# **Risk of Neglect Toolkit: Working with Families**

**Child's name:** 

Carer(s) name(s):

**Completed by:** 

**Date:** 

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

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#### ACTION FOR CHILDREN



Carer(s) name(s): Child's name(s): Date: 5 2 3 1. Nutrition High level of Some support More support required No or low concern No concern required support required Nutritional content Aware, proactive, O Aware and usually O Nutrition not a 0 Provision of Provision of reasonably provides nutritious manages to mainly nonconsideration at all. nutritious food but food and drink provide nutritious nutritious food inconsistent. within their means food and drink. Adequate to variable O Child appears Variable too much/ Quantity Consistently provided Mostly provided to  $\cap$ to meet age and stage provision. too little. underweight/ meet age and stage Inconsistent. overweight, seeking of development. of development. food/stealing food. Preparation Preparation  $\cap$ More often no O Hardly ever any 0 Cooked/prepared for Usually well prepared infrequent.child's for the family always preparation. If there is, preparation, child the child's needs/ needs sometimes thinking of child's child's need or taste often left to source or age/taste. considered. not considered or needs. make their own meals. accommodated. Erratic and O No routine - child eats Organisation Meals mostly Meals usually  $\cap$ Meals available as 0 available, poor inconsistent when and what they can appropriate to age/ available and a attention to hygiene availability of meals stage. Good hygiene. routine in place. Child knows they will Reasonable hygiene. and unhygienic e.g. in food preparation, be fed, routine in cleanliness of bottles/ practices place. plates etc. **Emotional care**  Meal times are mostly Meal times usually Meal times rarely Meals not prepared/ O Meals not prepared,  $\bigcirc$ 0 child focussed and child focussed. child's child focussed, their inadequate. Lack of child eats alone. child's child's needs consideration of needs attended to. needs rarely needs not considered. attended to. considered. child's needs. 2

Carer(s) name(s): Child's name(s): Date:	(1)	2	3	(4)	(5)
2. Housing	No concern	No or low concern	Some support required	More support required	High level of support required
Maintenance	<ul> <li>Well maintained, safe, warm and clean.</li> </ul>	<ul> <li>Generally well maintained and safe.</li> </ul>	<ul> <li>Some repairs needed. Not always proactive in addressing these issues.</li> </ul>	<ul> <li>State of repair is inadequate and has not been addressed.</li> <li>Conditions have resulted in an accident to a child in the home.</li> </ul>	O Dangerous disrepair which is not being addressed (e.g. exposed nails, live wires). More than one accident to child in home/garden.
Environment	<ul> <li>Welcoming home appropriate to the family's needs.</li> </ul>	<ul> <li>Mostly welcoming, evidence of child's needs/preferences being considered.</li> </ul>	Some areas in need of attention/ redecoration.	<ul> <li>Dirty/chaotic environment, evidence of long term disrepair.</li> </ul>	• Squalid, bad odour, exposure to hazards within the home.
Facilities	<ul> <li>Essential and additional amenities, good heating, shower/ bath, beds and bedding provided.</li> <li>Play and Learning facilities are evident.</li> </ul>	<ul> <li>All essential amenities, effort to maximise benefit for the child if lacking due to practical constraints (child comes first).</li> </ul>	<ul> <li>Essential to bare, little evidence of child's needs being prioritised.</li> </ul>	C Essential to bare (e.g. inadequate bedding, lack of warmth, unclean, no working heating system, does not have own bed/ bedding).	<ul> <li>Child dangerously exposed or not provided for.</li> </ul>

Note: As part of assessment, consider the caregiver's willingness and engagement with supports to maintain a safe and appropriate environment

