

**Age - Unborn to 2**

Please help me share my voice. Please complete every time you see me even if you are not able to answer all the questions.

Is my home clean and free from clutter?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Is medical advice for my care followed?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Do I have my own safe sleeping area free from clutter? *	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Do I feel love and affection?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Are there age appropriate safety measures for me?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	*****	
Am I safe from pets?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Do I have lots of accidents?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Do I look physically healthy? i.e weight, skin condition	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Am I exposed to domestic abuse?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Are my clothes clean, dry, well-fitting and suit the weather?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Am I around people who abuse substances?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Am I taken to my medical appointments?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Is anyone concerned about me being neglected?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		Are there any adults in my life who may be unsafe?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

If any red answers you must consider use of Graded Care Profile and clearly document rationale for not completing. Please follow your organisational policy for guidance on process or if a referral elsewhere is required.

\*A safe sleeping area is their own cot/crib/ Moses basket. No bed sharing. No objects in or around the sleeping area i.e. teddy bears, cot bumpers, drapes, washing etc and baby should be sleeping with feet at the bottom of the cot. Smoke free environment.



Name:

Address:

Date of Birth or estimated due date:

**Age - 3 – 11**

Please help me share my voice. I may be able to answer some questions myself if you talk to me. Please complete every time you see me even if you are not able to answer all the questions.

Is my home clean and free from clutter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do I attend all my medical appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I have my own sleeping area free from clutter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is medical advice for my care followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Am I given appropriate boundaries/discipline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would I feel loved and cared for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I attend education regularly with everything I need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*****	
Do I look physically healthy? i.e weight, skin condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do I have caring responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are my clothes clean, dry, well-fitting and suit the weather?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Am I exposed to domestic abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Am I happy to talk about life at home and my carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Am I around people who abuse substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I have adequate supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is anyone concerned about me being Neglected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are there any adults in my life who may be unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Name:

Address:

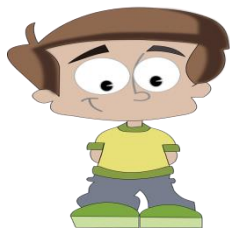
Date of Birth:

**Age – 12-18**

Please help me share my voice. I may be able to answer some questions myself if you talk to me. I am still a child until I am 18 and neglect may be harder to see. Please complete every time you see me even if you are not able to answer all the questions.

Is my home clean and safe for me?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do I attend all my medical appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I have my own sleeping area free from clutter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do I or my carers follow medical advice for me?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Am I given appropriate boundaries/discipline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*****	
Do I attend education regularly with everything I need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Am I spending lots of time sleeping at other people's homes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I look physically healthy? i.e weight, skin condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do I have caring responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are my clothes clean, dry, well-fitting and suit the weather?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Am I exposed to domestic abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Am I happy to talk about life at home and my carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Am I around people who abuse substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I feel loved and cared for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is anyone concerned about me being neglected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are there any adults in my life who may be unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_