significant lack of supervision. A child/young person who isn't able to look after themselves is left on their own. Parent/carers does not tell child how long they will be out. A child under 16 years old is left alone overnight. Parents/carers do not consider the age, maturity or the wishes and feeling of the child/young person (e.g., a young person who is frightened of being in the house alone continues to be left) Young children are contained in car seats or pushchairs for long periods of time. Parents/carers are unable to understand or are resistant to advice from others regarding appropriate supervision and do not recognise the potential impact on children's wellbeing.

Parents/carers show concern about when child/young person should be home and take proportionate action e.g., a phone call if not home on time. Parents/carers and the child/young person are always aware of each other's whereabouts. Parents/carers ensure the child/young person only access or contribute to films/tv/online material or games which are appropriate for the child's/young person's age and stage of development.	Parents/carers usually take proportionate action if the child/young person does not return home when expected, but sometimes their own personal circumstances prevent this. Parents/carers and the child/young person are usually but not always aware of or confident of each other's whereabouts. Parents/carers are aware of the need to monitor the child/young person to ensure they only access or contribute to films/tv/online material or games which are appropriate for the child's/young person's age and stage of development but are inconsistent in this due to their personal difficulties and circumstances.	Parents/carers often feel that the child/young person is responsible for their own safety. Parents/carers are inconsistently concerned about the child/young person returning home late or staying out late at night and often do not take proportionate action. Parents/carers show limited concern about where child/young person is or who they are with. The child/young person is occasionally found wandering outside of the home or locked out. Parents/carers do not monitor the child/young person to ensure they only access or contribute to appropriate online material and films/tv.	Parents/carers see the child/young person as responsible for themselves and their own safety and believe that any harm the child comes to is their own fault. There are little or no boundaries about when to come home or staying out late at night/overnight and no action is taken if child/young person does not return home when expected. Parents/carers often do not know where the child/young person is or who they are with and show no concern for any dangers to the child. Child/young person is often found wandering outside, locked out of the home, or missing. Parents/carers allow the child/young person to access age-inappropriate material and are resistant to advice relating to this, not recognising the potential impact on the child's/young person's wellbeing.

3.3 Care of a baby			
Parents/carers are nurturing and respond quickly to the baby's needs. They are careful when handling and laying the baby down, and frequently check when the baby is unattended. Parents/carers spend time with baby, interacting, smiling, holding, and showing warmth and affection.	Parents/carers are not always consistent in their responses to the baby's needs, due to their own personal circumstances. Parents/carers can at times not handle the baby securely and are inconsistent in supervision. Parents/carers spend some time interacting with the baby but are led by baby's moods, and so respond negatively if baby is not content.	Parents/carers cannot or do not recognise the importance of responding consistently to the baby's needs. Parents/carers continue to handle the baby insecurely even after advice has been provided. The baby is left unattended with potential risks (e.g., choking risk if the baby is left with a bottle in their mouth). Parents/carers spend little time interacting with the baby, and do not recognise the importance of comforting the baby when distressed. They only sometimes recognise the importance of this on wellbeing or child development.	Parents/carers do not respond to the needs of the baby and only address issues when they choose to do so or when it is felt to be a necessity e.g., sustained crying due to hunger. There is consistent unsafe handling, and the baby is left dangerously unsupervised. The baby is strapped into a car seat/highchair/buggy etc. for long periods of time and lacks adult attention and contact. Parents/carers are unable to understand the need and are resistant to advice to pick the baby up, to provide comfort and stimulation and to bond with the baby.
3.4 Care by others			
Child/young person is left in the care of a trusted and suitable adult or young person who has the necessary maturity. Parent/carer always supervises	Child/young person is sometimes left with an adult who is not suitable, or with an older child who does not have the necessary maturity. The parent/carer generally but not always supervises when the baby	Child/young person is frequently left with an adult who is not suitable or an older child who does not have the necessary maturity. The parent/carer often does not	Child/young person is often left with an unsuitable child/young person, or with an unsuitable adult. No supervision is provided when

