**Tameside Neglect action plan**

The Assessment plan is divided into five areas of children’s needs and parenting:

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| 1. Physical care | 1. Safety | 1. Love | 1. Esteem | 1. Parenting (Optional) |
| 1.1 Food and Nutrition  1.2 Clothing  1.3 Hygiene  1.4 Health  1.5 Housing-home and space | 2.1 Awareness of safety and prevention  2.2 In the home  2.3 In the community  2.4 In the care of others  2.5 Developing Safe Independence | 3.1 Quality of relationships and communication  3.2 Meeting emotional needs  3.3 Boundaries  3.4 Family activities and expression | 4.1 Belonging and identity  4.2 Optimism and hope  4.3 Education and expression time (play) | 5.1 Parent lived experience  5.2 Health  5.3 Environment  5.4 Behaviours  5.5 Capacity to change |

**How to use the Plan**

Each section includes a description of how well needs are met in aspects of the areas above, from ‘all needs met’ to ‘all needs unmet’. Work through sections by discussing the description that best fits the care the child receives. Further guidance and description are provided in the separate guidance documents.

Following discussion and observation, circle the description that fits best for the child, this will indicate the actions required and reduce the risk identified.

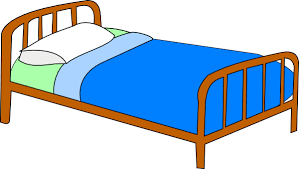
The Parenting section of the plan is optional and would be completed where there are complicating factors which may include adverse childhood experiences, trauma and learning needs identified or suspected which may directly impact capacity to reduce the risk.

There may be differences of opinion which can be explored through the discussion. It is important that parent/caregivers, family members and professionals are honest in discussions. This may mean thinking about what happens on a good day, a bad day, a school day, at the weekend and what helps or hinders the parenting so that the family and the worker can identify what is working well in addition to what changes can be made.

**Scoring**

In this scale there are five scores based on levels of commitment to care. Parallel with the level of commitment is the degree to which a child’s needs are met and which also can be observed. The basis of separation of different Scores is outlined below.

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|  | **Score 1.** | **Score 2.** | **Score 3.** | **Score 4.** | **Score 5.** |
| 1 | All child’s needs met | Essential needs fully met | Some essential needs unmet | Most essential needs unmet | Essential needs entirely unmet/hostile |
| 2 | Child first | Child first, most of the time. | Child/carer at par | Child second | Child not considered |
| 3 | Best | Adequate | Borderline | Poor | Worst |

PHYSICAL CARE



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| **Learning from case reviews**   * Effective and child focused safeguarding practice with disabled children ensures they are seen, heard and helped. * Engaging parents and carers to support disabled children is key, but should not dilute professional challenge; the need for professionals to think about family and fathers. * Allow for your own professional curiosity to challenge Parental accounts of care given to the child. * Ensure there is a clear reporting pathway for children who appear hungry or overweight. * Gain Multi-agency views about the children and ensure they are included within assessments and plans. * Gather the voice of the child to inform their daily lived experience at home and in the care of others. * Consideration should be given to poverty and how this impacts the child’s lived experience. * Ensure that the language change - 'was not brought' is reinforced across partner agencies and that practitioners are trained to realise 'medical neglect' * Consider appropriate Housing – home maintenance and home repairs: damp, electrics, doors etc. |

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| **Lived experience, Childs Voice and observation**  **(number of visits completed, unannounced visits, timing of visits, multi – agency observations or information gathered from whom, what have you done to assess, direct work for VOC)** |
| **Complicating factors**  **(sleep deprivation, poverty, housing, domestic abuse, SEND: ASD, ADHD etc. Family dynamic, sensory issues i.e. clothing, toileting issues, young carer)** |