Carer(s) name(s): Child's name(s): Date:					
3. Clothing	1 No concern	No or low concern	3 Some support required	4 More support required	High level of support required
Suitability for weather conditions	<ul> <li>Well protected with clothes/shoes suitable for all weathers.</li> </ul>	<ul> <li>Mostly well protected with appropriate clothes/shoes for the weather.</li> </ul>	<ul> <li>Adequate to variable weather protection.</li> <li>Sometimes suitably dressed but can be lacking appropriate clothing and shoes.</li> </ul>	<ul> <li>Inadequate weather protection, lack of warmth, hat, gloves, shoes.</li> </ul>	<ul> <li>Clothes/shoes completely unsuitable, putting child at risk.</li> </ul>
Fitting	<ul> <li>Well fitting and allows comfortable movement.</li> </ul>	<ul> <li>Reasonable fit and well maintained</li> </ul>	<ul> <li>Clothing inconsistent, often too small and may be uncomfortable.</li> </ul>	Clothes too large or small, having impact on child's movement and comfort	Fit of clothing is having a negative effect on child, uncomfortable etc.
Condition	<ul> <li>Clean and well presented.</li> </ul>	<ul> <li>Some effort to restore any wear and clean.</li> </ul>	<ul> <li>Repair lacking, often not very clean.</li> </ul>	Often unwashed, dirty and crumpled.	O Usually unwashed, dirty, Clothing in need of repair/replacement.

Carer(s) name(s): Child's name(s): Date:					
		(2)	3	(4)	(5)
4. Health	No concern	No or low concern	Some support required	More support required	High level of support required
Opinion sought	<ul> <li>Seeks medical, dental and optical care on preventative basis and for presenting issues.</li> </ul>	<ul> <li>Seeks advice and responds to guidance from professionals on matters of concern about child health including vision and dental care.</li> </ul>	Inconsistentlyresponds to guidance provided on child's preventative health. Only seeks medical advice on persistent/serious illness. Child may not be registered with GP or dentist. Alternatively seeks guidance on illness of any severity, resulting in unnecessary consultaions	O Delays seeking medical care until moderately severe. Dental and optical care not sought. Alternatively seeks medical care and labels for child to meet own needs.	Medical attention only sought when illness becomes critical (emergencies) or ignored.
Follow up	<ul> <li>All appointments kept. Rearranges if problems.</li> </ul>	<ul> <li>Child not taken to occasional appointments due to doubt about their usefulness, error or due to pressing practical constraints.</li> </ul>	<ul> <li>Child not taken to one in two appointments, with impact on child's wellbeing.</li> </ul>	O Only takes child if prompted. Doubts its usefulness even if it is of clear benefit to the child.	Child not taken to appointments despite prompts. Reasons for non-attendance lack clarity or are misleading.
Monitoring	<ul> <li>Up to date with immunisation and health checks unless genuine reservations.</li> </ul>	<ul> <li>Up to date with immunisation and health checks unless exceptional or practical problems but has plans to address this.</li> </ul>	<ul> <li>Child not taken for some immunisations and health checks but takes up if persuaded.</li> </ul>	O Omissions becauseof disorganisation, accepts health input if accessed at home.	<ul> <li>Little attention to child's welfare, no access provided to home visits, child not seen.</li> </ul>



Carer(s) name(s): Child's name(s): Date:	(1)	(2)	(3)	(4)	(5)
5. Hygiene	No concern	No or low concern	Some support required	More support required	High level of support required
Age 0-6	<ul> <li>Adults help child to bathe/wash and teeth brushed daily.</li> </ul>	<ul> <li>Bathed/washed and teeth brushed regularly with help from adults.</li> </ul>	<ul> <li>Irregular routine.</li> <li>Sometimes</li> <li>washed/bathed and</li> <li>teeth brushed,</li> <li>sometimes not.</li> </ul>	<ul> <li>Occasionally washed/ bathed but seldom teeth brushed. Child appears unclean.</li> </ul>	<ul> <li>Seldom washed/ bathed with poor oral hygiene and hair care.</li> </ul>
Age 7+	Some independence at above tasks according to age and stage of development. Younger children always helped and supervised and older children reminded and supported.	Reminded and products provided for. Mostly watched and helped if needed. Some independence at above tasks according to age and stage of development. Younger children usually helped and supervised and older children usually reminded and supported.	<ul> <li>Supervision inconsistent and products not always available (shampoo, toothpaste etc).</li> </ul>	Minimal supervision and support. Lack of access to toothpaste, shampoo etc.	<ul> <li>No supervision or support.</li> </ul>