when the baby/child is being held or carried by another child. Parents/carers are consistent in helping the child/young person to keep themselves safe from others and offer advice and support. Parents/carers are consistent and committed to always providing safe care to the child/young person	or child is being held or carried by another child. Parents/carers are inconsistent in helping the child/young person to keep themselves safe from others but provide some advice and support. Parents/carers are aware of the importance of safe care but are sometimes inconsistent because of their own personal circumstances.	supervise when the baby or child is being held or carried by another child. Parents/carers do not discuss the importance of the child/young person keeping themselves safe from others and provide little advice and support. Parents/carers are indifferent or are unable to understand the importance of safe care to the child/young person, do not recognise potential risks and leave the child/young person with unsuitable or potentially harmful adults.	the baby/child is being held/carried by other children. Parents/carers do not provide any advice about keeping safe and may put the child/young person at risk of harm from other adults. Parents/carers are unable to understand or are resistant to advice about providing safe care and the risks of impact of children/young people being left with unsuitable and/or dangerous adults.
3.5 Responding to adolescents			
The young person's needs are fully considered with appropriate adult care provided. Where risky behaviour occurs both inside and outside of the home it is identified, and the response is effective and proportionate by the parents/carers. Help is sought from extended family/friend networks or services appropriately.	Parents/carers are aware of the young person's needs and mostly try to respond to them appropriately but can be inconsistent in responding to them due to their own personal circumstances. Where risky behaviour occurs the parents/carers can be inconsistent in their response to it. Parents/carers recognise that the	Parents/carers are often not aware of or do not consider the young person's needs. Parents/carers may recognise risky behaviour but mostly do not respond effectively due to their limited understanding or personal circumstances. Parents/carers sometimes	The young person's needs are generally not recognised or considered by the parents/carers. Parents/carers do not recognise risky behaviours by the child/young person, and do not respond to them. Parents/carers cannot or do not

Parents/carers are aware of and alert to the young person's mood and respond appropriately to support their wellbeing.	young person is still in need of guidance and protection from potentially risky behaviour but do not always have the capacity to respond to this effectively. Parents/carers are aware of the young person's mood but can be inconsistent in their responses to the young person to support their wellbeing.	recognise that the young person is still in need of guidance and protection from potentially risky behaviour and occasionally acknowledge or address risks. Parents/carers have limited awareness or understanding of the young person's mood and are mostly not able to respond helpfully to the young person.	recognise that the young person is still in need of guidance and protection from risky behaviour. They do not address risky behaviour either directly or by seeking support. Parents/carers do not have the capacity to be alert to and monitor the young person's moods for example recognising depression which could lead to self-harm and do not feel a responsibility to support the young person's emotional wellbeing.
4. LOVE AND CARE			
4.1 Parents'/carers' attitude to child; warmth and care			
Parents/carers talk warmly about the child/young person. Parents/carers are able to praise and give appropriate emotional reward. Parents/carers value all aspects of the child's ability and identity (including cultural, sexual, and gender identity) and seek to	Parents/carers talk warmly about the child/young person and are positive about achievements most of the time but can allow their own needs to impact on this. Parents/carers recognise that praise and reward are important but are inconsistent in doing this. Parents/carers recognise the child/young person's identity and are aware of the importance of	Parents/carers do not speak warmly about the child/young person and are indifferent to the child/young person's achievements. Parents/carers do not provide praise or reward and can minimise praise from others. Parents/carers do not recognise the child/young person's identity and are indifferent to the importance of	Parents/carers speak with high criticism and without warmth about the child/young person and do not provide any reward or praise as well as minimising praise offered by others. Parents/carers are resistant to advice about the importance of praise and reward to the child/young person. Parents/carers are unkind and dismissive of the child/young person's identity and do not

ensure the child/young person develops a positive sense of self. Parents/carers respond appropriately to child's needs for physical care and positive interaction. They consistently demonstrate warmth, love and care to the child/young person and understand the importance of this. Child/young person is listened to, and the parents/carers respond appropriately. Child/young person is happy to seek physical contact and care. Parents/carers respond appropriately if the child/young person is distressed or hurt.	ensuring the child/young person develops a positive sense of self, but sometimes allow personal circumstances to impact on this. Child/young person is not always listened to and parents/carers sometimes respond with irritation if child seeks comfort through demonstrations of emotions such as crying. Parents/carers understand the importance of demonstrations of love and care, but their own circumstances and difficulties sometimes get in the way. Child/young person often feels the need to initiate physical interaction with parents/carers who can respond inconsistently. Parents/carers do not always respond appropriately if child/young person distressed or hurt.	ensuring that the child/young person develops a positive sense of self. Parents'/carers' emotional response often lacks warmth. Parents/carers do not act on advice about the importance of demonstrations of love and care to the child/young person. Parents/carers seldom initiate physical interactions with the child/young person and when initiated by the child/young person can be indifferent to it. Parents/carers can respond aggressively or dismissively if child distressed or hurt.	recognise the importance of ensuring that they develops a positive sense of self. Parents/carers do not show any warmth or physical affection to the child/young person and do not respond to the child seeking emotional warmth and care. Parents/carers respond aggressively or dismissively if child/young person distressed or hurt. Parents/carers are unable to accept or are resistant to advice about the importance of responding to the child/young person if hurt or distressed.