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| **Area assessed** | **1.All Needs Met** | **2.Many Needs Met** | **3.Some Needs Unmet** | **4.Many Needs Unmet** | **5.All Needs Unmet** | **Notes** |
|  | **No intervention required** | **Advice and signposting** | **Low level intervention required** | **Intervention required** | **Intense intervention required** |  |
| 1. **Physical care** |  |  |  |  |  |  |
| * 1. **Nutrition**  1. Quality of food | Parent/caregiver gives the opportunity of healthy food and drink at mealtimes at home and elsewhere (including packed lunch). 5 fruit/ vegetable helpings per day, low in sugar, salt and fat. Avoids high sugar and fizzy drinks. | Parent/caregiver gives healthy food and drink most of the time. Diet includes 5 fruit/ vegetables per day and is low in sugar, salt and fat most of the time. High sugar and fizzy drinks mostly avoided. | Parent/caregiver gives food and drink that is healthy some of the time. Diet includes some fruit/ vegetable helpings per day and is low in sugar, salt and fat. High sugar and fizzy drinks avoided some of the time. | Parent/caregiver doesn’t often give healthy food and drink. Diet rarely includes 5 fruit/ vegetables per day and sugar, salt and fat content tend to be high. High sugar and fizzy drinks included much of the time. Child is at risk of becoming an unhealthy weight that impact on health | Parent/caregiver doesn’t give healthy food and drink. Diet never includes 5 fruit/ vegetables per day and sugar, salt and fat content is high. High sugar and fizzy drinks included majority of the time. Child is at severe risk of becoming an unhealthy weight that impact on health |  |
| 1. Quantity of food | Child is consistently provided with adequate amounts of food and drink at meal times to maintain a healthy weight and ensure their nutritional needs are fully met… | Child is provided with adequate amounts of food and drink at meal times to maintain a healthy weight and ensure their nutritional needs are fully met…. | Child is some of the time provided with adequate amounts of food and drink at meal times to maintain a healthy weight and ensure their nutritional needs are fully met… | Child is rarely provided with adequate amounts of food and drink at meal times to maintain a healthy weight and ensure their nutritional needs are fully met… Child is at risk of becoming malnourished or obese. | Too much or too little food provided most of the time.  Child appears overweight/ underweight and is at severe risk of becoming malnourished or obese. |  |
| 1. Preparations and organisation | Every time food is prepared this is in a safe way, cooked appropriately, presented in age appropriate way and to a good standard of hygiene. Meal times are organised and consistently timed, with an opportunity to interact with other family members and friends. | Food prepared safely, cooked appropriately, presented in age appropriate way and to a good standard of hygiene, the majority of the time. Meal times are mostly organised and consistently timed, with routine with an opportunity for interaction. | Food prepared to meet the needs of the parent and the child’s needs are sometimes accommodated. Child sometimes prepares own food and/or food for other family members (consider age and development), supervision does not happen all the time. Mealtimes often unorganised. Some improvements made when prompted by professionals or family members. | Food provided is generally not to the child’s needs and tastes or presented in age appropriate way. Child sometimes prepares own food/food for other family members with no supervision. Meal times are not organised, no routine and little opportunity for interaction. Limited improvements made when prompted professionals or family members. | Food provided is poorly prepared, not presented in an age appropriate way, or food is not available. Child regularly prepares own food/food for other family members with no supervision. Mealtimes always unprepared, chaotic with no opportunities for interaction. No improvements when prompted professionals or family members. |  |
| 1.2 **Clothing** | Clothing is clean, in good condition. Always has warm, comfortable and well-fitting clothing appropriate for the time of year and weather including very hot days and very cold days. Child has input into clothing choice when they can.  The child is comfortable in the style and choice of clothing. Sensory needs are taken into account. The child’s identify is considered.  Clothing is always clean, and smells freshly washed | Nearly always has warm, comfortable and well-fitting clothing appropriate for the time of year and weather. Child has input into clothing choice when they can.  The child is nearly comfortable in the style and choice of clothing. Sensory needs are taken into account. The child’s identify is sometimes considered.  Clothing is clean. | Clothing is adequate but does not always fit well or appropriate to the time of year/weather. Child has little input into clothing choice even when they can.  Clothing is at times dirty or stained. | Clothing is inadequate and does not fit well and is inappropriate to the time of year/weather. Child has little input into clothing choice when they can.  Identity, comfort, choice, style and sensory issues are rarely considered.  Clothing is dirty and smells unclean. | Child is not dressed appropriately for the weather conditions to such an extent that their health and well-being is adversely affected. Clothes are always poorly fitted. Child does not have a choice.  Identity, comfort, choice, style and sensory issues are never considered.  Clothing is dirty, smells and continually worn. |  |
| 1.3 **Hygiene** | Parent/caregiver ensures the child’s environment is always safe and clean. Child is clean, washed/bathed, oral health and hair cared for daily. For babies, nappy is changed immediately when full and attention paid to preventing/treating nappy rash. Child is always taught, supervised, helped and encouraged as needed.  Pets are well cared for, groomed, clean cages, no animal smell. | Parent/caregiver mostly ensures the child’s environment is safely clean. Child is clean, washed/bathed, oral health and hair cared for daily. For babies, nappy is changed when full and attention paid to preventing/treating nappy rash. Child is mostly taught, supervised and helped and encouraged as needed.  Pets are cared for, groomed, clean cages, little animal smell. | Parent/caregiver does not always ensure the child’s environment is clean. Child is occasionally clean, washed/bathed, oral health and hair cared for daily, not always carried out to an adequate standard. For babies, nappy is not always changed when full or attention paid to preventing/treating nappy rash. Child is not always taught, supervised or helped as needed.  Pets are sometimes cared for, groomed, clean cages, animal smell present. | The child’s environment is not always clean. Child is occasionally clean, washed/bathed, but often can be dirty and may have head lice/ skin complaints that are not always treated. Child may have poor oral health and not tried to register with a dentist. For babies, nappy is not always changed immediately when full or attention paid to preventing/treating nappy rash.  Parent/caregiver does not teach about personal hygiene and there is minimum supervision.  Pets are not cared for, groomed, clean cages, animal smell present. | The child’s environment is rarely/never clean. Child is nearly always dirty, unwashed and not provided with toiletries. Parent has not registered child with a dentist or does not take child to appointments. Child/caregiver has poor oral and/or physical health and parent does not take child for emergency treatment when needed. For babies, this could be untreated nappy rash. Parent/caregiver shows no concern about young person’s personal hygiene and does not teach hygiene habits.  Pets are not cared for, groomed, clean cages, animal smell present and are at serve risk. |  |
| 1.4 **Health**  **A – Health needs met** | Family always work with health services and parent/caregiver has a good understanding of child’s needs. Child is taken to all health checks and appointments as required unless valid reason provided. Excellent awareness of healthy lifestyle and preventative measures. Home environment is smoke free. | Family generally work with health services and parent/caregiver has a good understanding of child’s needs. Child is taken to health checks and appointments including dental and optical care the majority of the time unless a valid reason is provided. All appointments are re-arranged in a timely manner. Good awareness of healthy lifestyle and preventative measures. Smoke free home environment. | Family sometimes work with health services after prompting. Parent/caregiver has some understanding of the child’s needs. Child may not be registered with GP or Dentist and is not taken to required health checks and appointments. Appointments are not given priority and not re-arranged in relation to the severity of the medical need.  Some awareness of healthy lifestyle and preventative measures but not consistently applied. | Parent/caregiver has limited understand of child’s health needs. Family don’t often work with health services. Child may not be registered with GP or Dentist and is not brought to most required health checks and appointments. Appointments are not given priority and not re-arranged. Lacking awareness of healthy lifestyle and preventative measures. Home environment rarely smoke free. | Parent/caregiver has a limited to no understanding of child’s needs and they don’t work with health services to meet their child’s needs. No awareness of healthy  Lifestyle and preventative measures. Child not registered and Appointments are not given priority and not re-arranged, where the child is at Significant harm or pain. |  |
| B Getting additional health needs met. | Parent/caregiver understands the child’s health needs and when a child is unwell, child is treated appropriately. Medical, dental and optical care are accessed. Child brought to all appointments and re-arranged if there is a problem. Professional advice followed. | Parent/caregiver understands the child’s health needs and when a child is unwell meets their health needs. Appropriate opinion sought on health matters and child brought to majority of appointments and appointment generally re-arranged if there is a problem. Professional advice often followed. | Parent/caregiver has some capacity to understand child’s health needs and when a child is unwell, sometimes treating ailments. (disorders, injuries, diseases conditions / illnesses /sickness) Appropriate opinion not always sought on health matters and child not brought to some appointments. Professional advice not always followed consistently. | Parent/caregiver has limited capacity to understand child’s health needs and when a child is unwell, generally not treating ailments. (disorders, injuries, diseases conditions / illnesses /sickness) Advice is not sought or delayed even when illness becomes quite serious, but may be taken up after several prompts. Professional advice rarely followed. Child not brought to most appointments, however will engage if provided at home. | Parent/caregiver has no capacity to understand child’s health needs and when a child is unwell, ailments left untreated. (disorders, injuries, diseases conditions / illnesses /sickness) Does not seek opinion on health matters even when illness becomes serious. Child not brought to appointments even when prompted, no access on home visits. Child is at risk as a result of unmet health needs.  Parent over presents the child at various medical establishments, stating the child has a medical issue / condition. The parent is fixated on this. Parent promotes unnecessary medical interventions and medication. |  |
| 1. Disability, complex needs and chronic illness | Parent/caregiver fully understands the child’s specific needs and engages with professional support, advice and treatment plan to ensure child’s complex health needs are met. Medical equipment provided is used consistently. | Parent/caregiver has a full understanding of the child’s specific needs and engages with professional support, advice and treatment plan the majority of the time to ensure child’s complex health needs are met. Medical equipment provided is used the majority of the time. | Parent/caregiver has some understanding of the child’s specific needs and engages with professional support, advice and treatment plan some of the time and child’s complex health needs are partially met. Medical equipment provided is used some of the time. | Parent/caregiver have limited understanding of the child’s specific needs and rarely engage with professional support, advice and treatment plan therefore child’s complex health needs are not always met. Medical equipment provided is rarely used. | Parents have limited to no understanding of the child’s specific needs or engage with professional support, advice and treatment plan therefore there is serious failure to meet the child’s complex health needs. Medical equipment provided is not used correctly. There is deterioration in the child’s well-being and child is at risk as a result. |  |
| 1.5 **Home and living space** | The home is very well maintained, safe, warm, clean and comfortable with appropriate sleeping arrangements. All essential facilities provided including: heating, shower/ bath. Child’s needs met for example space for play, learning and entertainment and appropriate safety locks in place (including safe outside spaces, that maybe communal). | The home is well maintained, safe, warm, clean and comfortable with appropriate sleeping arrangements. All essential facilities are provided, including heating, shower/bath, lacking only due to practical constraints e.g. finance. Child’s needs met for example space for play, learning and entertainment and appropriate safety locks in place (including safe outside spaces, that maybe communal). | The home is sometimes maintained, safe, warm, clean or comfortable. Some repair, decoration or facilities issues which can be rectified. Sleeping arrangements may not be appropriate, or there may some overcrowding. Child’s needs may not always be met for example space for play, learning and entertainment and appropriate safety locks in place (including safe outside spaces, that maybe communal). | The home is in disrepair and/or urgent need of essential maintenance. Many essential facilities are not provided to meet the child’s needs and sleeping arrangements are not safe. There are no achievable plans to address these needs. | The home is in dangerous disrepair (exposed nails, live wires), unsafe, unclean, without adequate warmth or washing facilities. The child is dangerously exposed, without adequate bedding, anywhere to play or learn, without privacy. There are no plans to improve and the child is residing in an unsafe home |  |
| 1. **All Bedrooms:**   Bed / cot in good condition  Adequate bedding: (Duvet cover, blankets, Pillows, Pillow cases, Mattress dry and clean, Mattress sheet  Curtains at the window  Clean and tidy  Play items present  Safety items present (bunk bed rails) |  |  |  |  |  |  |
| 1. **Bathroom:**   Working Toilet, sink, Shower / Bath  Toilet, sink, Shower: / Bath clean and fit use  Towels, flannels, wash items  Play items present  Safety items present (bath chair) |  |  |  |  |  |  |
| 1. **Smell of the home** |  |  |  |  |  |  |
| 1. **Flooring within the home** |  |  |  |  |  |  |
| 1. **Extreme Clutter or hoarding** (rubbish, no order and little space) |  |  |  |  |  |  |
| 1. **Hazardous Environment** (broken sockets, locks on doors, door handles upside down) |  |  |  |  |  |  |
| 1. **Garden or yard** |  |  |  |  |  |  |
| 1. **Furnishing** (sofa / table and chairs / curtains) |  |  |  |  |  |  |
| 1. **Décor of rooms** (holes in walls, doors on rooms) |  |  |  |  |  |  |
| 1. **Fire alarms / Carbon Dioxide detectors** |  |  |  |  |  |  |
| 1. **Storage of substances** (lockable box, Cleaning items) |  |  |  |  |  |  |

