The ACT tool has been designed to be completed with the family.

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|  |  | **Level 1 - Universal** | **Level 2 – Early Help** | **Level 3 – Intensive/Targeted Early Help** | **Level 4 – Specialist/Acute** | **Assessment – identify level of need for each section** |
| **Development & Education** | **Pre-school specific check-list (aged 0-5 years)** | * Child well stimulated, carer aware of importance of this * Carer takes child out to local parks/activities regularly | * Carer is aware of importance of stimulating child however sometimes inconsistent interaction due to personal circumstances * Carer takes child out to parks/activities - although sometimes struggles | * Carer provides inconsistent or limited stimulation, child is sometimes left alone unless making noisy demands * Child has limited opportunities for activities/outings | * Carer provides limited or no stimulation * Carer gets angry at demands made by child * Carer is hostile to professional advice * Child is restrained for the carer’s convenience, such as in a pram * Few if any activities/ outings for the child. Child never has the opportunity to mix with peers. |  |
| **School aged child specific check-list (aged 5-16 years)** | * Child receives good level stimulation- carer talks to child in interactive way, reads stories, plays with child * Child has age appropriate toys | * Carer provides appropriate level of stimulation * Child has toys/games to support their development | * Carer provides inconsistent stimulation, does not appear to understand the importance for the child. * Child lacks age appropriate toys/ games (not due to finances) | * Little or no stimulation provided. * Carer provides few toys/games - usually from other sources - not well kept. |  |
| * Carer takes child out to local parks/activities regularly | * Carer takes child out to parks/activities - although sometimes struggles | * Child has limited opportunities for activities/outings | * Few if any activities/ outings for the child * Child prevented from going on outings/trips (e.g. with schools or friends). |  |
| * Carer takes active interest in child’s schooling, attendance good, encourages child to see education as important. * Interested in school and homework. | * Carer understands importance of school * Provides appropriate level of support although sometimes personal * circumstances lead to inconsistency * Attendance generally good - can sometimes sanction days off where not necessary | * Carer makes limited effort to maintain schooling, lacks consistent engagement. * Carer does not actively support homework/ * attendance | * Carer makes little or no effort to support education/schooling. * Lack of engagement, no support for homework. * Does not regard attendance as a concern. * Does not encourage child to see any area of education as positive. |  |
| **Friendships** | * Carer supports friendship and understands importance to child | * Carer supports friendship, but does not always promote | * Child mainly finds own friendships, carer does not understand importance of friendships | * Carer hostile to friendships and shows no interest/support |  |
| **Bullying** | * Carer alert to child being bullied/bullying behaviour and addresses issues | * Carer aware of bullying and intervenes when child asks | * Carer has limited understanding of child being bullied/ bullying behaviour and does not intervene or appropriately support child | * Carer indifferent to child bullying or being bullied |  |
| **Healthcare** | **Safe infant care and health care for unborn baby** | * Carers make infant focused care decisions. * Carers follow safe sleep guidance for infants and recognise impact of alcohol or drugs on safe sleeping. * Avoids smoking in the household | * Carer less infant focused, aware of safe sleep advice but follows advice chaotically. * Aware of impact of alcohol, drugs and smoking on safe sleeping but follows inconsistently. | * Infants needs secondary to carers needs. Carers unaware of safe sleep guidance even when provided. * Ignores or is resistant to advice on sleep position. * Carer does not recognise impact of alcohol, drugs and smoking on safe sleeping of infant. | * Infants' needs not considered. * Carer indifferent or hostile to safe sleep advice, views advice as interference. * Carer hostile to advice about impact of drugs, alcohol and smoking on safe sleeping. |  |
| **Advice and intervention** | * Advice sought from health professionals and/or experienced friends and family. * Health appointments attended, preventative health care accessed (immunisations, dental care). * Health appointments attended, preventative health care accessed (immunisations, dental care). | * Advice is sought, but inconsistently followed because of carers own needs. * Understands the need for preventative health care but is inconsistent in taking child to dental and immunisation appointments. * Understands the need for preventative health care but is inconsistent in taking child to dental and immunisation appointments. | * Infants needs secondary to carers needs. Carers unaware of safe sleep guidance even when provided. * Ignores or is resistant to advice on sleep position. * Carer does not recognise impact of alcohol, drugs and smoking on safe sleeping of infant. | * Infants' needs not considered. * Carer indifferent or hostile to safe sleep advice, views advice as interference. * Carer hostile to advice about impact of drugs, alcohol and smoking on safe sleeping. |  |