			Parents/carers may respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.
4.2 Boundaries			
Parents/carers provide consistent boundaries and ensure child/young person understands how to behave and to understand the importance of set limits. Child/young person is disciplined proportionately and effectively with the intention of teaching proactively.	Parents/carers recognise the importance of setting boundaries for the child/young person but can be inconsistent because of their own personal circumstances. Discipline can be inconsistent, and parents/carers may at times use disproportionate punishment or sanctions.	Parents/carers provide few boundaries and are critical when responding to the child/young person's behaviour and hold them unfairly responsible for it. Discipline involves frequent physical and/or emotional punishment or sanctions. Parents/carers are indifferent to or unable to understand advice provided on the need for more appropriate methods of disciplining.	Parents/carers provide no boundaries for the child/young person and react harshly when responding to their behaviour. Parents/carers routinely use physical and/or emotional chastisement and other harsh methods of discipline and punishment. Parents/carers are resistant to or unable to understand advice provided on the need for more appropriate methods of disciplining.
4.3 Young carers and household responsibilities			
Child/young person contributes to household tasks as would be expected for age and stage of development. The child/young person does not take on additional caring responsibilities which might	Child/young person has some additional responsibilities within household to what would be expected for their age and stage of development. These have a minimal impact and do not interfere with child/young person's education and interfere minimally	Child/young person has significant caring responsibilities that interfere with their education, leisure, and social activities.	Child/young person has caring responsibilities which are excessive or inappropriate to their age or ability. Inappropriate tasks may include personal/intimate care, unsafe tasks for their age or tasks which put the

impact on their wellbeing. Social activities meet the needs of the child/young person. Parents/carers recognise that the child/young person should not have excessive caring responsibilities and recognise the impact that these may have on them.	with leisure opportunities. Social activities generally meet the needs of the child or young person. Parents/carers recognise that the child/young person should not have excessive caring responsibilities but are inconsistent in their response.	Social activities are mostly focused on the needs of the adult. Parents/carers are indifferent to or lack understanding of the impact of caring responsibilities on the child/young person and may rely on them to undertake tasks when other support is available.	cared for person at risk. Social activities are focused on the needs of the parents/carers. Caring responsibilities significantly impact on the child/young person's education, leisure, and social activities. The parents/carers do not understand or acknowledge the impact on the child/young person's well-being. Parents/carers are resistant to advice or refuse consent for appropriate services to be put in place.
4.4 Positive values			
Parents/carers encourage the child/young person to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness. Parents/carers give clear advice and support around an awareness of the risks of smoking, underage drinking,	Parents/carers make attempts to help the child/young person to have positive values, understand right from wrong, be respectful to others and show kindness and helpfulness, but this is inconsistent due to their own personal experiences. Parents/carers give some advice around the impact of smoking, underage drinking, drug misuse	Parents/carers do not or are unable to teach child/young person positive values and are indifferent to issues of right and wrong, kindness and respect for others. Parents/carers give minimal advice about the impact of smoking, underage drinking, drug	Parents/carers actively encourage negative values in the child/young person and can condone anti-social behaviour. Parents/carers are indifferent to or do not understand the impact of smoking, underage drinking, drug

drug misuse and early sexual relationships	and early sexual relationships but are not always consistent with their messages due to their own difficulties or personal experiences.	use and/or early sexual relationships.	use, and/or early sexual relationships. No advice is given, and these behaviours may be encouraged.