#### Notes


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Carer(s) name(s): Child's name(s): Date: 1. Home safety	- 1 No concern	2 No or low concern	3 Some support required	4 More support required	High level of support required
Awareness	<ul> <li>Awareness of all safety issues. Pets appropriately managed with child appropriate care roles with animals.</li> </ul>	<ul> <li>Aware of most important safety issues.</li> </ul>	<ul> <li>Some awareness however only intervenes if immediate danger.</li> </ul>	<ul> <li>Lack of awareness to safety and risks e.g. from animals/pets.</li> </ul>	No awareness of safety and risks. No efforts to protect child.
Safety features	<ul> <li>All safety features         <ul> <li>e.g. gates, guards, smoke alarms, medicines /cleaning materials safely stored, Heavy furniture/windows secured. Safe gas and electrical appliances.</li> </ul> </li> </ul>	<ul> <li>Essential features present .eg. gates, guards, smoke alarms, medicines / cleaning materials safely stored, Heavy furniture / windows secured. Safe gas and electrical appliances.</li> </ul>	<ul> <li>Lacking in essential safety features.</li> </ul>	O No safety features, some possible hazards due to disrepair e.g. tripping hazard due to littered floor, unsteady heavy fixtures, unsafe appliances.	Definite hazards due to disrepair. Exposed electric wires and sockets, unsafe windows e.g. broken glass, medicines carelessly lying around or stored where baby / child could access.

Carer(s) name(s): Child's name(s): Date:						
	(1)	(2)	3	(4)	(5)	
2. Supervision	No concern	No or low concern	Some support required	More support required	High level of support required	
Baby / pre-mobility age	Appropriately cautious with handling and laying down, seldom unattended.	Appropriate cautious with handling and laying down, checks if unattended.	Handling careless, frequently unattended when laid down in house.	Handling unsafe, unattended even during care chores (e.g. bottle left in the mouth).	Dangerous handling, left dangerously unattended during care chores like bath.	
Toddler/ preschool	<ul> <li>Vigilant and effective measures against any perceived dangers when up and about including supervision when using technology/ watching TV.</li> </ul>	<ul> <li>Effective measures against any imminent danger including supervision and controls when using technology/ watching TV</li> </ul>	<ul> <li>Inconsistent reactions to potentially risky situations. Over reliance on TV /other technology to keep child occupied.</li> </ul>	<ul> <li>Lack of safe supervision and reliance on technology/TV. Lack of parental control</li> </ul>	No supervision which exposes child to danger (e.g. hot iron nearby). Lack of safe supervision, and reliance on technology/ TV/technology has exposed child to inappropriate content	
Age 4-10	<ul> <li>Close supervision indoor and outdoor including supervision/safety controls in relation to internet/social media/ TV/games.</li> </ul>	<ul> <li>Supervision indoors, no direct supervision outdoors if known to be at a safe place. Monitors access to internet/social media/TV/games.</li> </ul>	<ul> <li>Little supervision indoors and outdoors. Acts if noticeable danger. Few supervision/ safety controls in relation to internet/ social media/TV/ games. Caregiver unaware of risks to child re: online/ social media</li> </ul>	<ul> <li>Lack of supervision. Intervenes after mishaps which soon lapses again. Not always aware of child's whereabouts. No supervision/safety controls in relation to internet/social media/TV/ games, Child has accessed inappropriate content / been a victim through use of social media etc.</li> </ul>	Child is blamed for mishaps. No supervision/safety controls in relation to internet/social media/ TV/games. Regularly accesses inappropriate content and child is dangerously exposed/ vulnerable through use of social media etc.	

Carer(s) name(s): Child's name(s): Date: 2. Supervision	No concern	2 No or low concern	3 Some support required	4 More support required	High level of support required
Age 10-18	<ul> <li>Child allowed in known safe surroundings with time limits and checks. Age appropriate safety, supervision and controls for internet, TV, social media, games exposure.</li> </ul>	<ul> <li>Child allowed out in unfamiliar surroundings if thought to be safe with time limits. Age appropriate safety, supervision and controls for internet, TV, social media, games exposure.</li> </ul>	<ul> <li>Not always aware of whereabouts outdoors, believing it is safe as long as child returns in time. Few supervision/ safety controls in relation to internet/ social media/TV/games. Carer lacks knowledge and skills about online safety.</li> </ul>	O Not concerned about late nights for child/ young person younger than 13. No supervision/ safety controls in relation to internet/social media/ TV/games, Young person has accessed inappropriate content / been a victim through use of social media etc.	O No acknowledgment of risk despite knowledge of dangers outdoors e.g. unsafe buildings or staying out late/ overnight. No supervision/safety controls in relation to internet/social media/ TV/games. Regularly accesses inappropriate content and young person is dangerously exposed/ vulnerable through use of social media etc.