**Scoring**

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| **Area of Need** | **Score (Highest score or most common if no ‘4 or 5’ met).** |
| 1.1 Food and Nutrition |  |
| 1.2 Clothing |  |
| 1.3 Hygiene |  |
| 1.4 Health |  |
| 1.5 Housing-home and space |  |

**Summary and overall Score**

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| Summary of discussion, Include what needs to change and what is working well. |

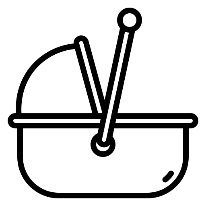
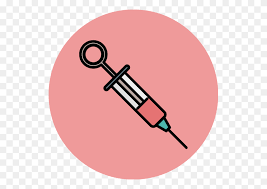
**Areas for change**

**Action Plan for Physical care**

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| **DESIRED OUTCOMES** | **ACTIONS** | **BY WHO AND BY WHEN** |
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**Management oversight**

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SAFETY

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| **Learning from case reviews**   * Ensure curiosity about where children are sleeping is evidenced as part of assessments. * Be actively curious about members of the household, family dynamics and actual, or potential, risks to children. * Considerations should be given as to how professionals engage with fathers and partners. If a father or partner has not engaged, it should be clearly recorded that they remain an unassessed risk. * Schools should ensure they have a detailed understanding of the potential safeguarding needs of any child at risk of permanent exclusion. * Effective safety planning must include Parents and any Kinship options for children and young people who are at risk of harm in the community. * There are potential implications for children and young people who are ‘released under investigation’ especially when this is for an extended period. * It is essential that practitioners understand parental capacity, strengths and attitudes to increase the effectiveness of interventions and avoid placing additional stress on children. |

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| **Lived experience, Childs Voice and observation**  **(number of visits completed, unannounced visits, timing of visits, multi – agency observations or information gathered from whom, what have you done to assess, direct work for VOC)** |
| **Complicating factors**  **(Sleep deprivation, poverty, housing, domestic abuse, SEND: ASD, ADHD etc. Family dynamic, sensory issues i.e. clothing, toileting issues, young carer)** |