5. IMPACT OF ADULT BEHAVIOURS

5.1 Adult mental health

Parents/carers are able to meet the practical and emotional needs of the child or young person despite their own mental health needs. Parents/carers aware of the impact of parental mental distress on parenting role and child/young person and are able to mitigate risks when experiencing mental distress. Parents discuss feelings of depression/low mood in a way which is understandable to and meets the needs of the child/young person.	Parents/carers generally able to meet the practical and emotional needs of the child or young person and make alternative arrangements with trusted person if unable to meet needs of child or young person. Parents/carers are generally able to mitigate risks to child or young person when experiencing mental distress but may experience difficulties doing so on some occasions. Parents/carers usually discuss feelings of depression/low mood in an understandable and appropriate way and are aware of the impact of parental mood on the child/young person but can be inconsistent with this at times.	Parents/carers often unable to meet the practical and emotional needs of the child or young person due to their own mental distress. Parents/carers are often unaware of impact of parental mental distress on parenting role and on their child and are often unable to mitigate risks. Parents/carers have talked about depression/suicide in front of the child/young person and are unaware of the potential impact on them.	Parents/carers are generally unable to meet the practical and emotional needs of the child or young person due to their own mental distress. Parents/carers are generally unaware of impact of parental mental distress on their parenting role and on their child and are unable or unwilling to mitigate risks when experiencing mental distress. Parents/carers have attempted suicide or displayed distressing behaviour in front of the child/young person. Discussions take place around mental distress and mental health that are inappropriate to child or young persons' age and understanding or cause the child/young person to be afraid.
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Parents/carers do not experience any delusional thoughts or beliefs around the child or young person. Parents/carers seek emotional support from other adults rather than from the child/young person. Parents/carers collaborate with the relevant health and wellbeing services when needed.	Parents/carers can sometimes experience delusional thoughts or beliefs but are able to mitigate any risks to the child or young person. Parents/carers generally seek emotional support from other adults but can be inconsistent with this and occasionally seek emotional support from the child/young person. Parents/carers collaborate with relevant health and wellbeing services but can be inconsistent with this.	Parents/carers sometimes experience delusional thoughts or beliefs around the child or young person and are sometimes unable to mitigate any risks to the child or young person. Parents/carers sometimes seek out and rely on emotional support from the child or young person. Parents/carers often unable or unwilling to collaborate with relevant health and wellbeing services.	Parents/carers experience delusional thoughts or beliefs around the child or young person which may place them at risk. They are unable to protect the child from their delusional thoughts or beliefs. The child may be included in any delusions or become the focus of parent's aggression. Parents/carers generally seek and rely on emotional support from the child or young person, and this is damaging to the child/young person. Parents/carers unable or unwilling to collaborate with relevant health and wellbeing services.
5.2 Parental conflict			
Parents/carers interact positively and constructively with each other when in the presence of child/young person, even when having disagreements. Parents/carers have a good understanding of the impact of parental arguing and conflict on the	Parents/carers sometimes argue and conflict in front of the child/young person but there is no aggression from either party. Conflicts are usually resolved. Parents/carers recognize the impact of conflict on the child/young person's mental health and long-	Parents/carers often argue and conflict in front of the child/young person and this may involve aggression, or a lack of respect between the adults involved. Arguments are often not resolved. There is minimal awareness and understanding of the impact of the arguing and conflict on the	Parents/carers frequently argue and conflict in front of the child/young person. This is intense and poorly resolved. It may be expressed as aggression, through silence, or as a lack of respect between the adults involved. There is resistance or inability to understand advice provided on the impact of witnessing parental

child/young person's mental health and long-term life chances and are sensitive to this.	term life chances; however their own circumstances and difficulties can result in arguments and conflicts taking place in front of the child/young person.	child/young person and little attempts are made to resolve conflict away from them.	arguing and conflict on the child/young person's mental health and long-term life chances, and no attempts are made to resolve conflict away from them.
5.3 Adult alcohol and substance use			
Alcohol and drugs are stored safely within the home. Parents/carers model low consumption or do not drink alcohol or use substances in front of the child/young person. Parents/carers' use of alcohol or drugs does not impact on their emotional availability to or care of the child or young person. They have the physical ability to care for the child/young person at all times	Alcohol and drugs are generally stored safely. Parents/carers usually respond to advice relating to safe storage. Parents/carers sometimes drink to excess or use substances in front of the child/young person. Parents/carers' alcohol or drug use may occasionally impact on the child/young person in terms of their emotional availability or consistency of care. Parents/carers have the physical ability to care or respond to the child/young person on most	Alcohol and drugs (and/or drug use equipment) are usually not stored safely in the home and could be accessed accidentally by child/young person. Parents/carers sometimes respond to advice relating to safe storage. Parents/carers often drink alcohol to excess or use substances in front of the child/young person. They lack awareness of the impact of their substance use in front of child/young person and they are inconsistent with engagement with specialist drug or alcohol services. Parents/carers' alcohol or drug use leads to an inconsistency in care. The child/young person's access to education, medical or emergency care can be delayed or disrupted as a result.	Alcohol and drugs (and/or drug use equipment) are easily accessible to the child/young person and the parents/carers are unable or unwilling to understand or act on advice relating to safe storage. Parents/carers frequently drink alcohol to excess or use substances in front of the child/young person. Parents/carers may blame their continued use on the child/young person. Parents/carers significantly downplay or minimise their use, are unable or unwilling to accept advice and do not engage with specialist drug or alcohol services. Parents/carers do not or cannot respond to the child/young person's needs. They show little consideration for the child/young person's wellbeing, and this impacts badly on access to education,