## **B. Area of care and safety** | Supervision



Carer(s) name(s): Child's name(s): Date:	(1)	(2)	(3)	(4)	(5)
3.Out and about	No concern	No or low concern	Some support required	More support required	High level of support required
Age 0-4	• Well secured in the pram, harnesses or walking hand held with attention to child's pace.	<ul> <li>Carer responds to surroundings e.g. crowds/traffic and holds hand or keeps close by.</li> </ul>	Infants not secured in pram. 3 to 4-year-old expected to catch up with adult when walking. Carer distracted, glances back now and again if child left behind.	<ul> <li>Babies not secured, 3 to 4-year-olds left far behind when walking. Carer often distracted and compromises child safety</li> </ul>	<ul> <li>Babies unsecured, careless with pram, 3 to 4-year-old left to wander. Carer often distracted and compromises child safety Parents/carer shouts or uses threatening responses.</li> </ul>
Age 5+	<ul> <li>5 to 10-year-old escorted by carer crossing a busy road walking close together.</li> </ul>	<ul> <li>Child is escorted by carer crossing busy roads but older children have some independence where safe and appropriate.</li> </ul>	<ul> <li>5-7 yr old can cross with an older child and simply watched. 8-9 yr old can cross alone if appropriate</li> </ul>	Lack of guidance and supervision by carer with child allowed to cross busy roads alone.	<ul> <li>A child crosses a busy road alone without any concern or thought.</li> <li>Carer fails to appreciate the danger that the child is exposed to.</li> </ul>



#### Notes


## C. Relationship between caregiver and child

Carer(s) name(s): Child's name(s): Date:	(1)	(2)	3		$\overline{(5)}$
1.Responsive care	No concern	No or low concern	Some support required	More support required	High level of support required
a. Sensitivity	<ul> <li>Anticipates or picks up very subtle signals, verbal or non-verbal expression or mood.</li> </ul>	<ul> <li>Carer is responsive to child's verbal and non- verbal signals.</li> </ul>	<ul> <li>Inconsistentresponse to signals. They have to be intense to make an impact.</li> </ul>	O Quite insensitive, with carer's emotional difficulties dominating. Child has to repeat behaviour to gain response.	<ul> <li>Does not respond to sustained, intense signals from child.</li> <li>Carer indifferent to child.</li> </ul>
b. Emotional response	<ul> <li>Responses in tune with signals or even before in anticipation.</li> </ul>	<ul> <li>Responses mostly in tune except when occupied by essential chores.</li> </ul>	<ul> <li>Inconsistent emotional response due to own or partner's needs dominating.</li> </ul>	<ul> <li>Even when child in distress responses delayed.</li> </ul>	O Does not rovide an emotional response to meet child's needs.
c.Engaging with each other	<ul> <li>Responses fit with the signal from the child, both emotionally (warmth) and materially (food, nappy change).</li> </ul>	<ul> <li>Mostly warm. Emotional responses usually warm and reassuring.</li> </ul>	<ul> <li>Child exposed to carer's inconsistent responses (due to parent/carer having other priorities/ low mood etc).</li> </ul>	C Emotional response flat and functional, lacks warmth, annoyance if child in moderate distress but attentive if in severe distress.	No emotional attachment. Punitive response even if child in distress. Lacks warmth. Child indiscriminately affectionate to strangers.

## C. Relationship between caregiver and child

Carer(s) name(s): Child's name(s): Date: 2. Mutual engagement	1) No concern	2 No or low concern	3 Some support required	4 More support required	5 High level of support required
a. Interaction	<ul> <li>Carer frequently initiates interaction with child and shows enjoyment.</li> </ul>	<ul> <li>Parent/carer usually happy to engage with child.</li> </ul>	Interaction mainly led by child, sometimes by parent/ carer. Can be regularly distracted or unavailable by use of mobile phone or similar.	Carer seldom initiates interaction. Child seeking engagement with parent/carer.	<ul> <li>Child appears resigned, apprehensive or wary. Alternatively, child constantly seeks parent/ carer contact.</li> </ul>
b. Quality	<ul> <li>Frequent pleasure in engagement, mutual enjoyment.</li> </ul>	<ul> <li>Quite often and both enjoy equally.</li> </ul>	<ul> <li>Less often engaged for pleasure, carer passively participates getting some enjoyment at times.</li> </ul>	Engagement mainly functional, indifferent when child attempts to engage. Carer shows little enjoyment.	Carer does not engage and shows no awareness of how to engage with child. Child resigned or plays on own.