| **Appearance** | **Clothing** | * Child has clean clothes that fit. * Dressed for weather and carers aware * of the need for age appropriate clothes | * Clothes sometimes unclean, crumpled, poorly fitted. * Carer considers clothing to meet needs of child but personal circumstances can get in the way. | * Clothes dirty, poor state of repair and not fitted. * Not appropriate for weather, and insufficient items to allow for washing. * Carer indifferent to importance of clothing. | * Clothes filthy, ill-fitting and smell. Unsuitable for weather. * Child may sleep in day clothes, not replaced with clean clothes even when soiled. * Carer hostile to advice about need for appropriate clothing for child. |  |
| **Hygiene** | * Child is cleaned, washed daily and encouraged to do so age appropriately. | * Child reasonably clean, but carer does not regularly wash or encourage the child to wash. | * Child unclean, only occasionally bathed or encouraged to. | * Child looks dirty, and is not bathed. * Teeth not brushed and lice and skin conditions become chronic. |  |
| * Child encouraged to brush teeth. Lice and skin conditions treated. Nappy rash treated. * Carer takes an interest in child’s appearance | * Teeth inconsistently cleaned and lice and skin conditions inconsistently treated. * Nappy rash a problem, but carer treats following advice. | * Poor dental hygiene. * Carer indifferent to nappy rash despite advice. * Carer does not take interest in child’s appearance and does not acknowledge importance of hygiene. | * Teeth not brushed, lice and skin ailments not treated. * Carer hostile to nappy rash advice and does not treat. * Carer hostile to concerns raised about child’s lack of hygiene. |  |
| **Feeding & Eating** | **Food** | * Appropriate quality food and drink for age/ development of child. * Meal routines include family eating together. * Special dietary requirements always met and carer understands the importance of food. | * Reasonable quality of food and drink in adequate quantity, lack of consistency in preparation and routines. * Special dietary requirements inconsistently met. * Carer understands importance of food but sometimes circumstances impacts on ability to provide. | * Low quality food, often inappropriate for age/ development, lack of preparation and routine. * Child hungry. * Special dietary requirements rarely met. * Carer indifferent to importance of food for the child. | * Child receives inadequate quantity of food and observed to be hungry. * Low quality of food, predominance of sweets or ‘junk’ food. * Special dietary requirements never met. * Carer hostile to advice about food |  |
| **Attachment & Care** | **Parental motivation for change** | * Carer is determined to act in child’s best interests | * Carer seems concerned with child’s welfare * Carer wants to meet their needs but has problems with their own pressing needs. | * Carer is not concerned enough about child to address competing needs and this leads to some of child’s needs not being met * Carer does not respond to the child’s cues | * Carer rejects the parenting role and takes a hostile attitude to child care responsibilities |  |
| * Carer is concerned about child’s welfare and wants to meet the child’s physical, social and emotional needs to the extent they understand them | * Professed concerns are often not translated into actions, and carer regrets their own difficulties are dominating. * Would like to change but finds it hard. | * Carer does not have the right priorities and may take an indifferent attitude | * Carer does not see that they have a * responsibility to the child and believe the child * is totally responsible for themselves, or the child deserves hostile parenting |  |
| * Carer is realistic and confident about the problems to overcome and is willing to make sacrifices for the child. | * Disorganised, pays insufficient time to children or misreads signals. | * Lack of interest in and understanding of the child’s welfare and development | * May seek to give up responsibility for the child |  |