including in emergency situations should they arise. Parents/carers maintain consistent boundaries and routines which are unaffected by any alcohol or substance use. Parents/carers talk about safe and legal use of alcohol and drug use to the child/young person, being aware of the child/young person's age and stage of development and understanding. Alcohol or drug use does not impact on the family finances. Parent/carers' moods are not affected by their alcohol or drug use.	occasions or make other arrangements when unable to provide it themselves. Parents/carers usually maintain boundaries and routines, but these change to accommodate alcohol or substance use at times Parents/carers do not always talk appropriately about safe and legal use of substances in terms of the child/young person's age and stage of development and understanding. Alcohol or drug use occasionally impacts on the family finances, but the child or young person's needs are usually met. Parents/carers' moods are sometimes affected by their alcohol or drug use. They usually recognize and respond to the child/young person's concerns and worries about the parent/carer's behaviour or circumstances.	Parents/carers often struggle to maintain consistent boundaries and routines due to their alcohol or substance use. Parents/carers frequently talk inappropriately about alcohol or drug use despite the child or young person's age and stage of development and understanding. They may normalise or encourage substance use. Alcohol or drug use regularly impacts on the family finances which has a negative impact on the child/young person e.g., missing school trips. Parents/carers' moods can be unpredictable as a result of alcohol or drug use. This sometimes causes the parent or carer's behaviour to be erratic and frightening to child or young person. Parents/carers do not always recognise or respond to the child/young person's fears or concerns about the parent's/carer's behaviour or circumstances.	medical or emergency care including emergency care. Parents/carers are unable to provide boundaries and routines due to their alcohol and substance use. Parents/carers involve the young person in their alcohol or drug use (e.g., asking the child to get or prepare drugs), discussing or using in front of the child, normalising and encouraging alcohol or substance use. Alcohol or drug use significantly impacts on the family finances leading to unmet needs for the child/young person. The child/young person is exposed to abusive or frightening behaviour from either the parent/carer or other adults. Parents/carers do not or cannot recognise or respond to the child/young person's fears or concerns about the parents'/carers' behaviour or circumstances.

There is a consistent network of family and supportive others around the child/young person.	The child/young person's needs are generally met, and a network of family and supportive others are involved although this can fluctuate at times due to the parents'/carers' alcohol or drug use.	The involvement of the network of family and supportive others is inconsistent due to the parents'/carers' alcohol or drug misuse.	Parents/carers are unwilling to engage with supportive network. Parents/carers do not or cannot understand the importance of a consistent support network for the child or young person. There is an absence of supportive family members or a social network.
5.4 Needs of unborn children			
Parents/carers acknowledge the pregnancy and attend all antenatal appointments and seek medical advice if there is a perceived problem. Parents/carers seek support for any difficulties they have which could negatively impact on the unborn baby. Parents/carers are aware of the impact of alcohol and substance use on an unborn child and follow recommendations by health professionals. Parents/carers prepare for the birth of the baby and have the appropriate	Parents/carers attend most antenatal appointments and prepare for the birth of the baby. Parents/carers are aware of but can be inconsistent in seeking support for any difficulties they may have which could negatively impact on the unborn baby. Parents/carers are aware of the impact of alcohol and substance use on an unborn child but are inconsistent in following recommendations by health professionals. Parents/carers have undertaken some preparation for the birth of the baby but have not considered	Attendance at antenatal appointments is inconsistent and some are missed and not rearranged. Parents/carers are unaware or indifferent to the impact of their own difficulties or activities on the unborn child and do not seek support to prevent a negative impact on the unborn baby. Parents/carers need support to manage any alcohol or substance use during pregnancy and lack awareness of the immediate and longer-term risks this poses to the baby. Parents/carers are unprepared for the birth of the baby and have only	Parents/carers do not attend most or any antenatal clinic appointments; and are resistant to advice from health professionals during the pregnancy. Parents/carers do not address difficulties and engage in activities that could hinder the development, safety, and welfare of the unborn. Parents/carers are unable to recognise or acknowledge the impact that any alcohol or substance use is having on the unborn baby. Parents/carers have very little, or nothing prepared for the birth of the baby.