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| **Area assessed** | **1.All Needs Met** | **2.Many Needs Met** | **3.Some Needs Unmet** | **4.Many Needs Unmet** | **5.All Needs Unmet** | **Notes** |
|  | **No intervention required** | **Advice and signposting** | **Low level intervention required** | **Intervention required** | **Intense intervention required** |  |
| 1. **Safety** |  |  |  |  |  |  |
| * 1. **Awareness of Safety and prevention.** | Very aware of age-appropriate safety measures (Including new-born babies) required and potential risks in including technology and outside influences such as strangers, and harm from exploitation. Always aware of where child(ren) are, appropriate supervision indoors and outdoors and safety measures implemented effectively. | Aware of age appropriate safety measures (Including new-born babies) and most types of potential risk, including technology and outside influences such as strangers, and harm from exploitation. Nearly always aware of where child(ren) are, appropriate supervision indoors and outdoors and safety measures implemented. | Some awareness of age-appropriate safety measures (Including new-born babies) required or most types of risk, including technology and outside influences such as strangers, and harm from exploitation. Sometimes aware of where child(ren) are, supervision indoors and outdoors and safety measures sometimes implemented. | Rarely aware of required safety measures (Including new-born babies), hazards or risks, including technology and outside influences such as strangers, and harm from exploitation, resulting in the child being unsafe. Generally, not aware of where child(ren) are and inappropriate supervision indoors and outdoors. | Not aware of and not concerned about safety or potential risk, hazards or risks, including technology and outside influences such as strangers, and harm from exploitation, resulting in the child being unsafe (Including new-born babies). Very limited awareness of where child(ren) are. Supervision levels indoors and outdoors puts child at risk. |  |
| **2.2. Safety in the home** | Age-appropriate safety measures are always in place and constant alertness and action taken against any dangers especially as the child gains independence. Babies are held appropriately and safe sleeping routines are in place and used at all times. As children access technology, it is monitored age appropriate and parent talks openly about digital safety. | Age-appropriate safety measures are in place and alertness/action against any dangers the majority of the time, especially as the child gains independence. Babies are held appropriately and safe sleeping routines are in place and used. As children access technology, it is monitored, age appropriate and parent talks about digital safety. | Age-appropriate safety measures are not always in place, and dangers not always recognised or addressed, especially as the child gains independence. Babies are sometimes held appropriately and safe sleeping routines are sometimes used. Intervenes only if in considerable danger. Technology is rarely monitored or secure. | Age-appropriate safety measures are rarely in place and dangers rarely recognised or addressed especially as the child gains independence. Babies are not handled safely and safe sleeping is not a priority. Young children are often left unsupervised. Parent/caregiver intervenes only if child is in considerable danger. Technology is rarely monitored or secure. | There are no/few safety measures resulting in unsafe conditions and dangers putting the child at risk, especially as the child gains independence. Babies are not handled safety and do not have safe and appropriate areas to sleep. Young child often left unattended for long periods of time. Access and exposure to technology which are not age appropriate and are not monitored. Child is at risk of physical harm. |  |
| **2.3 Safety in the community.** | Younger child always supervised. Child allowed out in known safe surroundings with agreed time limits and check if goes beyond set boundaries. Parent/caregiver is fully aware of friendship groups and takes appropriate steps to ensure child’s safety in the community and at groups/events. | Younger child mostly supervised Child allowed out in known safe surroundings with agreed time limits and checks if worried. Parent/caregiver is generally aware of friendship groups and takes appropriate steps to ensure child’s safety in the community and at groups/events. | Younger child sometimes supervised. Parent/caregiver not always aware of child’s whereabouts but check if goes beyond set boundaries. Parent/caregiver may not be aware of friendship groups or their child’s activities. | Younger child rarely supervised. Parent/caregiver may not always aware of child’s whereabouts but check if goes beyond set boundaries. Parent/caregiver may not be aware of friendship groups or their child’s activities and is unconcerned about outings. Allows child to play with much older children who may encourage their child to participate in unlawful or dangerous acts. | Younger child is seldom supervised and never secured in the pushchair or pram and walks at adults' pace, not holding hands. Parent/caregiver is not always aware of child’s whereabouts or friendship groups, who they are with or their child’s activities. There are no boundaries or checks if child does not return home on time. |  |
| **2.4 Safety in the care of others.** | A child is left in care of an age appropriate person with the capacity to provide care who is known to the child/family and checks have been undertaken to ensure that they are safe. The child is never left alone for inappropriate lengths of time and contact numbers are left with the competent adult with an expected time of return. | A child is usually left in care an age appropriate person with the capacity to provide care who is known to the child/family and checks have been undertaken. The child is rarely left for inappropriate lengths of time and contact numbers are left with the competent adult with an expected time of return. | A child is not always left in care of an age appropriate person with the capacity to provide care who is known to the child/family and checks not always undertaken. The child may be left for inappropriate lengths of time, the parent/caregiver may not be clear about their return or leave and contact numbers are left with the competent adult with an expected time of return. | A child is regularly left in care of an adult or young person who is not appropriate, without checks, and there are concerns about their safety. The child may be left for inappropriate lengths of time, the parent/caregiver may not be clear about their return or leave and contact numbers. | A child is consistently left in care of an adult or young person who is not appropriate, without checks, in an unsuitable setting and there are concerns about their safety and level of care provided. The child may be left for inappropriate lengths of time, the parent/caregiver may not be clear about their return or leave and contact numbers. Parent’s needs are put first and child is not considered. |  |
| **2.5 Developing safe independence 12+** | The young person has a positive relationship with parents(s)/carer(s) and can talk to them openly about any concerns about feeling safe, have conversations with them about online safety and risks outside the home and enables the young person to have the freedom to explore their own identity and independence, whilst understanding the risk and knowing they have parental support | The young person has a mainly positive relationship with parents(s)/carer(s) and can talk to them openly about some concerns about feeling safe, have *some* conversations with them about online safety and risks outside the home and enables the young person to have *some* freedom to explore their own identity and independence, whilst understanding the risks and knowing they have support. | The young person’s relationship with parents(s)/carer(s) is sometimes difficult and parents struggle to talk to their child openly about any concerns about feeling safe, and have conversations with them about online safety and risks outside the home. The young person has *limited* freedom to explore their own identity and  independence and has *limited* understanding the risks. The young person’s view of parental support is inconsistent. | The young person’s relationship with parents(s)/carer(s) has many challenges and parents struggle to talk to their child openly about any concerns about feeling safe, about online safety and risks outside the home. The young person either has a lot of freedom to explore their own identity and independence or is very restricted in this, which could mean they have limited understanding the risks. The young person does not feel the parent(s) always support them to be safe | The young person’s relationship with parents(s)/carer(s) has broken down and parents do not talk to their child openly about any concerns about feeling safe, about online safety and risks outside the home. Parents’ actions and behaviours may contribute to the risks in and out of the home. The young person is left to explore their own identity and independence, with no parental guidance or is very restricted in this, which could mean they have no understanding of the risks. The young person does not feel the parent(s) support them to be safe. |  |