| **Environmental Factors** | **Housing** | * Accommodation has all essentials for cooking, heating, bathroom and all in reasonable repair. * Stable home without unnecessary moves. * Carer understands the importance of stability and home conditions for the child. * Animals are appropriately cared for and do not present a risk to the child. | * Accommodation has some essentials but requires repair/decoration. Reasonably clean, may be damp. * Carer taking steps to address this. * Reasonably stable, but child has experience some moves/new adults in home. * Carer recognises importance of stability and home conditions but personal circumstances hamper this. * Concern about welfare of animals in the home | * Accommodation in disrepair, carers unmotivated to address resulting in accidents and potentially poor health for child. * Home looks bare, possibly smelly, lack of clean washing facilities whole environment chaotic. * Child has experienced lots of moves and lots of adults coming in and out of home for periods. * Carer does not accept importance of home conditions and stability for child. * Issues of hygiene an safety due to animals in the home | * Accommodation in dangerous disrepair and has caused number of accidents and poor health for child. * Home squalid, lacks essentials of working toilet, bath facilities, bedding, food preparation facilities. * Smells. * Faeces or harmful substances visible. * Child has experienced numerous moves often at short notice, overcrowding. * Animals pose a risk to children in the home. |  |
| **Emotion & Behaviour** | **Warmth and Care** | * Carer provides emotional warmth, responds appropriately to physical needs. * Carer understands importance of consistent demonstration of love and care. | * Carer mostly provides emotional warmth, talks kindly about child and is positive about their achievements. * Sometimes carers own circumstances get in the way of demonstrating love and care. | * Carer inconsistent in providing emotional warmth, does not praise or reward. * Carer can sometimes respond verbally aggressively if child distressed or hurt. * Carers can be indifferent to advice about importance of love and care to their child. | * Carer does not show emotional warmth to child, emotional response tends to be harsh/critical and unkind. * Hostility to advice and support. * Carers do not provide any reward or praise and can ridicule child if others praise. |  |
| **Young caring** | * Child contributes appropriately to household tasks. | * Child has some additional responsibilities within the home but these are age and stage appropriate, carer recognises that child should not be engaged in inappropriate caring/responsibilities however sometimes personal circumstances get in the way. | * Child has some caring responsibilities that are having an impact on education and leisure activities. | * Child has caring responsibilities which are inappropriate and impact on their educational and leisure opportunities. * Impact is not well understood by carer. * Carer hostile to advice and support. |  |
| Boundaries | * Carer provides consistent boundaries, provides appropriate discipline. | * Carer recognises importance of boundaries and appropriate discipline but sometimes struggles to implement. | * Carer provides inconsistent boundaries, sometimes uses inappropriate sanctions, can hold child entirely responsible for their behaviour. Lack of boundaries could cause potential harm. | * Carer provides few or no boundaries, treats child harshly when responding to their behaviour. * Physical chastisement used and other harsh methods of discipline. * Carer hostile to advice about appropriate boundaries/methods of discipline. Permissive parenting |  |
| **Adult arguments** | * Carers do not argue aggressively in front of the children - sensitive to impact on children. | * Carers sometimes argue in front of the children, no domestic abuse between parents. * Carers recognise impact of their behaviour on child. | * Carers frequently argue aggressively in front of the children, sometimes this leads to domestic abuse. * Lack of understanding of impact on and harm to child. | * Carers frequently argue in front of children and there is domestic abuse. * Indifference to the impact on child, inability to put their needs first. Child at risk of direct/indirect harm. |  |
| **Values** | * Carers encourages child to have positive values and understands importance of child’s development. | * Carer sometimes encourages child to have positive values. | * Carer inconsistent in providing child to have positive values. | * Carer actively encourages negative attitudes in child, at times condones anti-social behaviour. |  |
| **Advice and support** | * Carers provide advice and support. | * Awareness of importance of child development but not always able to support and advise child. | * Provides little advice or guidance and does not monitor child’s use of inappropriate materials/ playing inappropriate games. | * Indifferent to smoking/under-age drinking, no advice provided. * Allows child to watch/play inappropriate material/games. |  |
| **Depression and low mood** | * Carer does not talk about feelings of depression/low mood – aware of impact on child | * Carer does discuss some feelings of low mood in front of child - aware of the impact on the child. | * Carer talks about depression in front of the child, limited insight into impact on child. | * Carer frequently talks about depression/suicide in front of the child - may have attempted suicide in front of child. Carer can hold child responsible for feelings/depression. * Carer will not engage in support and can be hostile to advice. |  |