clothing, equipment, and cot in time for the birth.	everything needed or sought advice on this.	considered the most basic requirements.	
6. STIMULATION & EDUCATION:			
6.1 0 – 2 Years			
The child is well stimulated, parents/carers are aware of the importance of this and make active efforts to interact and stimulate the baby to promote emotional development and well-being. Play is prioritised to support development, toys are freely available and the importance of space for physical development e.g., space to walk or run is well understood and offered to the child.	Parents/carers understand the importance of stimulation but can be inconsistent in care giving or stimulation. Some reliance on extended family/friends for stimulation of the child. Play opportunities e.g., toys are largely evident within the home but can be inconsistently available. Space for physical development is limited.	Stimulation is not a priority and parents/carers find it difficult or are unwilling to offer stimulation to the child, with a large reliance on extended family/friends. Parents/carers needs take precedence at times over the child's needs. Developmental opportunities are not always available to the child. Physical or emotional development may be delayed. The child's mobility may be restricted in small spaces.	Parents/carers do not provide stimulation and the child's mobility is restricted (e.g., confined in highchair or pram). This impedes physical and emotional development e.g., ability to walk or speak. Parents/carers can be angry at the demands made by the child. Parents/carers are unable to understand or are resistant to advice about the importance of stimulation for emotional and physical development as well as for physical care for the child's wellbeing. Developmental opportunities are very limited or not available to the child and the child's mobility is restricted.
6.2 2 – 5 Years			
The child receives plenty of stimulation such as talking to the child in an interactive way, as well as reading stories or singing.	The parents/carers mostly provide enough stimulation for the child, but this is variable.	Parents/carers provide some stimulation, but this is not enough to meet the needs of the child.	Parents/carers provide minimal stimulation.

Parents/carers provides ample play and learning opportunities and toys are freely available. Parents/carers prioritise the family's resources to meet the child's needs. Parents/carers frequently take the child/young person to child centered places locally such as parks, and encourage child to make use of age-appropriate local resources e.g., children's activities in libraries	Parents/carers understand the importance of play and learning for the child's development and wellbeing and provide play and learning opportunities, but sometimes their own circumstances and other demands on their time get in the way and they have difficulty prioritising the child's needs over their own. Parent/carers make an effort to provide toys but sometimes struggle to do this. Parents/carers usually take child to child centered places locally such as parks, but this can be inconsistent due to their own personal circumstances.	Parents/carers do not understand the importance of play and learning for the child. The child lacks key play and learning opportunities, including toys. This is not because of financial issues, but because the parents/carers lack understanding, interest, or recognition of the child's needs. Parents/carers allow presents for the child/young person, but the child is not encouraged to care for toys. The child may go on adult oriented trips, or they may be left to their own devices e.g., to play outside.	Parents/carers are unable or unwilling to recognise the importance of play and learning and are resistant to advice from others about the importance of stimulation. The child has no toys unless provided by gifts or grants and these are not well kept. Parents/carers may believe that child does not deserve presents. The child may be left unsupervised for extended periods while parents/carers go out e.g., to socialise with friends. The child is not taken to child centered places and prevented from going on outings with friends or school which impacts negatively on socialisation and friendships.
6.3 School			
Parents/carers take an active interest in school and learning opportunities and support this at home. Attendance is encouraged, supported and regular.	Parents/carers largely support school but support at home e.g., with homework can be inconsistent. Parents/carers do not always encourage and support the	Parents/carers do not or cannot always understand the importance of school, learning opportunities and socialisation for the child/young person.	Parents/carers are resistant to the child/young person accessing school. They do not provide support or encourage child/young person to see school as making a positive