**Scoring**

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| **Area of need** | **Score (Highest score or most common if no ‘4 or 5’ met).** |
| 2.1 Awareness of safety and prevention |  |
| 2.2 In the home |  |
| 2.3 In the community |  |
| 2.4 In the care of others |  |
| 2.5 Developing Safe Independence |  |

**Summary**

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| Summary of discussion, Include what needs to change and what is working well. |

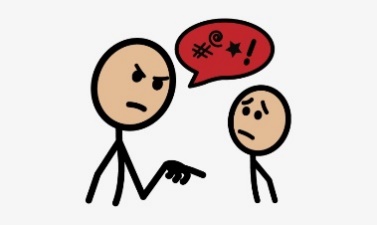
**Areas for change**

**Action Plan for Physical care**

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| **DESIRED OUTCOMES** | **ACTIONS** | **BY WHO AND BY WHEN** |
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**Management oversight**

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LOVE



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| **Learning from case reviews**   * Review cases of domestic abuse to confirm that couples and children have been signposted to counselling or meditation services. * Explore ways to widely promote existing pathways and opportunities to respond to mental health issues in children and young people. * Understand and explore family background and relationships which could be impacted by domestic violence, mental health, criminality or substance misuse. * Parents and professionals should remain curious about what their children are thinking, feeling and accessing on mobile devices; social isolation can have a negative impact on emotional and psychological health. * Promote awareness among parents and professionals of the “crying curve” and the impact on parents of coping with inconsolable crying. * Reflect on the diagnosis and treatment of depression in new and experienced parents and how this can impact on parenting capacity. * Do not let biases of professionals towards parents hamper judgements and undermine decision making. * Professionals must seek to understand religious and cultural backgrounds of the family whilst not allowing this to mask Neglect. |

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| **Lived experience, Childs Voice and observation**  **(number of visits completed, unannounced visits, timing of visits, multi – agency observations or information gathered from whom, what have you done to assess, direct work for VOC)** |
| **Complicating factors**  **(Sleep deprivation, poverty, housing, domestic abuse, SEND: ASD, ADHD etc. Family dynamic, sensory issues i.e. clothing, toileting issues, young carer)** |

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| **Area assessed** | **1.All Needs Met** | **2.Many Needs Met** | **3.Some Needs Unmet** | **4.Many Needs Unmet** | **5.All Needs Unmet** | **Notes** |
|  | **No intervention required** | **Advice and signposting** | **Low level intervention required** | **Intervention required** | **Intense intervention required** |  |
| 1. **Love** |  |  |  |  |  |  |
| * 1. **Quality of relationships and communication** | Parent/caregiver and child enjoy regular two-way communication and parent/caregiver listens to the child’s views through shared language and understanding. They take an interest in the child’s likes, friends, and progress and enjoy interactions with each other. There is a positive two way relationship. | Communication is positive and parent/caregiver responds appropriately even if the child’s communication is challenging, the child is experiencing negative emotions or needs help to regulate their feelings. Both parent & child enjoy interactions with each other and agree it is mostly a positive relationship. | Communication is mainly started by the child and sometimes by the parent/caregiver. Parent/caregiver’s response is sometimes negative if the child’s behaviour is challenging or distressed. The quality of the relationship and communication could be improved. | Communication is more often by the child and the parent/caregiver doesn’t always respond to the child or is indifferent when they attempt to engage. Engagement is mainly practical and the child/carer relationship does often not meet child’s needs. | There is limited/no attempt to start interactions and the parent/caregiver is not emotionally available or responsive to approaches by the child. The child appears resigned, is alone or apprehensive. The relationship does not meet child’s needs. |  |
| **3.2. Meeting emotional needs** | Parent/caregiver is emotionally available. Responds to child’s emotional needs on a day to day basis as well as during difficult times for the child and/or family. Anticipates or picks up subtle verbal and nonverbal signals including emotions or mood. Provides warm emotional and practical responses, unconditional acceptance and is supportive even when the child faces challenges. Any conflict is resolved amicably. | Parent/caregiver is consistently aware of, and generally able to prioritise child’s emotional needs. Understands and mostly responds to clear verbal & nonverbal signals and expressions including emotions and mood. Emotional responses are warm and reassuring. | Parent/caregiver emotional capacity is reduced at times and emotional and practical responses vary. Responds when child’s signals are intense e.g. child crying, annoyed, distressed but not always timely or appropriate. Parent/caregiver displays annoyance and conflict is sometimes unresolved. | Parent/caregiver has limited emotional availability, is less responsive day to day for the child and may struggle to understand the child’s perspective or needs. Child’s repeated, prolonged and intense signals are noticed e.g. screaming, shouting, and angry but responses are delayed even when child is distressed Unsupportive or rejecting if the child is seeking support. | Child displays extreme emotional ill-being as a result of unresolved trauma or unmet emotional needs. Parent/caregiver insensitive to even repeated and prolonged intense signals or is even averse to signals. Responses may be unpleasant/punitive even if child in distress. Exaggerates young person’s mistakes. |  |
| **3.3 Boundaries** | Parent/caregiver consistently sets and implements appropriate boundaries, Parent/caregiver always demonstrates unconditional acceptance of child by being warm and supportive with lots of praise and rewards. | Parent/caregiver often sets and implements appropriate boundaries. They demonstrate acceptance of the child by being warm and supportive and providing praise & rewards. | Parent/caregiver sometimes sets and implements appropriate boundaries, with inconsistent action when crossed. Sometimes demonstrates acceptance of child by being warm and supportive. | Parent/caregiver inconsistently sets and implements appropriate boundaries or actions when crossed. Parent/caregiver occasionally demonstrates acceptance of child and is rarely warm and supportive. | Parent/caregiver doesn’t set or implement appropriate boundaries and takes inappropriate action such as physical chastisement. They aren’t visibly supportive or accepting of the child and undermines or is indifferent if the child is achieving or praised by others. |  |
| **3.4 Family activities and expression** | Child is consistently exposed to learning and encouraging environments with family/friends which help to develop relationships and a sense of belonging and identity. Events and occasions are always celebrated as significant days in family life. Celebrations are consistently notable, happy, fun and appropriate. | Child is often exposed to learning and encouraging environments with family/friends which help to develop relationships and a sense of belonging and identity. Events and occasions are nearly always celebrated as significant days in family life and celebrations are generally positive and fun. | Child is sometimes exposed to learning and encouraging environments with family/friends to develop relationships and a sense of belonging and identity. Events and celebrations are mainly seasonal and low-key events or may not be a positive experience for the child/parent/caregiver. | Child is rarely exposed to learning and encouraging environments with family/friends to develop relationships and a sense of belonging and identity. Events and celebrations are infrequent, low key events, or may not be a positive experience for the child/ parent/caregiver. | Child is rarely exposed to learning and encouraging environments with family/friends and events and celebrations either do not take place or are not a positive experience for the child/parent/caregiver. |  |