## C. Relationship between caregiver and child

Carer(s) name(s): Child's name(s): Date: 3. Promoting learnin and child developme		2 No or low concern	3 Some support required	4 More support required	5 High level of support required
a. Age 0-2	<ul> <li>Ample and appropriate stimulation (talking, touching, looking) including toys where this is within family's means.</li> </ul>	<ul> <li>Enough and appropriate intuitive stimulation</li> </ul>	<ul> <li>Inadequate and inappropriate, baby left alone while carer pursues own recreation, inconsistent interaction with baby.</li> </ul>	O Baby left alone while carer pursuing own pleasure unless prompted by baby's demands.	Absent, mobility restricted (confined in chair/pram) for carer's convenience. Angry with baby's demands.
b. Age 2-5	<ul> <li>Stimuli: interactive stimuli, talking to and playing with, reading stories, varied topics and conversation.</li> <li>Toys and games: child has access to appropriate toys and games</li> <li>Outings: taking child out for recreational purposes to child-centred places.</li> <li>Celebrations: events, achievements and occasions celebrated as significant days in family life.</li> </ul>		<ul> <li>Stimuli: variable and adequate stimuli, carer needs encouragement to meet child's development needs.</li> <li>Toys and games: limited toys, those required by school or nursery</li> <li>Outings: takes child to non-child friendly places.</li> <li>Celebrations: some celebrations of events and occasions events that are important to the child.</li> </ul>	<ul> <li>Stimuli: deficient stimuli.</li> <li>Toys and games: lacking on essential toys, not encouraged to care for toys.</li> <li>Outings: child plays locally without observation, goes with adult wherever adult goes.</li> <li>Celebrations: little acknowledgment of achievements, minimal celebration of events and occasions int he family's life</li> </ul>	<ul> <li>Stimuli: no stimuli.</li> <li>Toys and games: no or very few toys</li> <li>Outings: no outings for child. Child may play with other children while adult engaged in adult social activities</li> <li>Celebrations: no celebration of events, achievements or occasions.</li> </ul>

## ○ c. Relationship between caregiver and child

Carer(s) name(s): Child's name(s): Date: 3. Promoting learning and child develop		2 No or low concern	3 Some support required		uired High level of support required
c. Aged 5+	<ul> <li>Education: active interest in schooling and support at home, attendance regular.</li> <li>Sports and leisure: child has the opportunity to take part in activities appropriate to interests.</li> <li>Peer interaction: facilitated and approved.</li> <li>Games and access to information: well provided for, including access to a computer with safety controls.</li> </ul>	<ul> <li>Education: active interest in schooling, support at home when free of essential chores.</li> <li>Sports and leisure: child has some opportunity to take part in activities appropriate to interests.</li> <li>Peer interaction: facilitated on occasions.</li> <li>Games and access to information: mostly well provided with safety controls.</li> </ul>	<ul> <li>Education: maintains schooling but little support at home even if has spare time.</li> <li>Sports and leisure: not proactive in finding out but avails opportunities if offered.</li> <li>Peer interaction: support available through friendships.</li> <li>Games and access to information: under provided or little supervision/control in place.</li> </ul>	<ul> <li>Education: child makes all the effort, carer not bothered. Low attendance at school</li> <li>Sports and leisure: child makes all the effort, carer not engaged.</li> <li>Peer interaction: child finds own friendships, no help from carer unless reported to be bullied.</li> <li>Games and access to information: poorly provided and lack of safety controls/ supervision.</li> </ul>	<ul> <li>Education: no interest or can be discouraging . Low or no school attendance.</li> <li>Sports and leisure: carer not engaged even if child is involved in unsafe activities.</li> <li>Peer interaction: carer indifference, lacks motivation.</li> <li>Games and access to information: no safety controls, carer not engaged</li> </ul>