Parents/carers encourage the child/young person to see learning as important, are interested in learning and support this at home. Parents/carers engage well with school and do not agree to missed days unless necessary.	child/young person to regularly attend school. Parents/carers have an inconsistent approach to school and may feel ambivalent towards learning due to their own experiences. Parents/carers occasionally agree to days off when not necessary.	There is a general lack of engagement by parents/carers with school and they may collude with the child about not seeing it as important. Parents/carers regularly allow days off from school when not necessary.	contribution to their circumstances now or in the future. Parents/carers may actively encourage the child to reject learning opportunities and do not or cannot make the connection between learning and greater life opportunities. Parents/carers do not engage with school and give no support for any aspect of school such as homework, outings etc.
6.4 Physical activity and leisure			
Parents/carers encourage the child/young person to engage in physical activity and leisure and prioritise family resources to support this where possible. Parents/carers understand the importance of physical activity for child/young person's wellbeing. Parents/carers recognise when the child/young person is good at something and make all possible efforts to allow them to pursue it.	Parents/carers understand that physical activity and leisure activities e.g., after school activities are important to the child/young person but can be inconsistent in supporting this, because their own circumstances get in the way. Parents/carers recognise the child/young person's strengths but can be inconsistent in promoting a positive approach or creating opportunities for the child to succeed.	Child/young person engages in physical activities through their own efforts, because parents/carers are unwilling or unable to support them. Parents/carers do not recognise the importance of physical activities/leisure opportunities to the child/young person and are largely indifferent to the wishes of child/young person or advice from others about the importance of sports/leisure activities, even if child/young person enjoys them and thrives doing them.	Parents/carers do not encourage or are actively resistant to the child/young person's wish or need to take part in activities and may be active in preventing this. Parents/carers actively support the child/young person in engaging in unsafe/unhealthy pursuits which may negatively impact on their physical or mental health.

6.5 Friendships			
Friendships are supported and parents/carers are aware of who the child/young person is friends with. Parents/carers are fully aware of the importance of friendships for the child/young person's social and emotional development. Parents/carers are aware of safety issues and concerns regarding peers or risks outside the family and take protective measures e.g., decisive action when bullying occurs.	Parents/carers are aware of the need for friends and support the maintenance of friendships although inconsistently. Parents/carers are generally knowledgeable about friendship/peer groups and can identify some level of risk outside the home and act on it.	Parents/carers have limited understanding of the importance of friendships to social and emotional development and do not encourage friendships. Child/young person may experience difficulties with friendships and are largely unsupported with this by parents/carers unless they tell their parents they are being bullied. Parents/carers do not actively seek information about friendship groups or activities outside the home which may pose risk.	Parents/carers are resistant to friendships outside the home and show no interest or support. They do not understand the importance to child/young person. Parents/carers take no effective action when bullying is identified and may encourage the child to retaliate. Parents/carers do not identify or explore risks outside the home from peers or older people. If risks are evident then parents/carers do not do anything to protect the child.
6.6 Addressing bullying			
Parents/carers are alert to child/young person being bullied and address immediately e.g., engaging with school to resolve it.	Parents/carers are aware of likelihood of bullying but are not always proactive in identifying it. Parents/carers may intervene when asked or a bullying issue is identified but may be inconsistent in this.	Parents/carers are unaware of the child/young person being bullied and do not act proactively to identify it. If parents/carers are told about bullying they provide limited intervention, or do not look for wider support in the community e.g., from school to address this. The child may be told to deal with the bullying themselves.	Parents/carers are unable to understand or are indifferent to the impact of the child/young person being bullied, or to clear risks posed outside the home. Parents/carers fail to act where risks are identified and may expect the child to deal with the bullying themselves.

7. PARENTS/CARERS' ABILITY TO ACHIEVE CHANGE			
7.1 Acceptance of issues			
Parents/carers are concerned about the child/young person's welfare and proactively meet their physical, social, and emotional needs. Parents/carers are determined to act in the best interests of the child/young person. They are confident in supporting the child/young person to overcome challenges and are willing to ask for help when needed. Parents/carers prioritise the needs of the child/young person.	Parents/carers are sometimes concerned about the child/young person's welfare and generally attempt to meet their needs, but their own problems can sometimes get in the way of this. Parents/carers may be preoccupied with their own difficulties and although they have some understanding of the need for them to make changes, they find it difficult to do so. This may be as a result of their own problems such as their own mental health, alcohol or substance misuse.	Parents/carers have limited concern about the child/young person's welfare and their own need to change. They do not prioritise their time and money for the child/young person, leading to some of the child/young person's needs not being met. Parents/carers often prioritise their own needs over those of the child/young person regarding their welfare.	Parents/carers are unable or unwilling to recognise their parental roles and responsibilities in meeting the needs of the child/young person. Parents/carers are unable or unwilling to prioritise their child's needs over their own.
7.2 Taking responsibility			
Parents/carers recognise, understand, and accept their responsibility to make changes when needed and are proactive in initiating change themselves, or with limited support from others for example engaging with community-based resources, friends, or extended family.	Parents/carers recognise, understand, and accept their responsibility to make changes when needed but are not always proactive in initiating change themselves, sometimes looking to others to do this.	Parents/carers are unaware of or unable to understand their responsibility to change and often look to others to change or enable this to happen. Parents/carers find it difficult to sustain changes and can only do this for a short time or while they are receiving outside help.	Parents/carers do not or are unable to recognise their responsibility to make changes when needed and are resistant to the suggestion of this. Parents/carers feel it is other people's responsibility to make changes. Parents/carers can only make or sustain changes with outside help.