**Scoring**

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| --- | --- |
| **Area of need** | **Score (Highest score or most common if no ‘4 or 5’ met).** |
| 3.1 Quality of relationships and communication |  |
| 3.2 Meeting emotional needs |  |
| 3.3 Boundaries |  |
| 3.4 Family activities and expression |  |

**Summary and overall score**

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| --- |
| Summary of discussion, Include what needs to change and what is working well. |

**Areas for change**

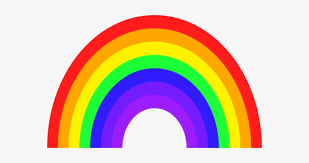
**Action Plan for Physical care**

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| **DESIRED OUTCOMES** | **ACTIONS** | **BY WHO AND BY WHEN** |
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**Management oversight**

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ESTEEM



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| **Learning from case reviews**   * Ensure that there is a focus on the voice and lived experience of children in assessments and interventions. * Consider the child’s history, the history of their care givers. * Professionals to be more aware of the significance of adverse childhood experiences and the importance of proactive professional enquiry regarding family histories. * Time spent out of school constitutes a significant risk to children who are vulnerable. * Children's services should use information from all sources, and use 'healthy’ scepticism and cautious optimism, when making decisions concerning families. * Early help for young people suffering self-harm and/or suicidal tendencies needs development to promote multi-agency working. * Responses to a young person disclosing sexual abuse may be more effective if they feel included in discussions regarding decisions and potential outcomes. * Consider how the lived experiences of children with severe disabilities and/or limited communication abilities can be represented and heard particularly when significant decisions are made about them. |

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| **Lived experience, Childs Voice and observation**  **(number of visits completed, unannounced visits, timing of visits, multi – agency observations or information gathered from whom, what have you done to assess, direct work for VOC)** |
| **Complicating factors**  **(Sleep deprivation, poverty, housing, domestic abuse, SEND: ASD, ADHD etc. Family dynamic, sensory issues i.e. clothing, toileting issues, young carer)** |

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| **Area assessed** | **1.All Needs Met** | **2.Many Needs Met** | **3.Some Needs Unmet** | **4.Many Needs Unmet** | **5.All Needs Unmet** | **Notes** |
|  | **No intervention required** | **Advice and signposting** | **Low level intervention required** | **Intervention required** | **Intense intervention required** |  |
| **4.Esteem** |  |  |  |  |  |  |
| * 1. **Belonging and identity** | Parents/caregiver ensure child has a positive role within the family and a good understanding of their history, networks and culture. Parent helps the child to feel they belong, are valued and to understand their place in the world. | Parent/caregiver supports child to have a mainly positive role in the family and some understanding of their history, networks and culture. Parent provides the child with some sense of belonging, value and understanding of their place in the world. | Parent/caregiver instigate in the child some sense of belonging and a basic understanding of their history, networks and culture. | The child does not have a stable sense of belonging (e.g. only on specific terms) and has some questions about with their history, network or culture. | The child is not included in the family or included on negative terms. The child has many questions regarding their identity. |  |
| **4.2.Optimism and hope** | Parent/caregiver ensure the child has a positive outlook and looks forward to the future. | Parent/caregiver ensure child has a positive outlook on the whole and has things to look forward to in the short and longer term. | Parent/caregiver ensure child has some Positive but also inflict some Negative and lack of hope in some areas. | Parent/caregiver fail to nurture a sense of optimism - Child has some Negative / anxiety and little hope of improvement. | Parent/caregiver actively encourage a pessimistic outlook -Child is Negative / anxious/ about life and doesn’t feel things can improve. |  |
| **Education and Expression time (Play)**   1. **Infancy and Pre-school** | From birth, parent/caregiver consistently seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is Shared enjoyment. | From birth, parent/caregiver generally seeks out resources and opportunities, adequately initiates age appropriate interaction and stimulation and there is usually Shared enjoyment. | From birth, parent/caregiver sometimes utilises resources or initiates opportunities for age appropriate interaction and stimulation. There is some enjoyment by the parent and child. | Parent/caregiver rarely utilises appropriate resources or initiates opportunities for age appropriate interaction and stimulation despite prompts. There is limited enjoyment, emotional warmth or eye contact between the parent and child. | Parent/caregiver always distracted or unavailable and never utilises appropriate resources or initiates opportunities for age appropriate interaction and stimulation, despite frequent prompts. Child’s mobility is frequently restricted e.g. confined in chair/pram for the parent/caregiver’s convenience. There is no Shared enjoyment, child appears bored, does not appear interested and doesn’t respond. |  |
| 1. **Primary (5-11yrs)** | Parent/caregiver consistently seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is shared enjoyment. They demonstrate an active interest in schooling which is supported at home and child consistently attends school. Child has consistent opportunity to engage in exercise e.g. sports and leisure, after school clubs. | Parent/caregiver adequately seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is shared enjoyment. They demonstrate an active interest in schooling which is supported at home and child frequently attends school. Child has opportunities to engage in exercise e.g. sports and leisure, after school clubs. | Parent/caregiver sometimes seeks out resources and opportunities, or initiates age appropriate interaction and stimulation. There is some enjoyment. They sometimes demonstrate an active interest in schooling and do not always support this at home. Child does not attend school as frequently as required. Child has little opportunities to engage in exercise e.g. sports and leisure, after school clubs. | Parent/caregiver rarely seeks out resources and opportunities, or initiates age appropriate interaction and stimulation and there is little shared enjoyment. They rarely demonstrate an interest in schooling and do not always support this at home. Child rarely attends school or have opportunities to engage in exercise e.g. sports and leisure, after school clubs. | Parent/caregiver never seeks out resources and opportunities, or initiates age appropriate interaction and stimulation. They do not demonstrate an interest in schooling or support this at home. Child does not attend school or have opportunities to engage in exercise e.g. sports and leisure, after school clubs. |  |
| 1. **Adolescent (12+)** | Parent/caregiver consistently seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is shared enjoyment. They demonstrate an active interest in schooling and in supporting the young person in selecting subjects and career choices. Education is supported at home and child consistently attends school. Child has consistent opportunity to engage in exercise e.g. sports and leisure, after school clubs if they wish. | Parent/caregiver adequately seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is often shared enjoyment. They generally demonstrate an active interest in schooling and in supporting the young person in selecting subjects and career choices. Education is generally supported at home and child attends school/college l. Child often has an opportunity to engage in exercise e.g. sports and leisure, after school clubs if they wish. | Parent/caregiver sometimes seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is sometimes shared enjoyment. They sometimes demonstrate an interest in schooling and in supporting the young person in selecting subjects and career choices. Young person generally attends school Child has occasional opportunities to engage in exercise e.g. sports and leisure, after school clubs if they wish. | Parent/caregiver rarely seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is rarely shared enjoyment. They rarely demonstrate an interest in schooling and in supporting the young person in selecting subjects and career choices. Young person rarely attends school. They rarely have opportunities to engage in exercise e.g. sports and leisure, after school clubs if they wish. | Parent/caregiver never seeks out resources and opportunities, initiates age appropriate interaction and stimulation. They do not demonstrate an interest in schooling or in supporting the young person in selecting subjects and career choices. Young Person does not attend school or have opportunities to engage in exercise e.g. sports and leisure, after school clubs if they wish. |  |