## $\bigcirc$ c. Relationship between caregiver and child

Carer(s) name(s): Child's name(s): Date: 4. Love, Support and Boundary Setting	1) No concern	2 No or low concern	3 Some support required	4 More support required	5 High level of support required
a.Praise and reward	<ul> <li>Talks about thechild with delight/praises without being asked, generous emotional reward for any achievement.</li> </ul>	<ul> <li>Usually talks warmly about the child when asked, generous praise and emotional reward but reserved for major achievements.</li> </ul>	<ul> <li>Doesn't initiate praise of child, but agrees with others.</li> <li>Often countered by criticism.</li> </ul>	<ul> <li>Indifferent if child praised by others, parent/carer struggles to find positives. Indifferent to child's achievement.</li> </ul>	Negates if the child is praised, achievements not acknowledged, reprimand or ridicule is the only reward if at all, low warmth, high criticism.
b. Boundaries	<ul> <li>Age appropriate and consistent rules in place. Child is aware of the limits.</li> </ul>	<ul> <li>Mostly consistent in implementing rules. Child is aware of the rules.</li> </ul>	<ul> <li>Inconsistent boundaries or methods. Carer can use unsuitable strategies to manage behaviour e.g. shouts or ignores, threat of physical punishment. Parents/carers may argue/have differences in how to respond.</li> </ul>	O Inconsistent, shouts/ harsh verbal, moderate physical or severe other sanctions. Carers frequently argue in front of the children.	<ul> <li>Failure to implement any boundaries. Severe physical or other cruel sanctions. Carers violent in front of the children.</li> </ul>
c.Acceptance	<ul> <li>Unconditional acceptance. Always warm and supportive.</li> </ul>	<ul> <li>Unconditional acceptance even if temporarily upset by child's behavioural demands.</li> </ul>	<ul> <li>Annoyance at child's failure, behavioural demands less well tolerated.</li> </ul>	O Unsupportive or rejecting if child is failing or if behavioural demands are high. Failure to address child's difficulties.	<ul> <li>Indifferent if child is achieving but rejects or admonishes if makes mistakes or fails.</li> <li>Exaggerates child's mistakes.</li> </ul>

## ○ c. Relationship between caregiver and child

Notes

#### A. Area of physical care | Nutrition



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2. Housing	No concern

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Well maintained.

safe, warm and

clean.

Maintenance

environment

and

No	or	low	con	cerr

maintained and safe.

No apparent hazards

O Generally well

for a baby.













home.

Some repairs and/

needed. Not always

addressing these

or redecoration

proactive in

issues.

More support required

High level of support required

O State of repair is O Dangerous disrepair inadequate and has not which is not being been addressed. addressed (e.g. exposed Conditions could nails, live wires). conceivably result in an Unsafe conditions for a accident to a baby in the baby.



#### A. Area of physical care | Housing

	(1)	(2)	(3)	(4)	5
2. Housing	No concern	No or low concern	Some support required	More support required	High level of support required
Facilities	All essential and additional amenities, good heating, shower/ bath, beds and bedding provided.	All essential amenities, effort to maximise benefit for the unborn baby if lacking due to practical constraints (child comes first).	Essential to bare with some evidence of appropriate facilities for baby but with significant gaps (e.g. inconsistent hot water/heating)	Essential to bare (e.g. inadequate bedding, lack of warmth, unclean, no working heating system, does not have own bed/bedding).	Child would be dangerously exposed to hazards or not provided for in current circumstances.
Preparation	<ul> <li>Home is well prepared for baby's arrival - e.g. all necessary equipment obtained, sleeping arrangements for baby in place. Tenancy secure with no current risk of homelessness.</li> </ul>	<ul> <li>Some evidence of planning for baby's arrival, and necessary equipment is being obtained. If in temporary/ insecure accommodation, parent(s) in regular contact with housing support.</li> </ul>	<ul> <li>Preparation for the baby's arrival is underway but important items have not been sourced and/pr not considered. May be in temporary/insecure accommodation and require additional support to engage with housing.</li> </ul>	<ul> <li>Little evidence of planning for baby's arrival. Lacking in necessary items. Sleeping arrangements not yet considered.</li> <li>May be in insecure/ inappropriate accommodation and with little evidence of engagement with housing support services.</li> </ul>	<ul> <li>No preparation for baby's arrival. Lacking in the basic items required e.g. cot, bedding, nappies. No engagement with support to obtain these and no planning evident.</li> <li>May be homeless or sofa surfing. No evidence of engagement with housing support servcies.</li> </ul>

Note: As part of assessment, consider the caregiver's willingness and engagement with supports to maintain a safe and appropriate environment