Parents/carers do not blame the child/young person for any difficulties experienced.	At times, the parents/carers may place some responsibility on the child/young person or other factors as the cause of difficulties and place some responsibility to change on them but do also recognise the need for change within themselves.	Parents/carers see the child/ young person, other factors, or involvements of services as the cause of difficulties and largely place responsibility to change on them.	Parents/carers see the child/young person, other factors, or the involvement of services as the cause of their difficulties and place full responsibility to change on them.
7.3 Sustaining changes			
Parents/carers acknowledge the need for any changes and engage with activities to bring about change if needed. Parents/carers are able to understand, embed and sustain change over time.	Parents/carers have engaged with previous interventions which brought about positive change for the child/young person. Parents may not be able to sustain change over time but are willing to engage again with interventions.	Parents/carers are only able to sustain changes for the child/ young person for a short space of time or whilst there is service involvement, despite episodes of intervention to bring about change. There is an overreliance on service involvement to bring about and sustain change.	Parents/carers are resistant, do not, or cannot recognise the need to change for the child/young person's benefit, despite episodes of intervention to bring about change. There is a dependency on service involvement to bring about and sustain change.

Summary sheet

Areas of need	Level of concern				Examples if impact on child/young person, with analysis	Child/young person's views	Parents' views
AREA 1: PHYSICAL CARE	1	2	3	4			
1.1 Food	☐	☐	☐	☐			
1.2 Quality of housing	☐	☐	☐	☐			
1.3 A stable home	☐	☐	☐	☐			
1.4 Clothes and footwear	☐	☐	☐	☐			
1.5 Animals	☐	☐	☐	☐			
1.6 Hygiene	☐	☐	☐	☐			
AREA 2: HEALTH	1	2	3	4			
2.1 Sleeping arrangements	☐	☐	☐	☐			
2.2 Seeking advice and help	☐	☐	☐	☐			
2.3 Disability needs	☐	☐	☐	☐			
AREA 3: SAFETY AND SUPERVISION	1	2	3	4			
3.1 Safety awareness & prevention of harm	☐	☐	☐	☐			
3.2 Supervision of the child/young person	☐	☐	☐	☐			
3.3 Care of a baby	☐	☐	☐	☐			
3.4 Care by others	☐	☐	☐	☐			
3.5 Responding to adolescents	☐	☐	☐	☐			
AREA 4: LOVE AND CARE	1	2	3	4			
4.1 Parents'/carers' attitude to the child; warmth and care	☐	☐	☐	☐			
4.2 Boundaries	☐	☐	☐	☐			
4.3 Young carers and household responsibilities	☐	☐	☐	☐			
4.4 Positive values	☐	☐	☐	☐			

AREA 5: IMPACT OF ADULT BEHAVIOURS	1	2	3	4			
5.1 Adult mental health	☐	☐	☐	☐			
5.2 Parental conflict	☐	☐	☐	☐			
5.3 Adult alcohol and substance use	☐	☐	☐	☐			
5.4 Needs of unborn children	☐	☐	☐	☐			
AREA 6: STIMULATION AND EDUCATION	1	2	3	4			
6.1 0-2 years	☐	☐	☐	☐			
6.2 2-5 years	☐	☐	☐	☐			
6.3 School	☐	☐	☐	☐			
6.4 Physical activity and leisure	☐	☐	☐	☐			
6.5 Friendships	☐	☐	☐	☐			
6.6 Addressing bullying	☐	☐	☐	☐			
AREA 7: PARENTS'/CARERS' ABILITY TO ACHIEVE CHANGE	1	2	3	4			
7.1 Acceptance of issues	☐	☐	☐	☐			
7.2 Taking responsibility	☐	☐	☐	☐			
7.3 Sustaining changes	☐	☐	☐	☐			
Total number of each e.g. how many 1s, 2s, 3s and 4s							

Analysis / additional information

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Is there is a child in need, child protection or other care plan for this child which this toolkit will inform and support? If not, please discuss with the family what changes they would like to make as a result of discussing the toolkit with them. It may be helpful to use this page to do this:

What is our specific goal or outcome we would like to achieve?	What actions are needed to achieve this? (include who will do this and by when)