**Scoring**

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| **Area of need** | **Score (Highest score or most common if no ‘4 or 5’ met).** |
| 4.1 Belonging and identity |  |
| 4.2 Optimism and hope |  |
| 4.3 Education and expression time (play)  A) Infancy and Pre-school |  |
| B) Primary (5 to 11yrs) |  |
| C) Adolescent (12 + yrs) |  |

**Summary**

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| Summary of discussion, Include what needs to change and what is working well. |

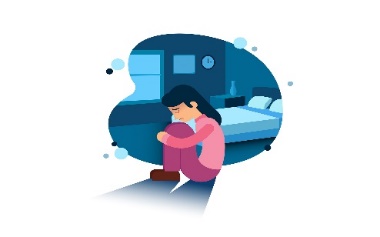
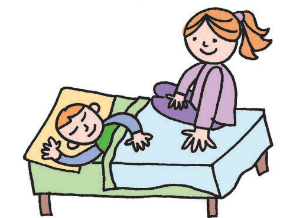
**Areas for change**

**Action Plan for Physical care**

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| **DESIRED OUTCOMES** | **ACTIONS** | **BY WHO AND BY WHEN** |
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**Management oversight**

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**PARENTING**



The causes of neglect are multifaceted and often difficult to understand. Most parents try to be the best parents they can be and don’t mean to neglect their child’s emotions.

Adults who neglect their children may be experiencing:

* depression
* substance misuse
* mental health disorders
* anger or resentment toward their child
* a personal lack of emotional fulfilment
* a history of neglect from their parents
* a lack of healthy parenting skills

This area of the plan has been designed to Identify and support any areas where Parental factors are contributing to the Neglect of the child.

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| --- | --- | --- | --- |
| 1. Parent Lived Experience | 1. Health | 1. Environmental | 1. Behaviours |
| 1.a) Parents own adverse childhood experiences  1.b) Past trauma  1.c) Self-care needs  1.d) Support networks  1.e) Relationships  1.f) Domestic Abuse/Violence  1.g) Engagement with Services | 2.a) Diagnosed additional needs  2.b) Un-diagnosed additional needs  2.c) Physical disabilities  2.d) Mental health conditions  2.e) Post-natal depression  2.f) Self-harm/suicide attempts  2.g) Ability to process and understand information.  2.h) Physical health conditions  2.i) Chronic illnesses  2.k) Alcohol consumption | 3.a) Fuel poverty  3.b) Food poverty  3.c) Debt  3.d) Risk of homelessness  3.e) Overcrowding | 4.a) Criminality  4.b) Anti-social behaviour  4.c) Addiction |

**The pre-screening Plan.**

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| --- | --- | --- | --- | --- | --- |
| **Area assessed** | **1.All Needs Met** | **2.Many Needs Met** | **3.Some Needs Unmet** | **4.Many Needs Unmet** | **5.All Needs Unmet** |
|  | **No intervention required** | **Advice and signposting** | **Low level intervention required** | **Intervention required** | **Intense intervention required** |
| **1. Parent Lived Experience** |  |  |  |  |  |
| **1.a) Parents own adverse childhood experiences** |  |  |  |  |  |
| **1.b) Past trauma** |  |  |  |  |  |
| **1.c) Self-care needs** |  |  |  |  |  |
| **1.d) Support networks** |  |  |  |  |  |
| **1.e) Relationships** |  |  |  |  |  |
| **1.f) Domestic Abuse/Violence** |  |  |  |  |  |
| **1.g) Engagement with Services** |  |  |  |  |  |
| **Summary and Actions** | | | | | |