#### A. Area of physical care | Health

		2	(3)	(4)	(5)
4. Health	No concern	No or low concern	Some support required	More support required	High level of support required
Antenatal care	<ul> <li>Accessing all antenatal care and attending appointments with midwife inc scans and consultant care when required. Is following health advice in pregnancy and actively seeks advice. Registered with GP. Engages with other specialist health services if required.</li> </ul>	<ul> <li>Seeks advice and responds to guidance from midwives and generally follows health advice in pregnancy. Attends most appointments for health related issues as required. May miss occasional appointments due to other factors but is contactable and appointments are rearranged. Registered with GP.</li> </ul>	Requires encouragement to engage with antenatal care. Inconsistently responds to health advice provided by the midwife. Will only seek out advice with persistent/serious concerns. Unable to prioritise the needs of the Unborn Baby and their health needs. Mother may not be registered with a GP. If other health related issues present, engagement with services is inconsistent; may not prioritise and understand the importance of this and	• Was late to book into antenatal care or has failed to attend 3 consecutive appointments/home visits. Only seeks antenatal care when it becomes critical/ emergency. If health related issues are present, engagement with services is lacking often due to trivial reasons. There is no understanding of the impact this could have on the Unborn baby. Consideration needs to be given to other issues	<ul> <li>Did not book or has failed to attend 3 consecutive antenatal appointments/home visits. Only sought medical care when it becomes critical or in an emergency. Additional risk factors for unborn present i.e. Learning Disability, mental health, domestic abuse, substance use and previous children on either assessed as at risk of significant harm and/or removed from parants/ care</li> </ul>

may make excuses.

parents' care.

be given to other issues

that could impact on parenting capacity i.e. Learning Disability, mental health issues, domestic abuse, substance use and previous children have history of social work

involvement.

#### A. Area of physical care | Hygiene

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	(1)	2	3	(4)	5
5. Hygiene	No concern	No or low concern	Some support required	More support required	High level of support required
<b>Pre-birth</b>	<ul> <li>Adults are bathed/ washed and with good hygiene routines. Good sleep routine and clean clothes.</li> </ul>	<ul> <li>Regularly bath/ wash and have their hair and teeth brushed. Good sleep routine most of the time. Clothes are clean.</li> </ul>	Is not in a consistent routine sometimes they are washed and dressed with teeth brushed, other times not. Does not always have access to cleaning products such as shampoo and toothpaste.	Occasionally washed but presentation can be unkempt, hair not brushed clothes are dirty. Lack of access to toothpaste and shampoo and soap. Lack of self-care likely to impact on a newborn baby. All previous attempts to provide the support on hygiene has been unsuccessful and risk remains for newborn baby.	Rarely washes or brushes teeth, clothes are dirty and smelly. No cleaning products like shampoo, soap and toothpaste. Lacks awareness of self- care which could impact on a newborn baby. Has not engaged with any attempt with professionals to improve self-care skills resulting in continued risk to new-born baby.

## $igodoldsymbol{O}$ Assessment in Pregnancy - use this section only for pre-birth

#### B. Area of care and safety | Home safety



#### **B. Area of care and safety** | Out and about



#### c. Relationship between caregiver and child



#### **2c. Traffic light score sheet**

$\bigcirc$	Area	a of ph				
	1	2	3	4	5	Sub-area overall score*
Nutrition						
Housing						
Clothing						
Health						
Hygiene						
	Area	a of ca	re an	d safe	ty	
	1	2	3	4	5	Sub-area overall score*
Home safety						
Supervision						
Out and about						
$\sim$	Rela	tionsh	ip be	tween	careg	iver and child
$\checkmark$	1	2	3			Sub-area overall score*
Responsive care						
Mutual engagement						
Learning and development						
Love, support & setting boundaries						

$\overline{ \cdots }$	Area	a of ph			
	1	2	3	4 5	Sub-area overall score*
Nutrition					
Housing					
Clothing					
Health					
Hygiene					
	Area	a of ca	re an	d safety	
	1	2	3	4 5	Sub-area overall score*
Home safety					
Supervision					
Out and about					
$\sim$	Rela	tionsh	nip be	tween care	giver and child
	1	2	3	4 5	Sub-area overall score*
Responsive care					
Mutual engagement					
Learning and development					
Love, support & setting boundaries					

Date of scoring:

#### Date of scoring:

\*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. For assessment in pregnancy, score the relevant sub-areas only.