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.
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| **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.
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| * 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).
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| * 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.
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| **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
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| **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
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| **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.
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| **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.
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| **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.
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| **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.
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| * 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.
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| **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
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| **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
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| * 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
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| * 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
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| **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.
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| **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.
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| **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
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| **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.
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| **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.
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| **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.
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| **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.
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| **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.
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| **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.
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| **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.
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| **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.
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| **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.
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| **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.
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**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.  |