| **Substance misuse** | * Carer does not misuse alcohol or drugs. * Carer able to respond if emergency situation occurs. | * Minimal use of substances - not in front of child. Understanding of impact of substance misuse on child. * Arranges additional support when unable to provide fully for child. | * Misuse of drugs and alcohol sometimes in front of child. Lack of awareness of impact of substance use on child. * Use leads to inconsistent parenting. * Finances are affected. | * Significant misuse of substances. Carer significantly minimises use and is hostile to advice, support - refuses to engage. * Carer cannot respond to child’s needs. Absence of supportive network. * Child exposed to abusive/frightening behaviour of carer or other adults. |  |
| **Safety & Supervision** | **Safety awareness** | * Carer aware of safety issues uses safety equipment. * Child taught traffic skills. | * Carer aware of safety issues but inconsistent in use and maintenance of safety equipment. * Child given some guidance about traffic skills. | * Carer does not recognise dangers to child, lack of safety equipment-carer indifferent to advice. * Child given insufficient guidance about traffic skills. | * Carer does not recognise dangers to child’s safety, can be hostile to advice * Lack of supervision around traffic and an unconcerned attitude. |  |
| **Supervision** | * Appropriate supervision provided in line with age/level of development. | * Variable supervision provided, but carer does intervene where there is imminent danger. * Carer does not always know were child is. | * Little supervision, carer does not always respond after accidents, lack of concern about where child is, inconsistency * is concerned about lack of return home/late nights. | * Lack of supervision, child contained in car seats/ pushchairs for long periods of time. * Carers indifferent to whereabouts of child, no boundaries, carer hostile to advice, lack recognition of impact on child’s wellbeing. |  |
| **Handling of baby** | * Carer responds appropriately to needs of baby. | * Carer not always consistent in responses to baby’s needs-can be precarious in handling and inconsistent in supervision. | * Carer does not recognise importance of responding consistently to baby’s needs. * Handling precarious and baby left unattended at times. * Carers does not spend time with baby cooing/smiling - lacks recognition of importance of comforting baby when distressed. | * Carer does not respond to the needs of the baby, dangerous handling / baby left unattended. * Baby lacks adult attention and contact. * Carers hostile to advice and lacks insight to impact of their behaviours on the child. |  |
| **Care by other adults** | * Child is left in care of trusted/vetted adult. * Carer/child always knows each other’s whereabouts. | * Child (0-9yrs) sometimes left with a child (10- 13yrs) or a person who may be unsuitable. * Carer/child sometimes unaware of each other’s whereabouts. * Carer aware of importance of safe care but sometimes inconsistent due to own circumstances. | * Child (0-7yrs) left with child (8-10yrs) or an unsuitable person. * Carer/child often unaware of each other’s whereabouts. * Child sometimes found wandering/locked out * Carer does not raise importance of child keeping themselves safe, no advice/support. | * Child (0-7yrs) left alone, in company of young child or unsuitable person. * Child often found wandering/ locked out. * Carer hostile/unable to talk on board advice and guidance about giving safe care. * Child exposed to multiple carers. |  |
| **Responding to Adolescents** | * The child’s needs are fully considered with appropriate adult care. * Parent responds appropriately to risky behaviour. | * Carer aware of child’s needs but inconsistent in providing for them, responds inconsistently to risky behaviour. | * Carer does not consistently respond to child’s needs, recognises risky behaviour but does not always respond appropriately. | * Career indifferent to whereabouts of child and child’s whereabouts often unknown. Child frequently going missing. No appropriate supervision of child’s access to social media. * No guidance or boundaries about safe relationships including appropriate friendships and sexual relationships. Relationships are not age appropriate. * Child’s needs are not met, lack of recognition by carer that child requires guidance and protection, does not recognise or address risky behaviour. |  |

**Areas for further Exploration**

Use this to further explore any areas that may be cause for concern\*.

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| What is the cause for concern? |
| Why is the current level of care not sufficient? |
| What harm is occurring, or likely to occur? |
| Exactly what needs to change in terms of parenting/care giving? |
| What strengths could the family build on? |
| Specify realistic timelines for improvement. |
| State clearly what support needs to be in place or next steps if improvements aren’t made. |