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| **Area assessed** | **1.All Needs Met** | **2.Many Needs Met** | **3.Some Needs Unmet** | **4.Many Needs Unmet** | **5.All Needs Unmet** |
|  | **No intervention required** | **Advice and signposting** | **Low level intervention required** | **Intervention required** | **Intense intervention required** |
| **2. Health** |  |  |  |  |  |
| **2.a) Diagnosed additional needs** |  |  |  |  |  |
| **2.b) Un-diagnosed additional needs** |  |  |  |  |  |
| **2.c) Physical disabilities** |  |  |  |  |  |
| **2.d) Mental health conditions** |  |  |  |  |  |
| **2.e) Post-natal depression** |  |  |  |  |  |
| **2.f) Self-harm/suicide attempts** |  |  |  |  |  |
| **2.g) Ability to process and understand information.** |  |  |  |  |  |
| **2.h) Physical health conditions** |  |  |  |  |  |
| **2.i) Chronic illnesses** |  |  |  |  |  |
| **2.j) Substance abuse** |  |  |  |  |  |
| **2.k) Alcohol consumption** |  |  |  |  |  |
| **Summary and Actions** | | | | | |

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| **Area assessed** | **1.All Needs Met** | **2.Many Needs Met** | **3.Some Needs Unmet** | **4.Many Needs Unmet** | **5.All Needs Unmet** |
|  | **No intervention required** | **Advice and signposting** | **Low level intervention required** | **Intervention required** | **Intense intervention required** |
| **3. Environmental** |  |  |  |  |  |
| **3.a) Fuel poverty** |  |  |  |  |  |
| **3.b) Food poverty** |  |  |  |  |  |
| **3.c) Debt** |  |  |  |  |  |
| **3.d) Risk of homelessness** |  |  |  |  |  |
| **3.e) Overcrowding** |  |  |  |  |  |
| **Summary and Actions** | | | | | |

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| **Area assessed** | **1.All Needs Met** | **2.Many Needs Met** | **3.Some Needs Unmet** | **4.Many Needs Unmet** | **5.All Needs Unmet** |
|  | **No intervention required** | **Advice and signposting** | **Low level intervention required** | **Intervention required** | **Intense intervention required** |
| **4. Behaviours** |  |  |  |  |  |
| **4.a) Criminality** |  |  |  |  |  |
| **4.b) Anti-social behaviour** |  |  |  |  |  |
| **4.c) Addiction** |  |  |  |  |  |
| **Summary and Actions** | | | | | |

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| **Capacity to change and motivation.** | | | | | | |
| **Area assessed** | **1.Highly motivated and high commitment to change** | **2.Motivated and committed to change** | **3.Some motivation and commitment but unsure** | **4.Further support to increase capacity to change** | **5. Resistant to make desired changes** | **Notes** |
| 1. **Parenting and capacity to change** | Parent/caregivers recognise the need to change and understand the changes required, initiating ideas and actions themselves. They demonstrate a willingness to engage with professionals to work towards clearly specified goals in the child’s timeframe, and that genuine effort will be provided to facilitate change. They are motivated to make positive changes and have the ability to sustain changes over time. | Parent/ caregivers mostly recognise the need to change and understand the changes required. They demonstrate a willingness to engage with professionals to work towards clearly specified goals and facilitate change. They are motivated to make positive changes and have the ability to sustain changes over time. | Parent/ caregivers may not fully recognise the need to change or understand the changes required but there is some commitment. They state that they will engage with professionals but are not wholly confident in undertaking the changes required and accept that they may require further support to keep on track. Their ability to make and sustain necessary changes needs to be supported and monitored over time. | Parent/ caregivers do not recognise much of the need to change or understand many of the changes required. They state they are willing to engage with some professionals and their ability to make changes is limited. They will require intense support to manage their ability to make and sustain necessary changes over time | Parent/caregivers are resistant to change and do not recognise the consequences for the well-being of their children if change is not achieved, despite understanding the risks and possible outcomes in terms of neglect as a form of abuse. The parent/carer is not willing to work with professionals at a pre-statutory level. They will require intense support/intervention to manage their ability to make and sustain necessary changes over time |  |

**Scoring**

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| --- | --- |
| **Area of Need** | **Score** |
| **5.1 Parent Lived experience** |  |
| **5.2 Health** |  |
| **5.3 Environment** |  |
| **5.4 Behaviours** |  |
| **5.5 Parenting and capacity to change** |  |

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| --- | --- |
| **Area of Need** | **Score** |
| **5.1 Parent Lived experience**  **5.2 Health**  **5.3 Environment**  **5.4 Behaviours**  **5.5 Parenting and capacity to change** |  |

**Complicating factors**

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| --- |
| Summary of any complicating factors |

**Summary and overall Score**

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| --- |
| Summary of discussion, Include what needs to change and what is working well. |

**Areas for change**

**Action Plan for Parenting**

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| --- | --- | --- |
| **DESIRED OUTCOMES** | **ACTIONS** | **BY WHO AND BY WHEN** |
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**Management oversight**

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**Overall Scoring and Summary (Highest score or most common if no ‘4 or 5’ met).**

Please see guidance for information of how to generate overall scoring and Summary.

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| --- | --- |
| **Family Name** |  |
| **Date of completion** |  |
| **Professionals completing the Plan** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Area of Need** | 1. **All needs met** | 1. **Many needs met** | 1. **Some needs met** | 1. **Many needs unmet** | 1. **All needs unmet** | **Notes** |
| **Physical care**  1.1 Food and Nutrition  1.2 Clothing  1.3 Hygiene  1.4 Health  1.5 Housing-home and space |  |  |  |  |  |  |
| **Safety**  2.1 Awareness  2.2 In the home  2.3 In the community  2.4 In the care of others  2.5 Developing Safe Independence |  |  |  |  |  |  |
| **Love**  3.1 Quality of relationships and communication  3.2 Meeting emotional needs  3.3 Boundaries  3.4 Family activities and expression (Play). |  |  |  |  |  |  |
| **Esteem.**  4.1 Belonging and identity  4.2 Optimism and hope  4.3 Education and expression time (play) |  |  |  |  |  |  |
| **Parenting**  5.1 Parent Lived experience  5.2 Health  5.3 Environment  5.4 Behaviours  5.5 Capacity to change |  |  |  |  |  |  |

**Action Plan**

This is a summary of actions from the discussion to assist in prioritising work required by the parents/carers so that they are able to commence immediately. This action plan should be included in any current assessment or Plan open to the family.

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| **Desired Outcome** | **Actions** | **By Who and when** |
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| --- | --- |
| Parents/Carer signature |  |
| Professional signature |  |
| Date of Review |  |