**Parents**

* **Health**

Are you registered with a doctor? Are appointments attended when made? When did your child last see a doctor?

Are your child’s immunisations up to date?

Do you have any concerns regarding your child’s health?

When was the last time you saw any other Health staff? i.e. Health , Optician?

Is there anyone you would like to see who could help your child?

Has your child had any recent hospital visits? i.e. A & E

What activities does your child do to keep them healthy?

* **Mental Health**

Risk of self-harm?

Anxiety or depression?

Eating disorders

* **Physical Development**

Does your child eat regularly?

Do they eat a variety of foods?

Does your child have any allergies?

What is the routine for eating in your home?

Where do you/ your child sit when it is time to eat?

Does your child need any equipment for life i.e. Hearing aids, glasses?

What is your child’s speech and language like?

Do you think you have effective communication with your child?

* **Emotional and Social Development**

Do you know what makes your child happy or sad and how do you know if they are?

Do you feel your child has bonded with you?

Can/does your child express their feelings?

Do you think your child give appropriate responses in their feelings and actions?

Can your child show empathy and an understanding for others?

What is your child’s relationship like with others i.e. relatives and friends?

Do you think your child has an understanding of their own actions on others?

* **Behavioural Development**

How would you describe your child’s behaviour?

Do you know what your child’s likes and dislikes are?

What are your worries regarding your child’s behaviour?

Is your child’s behaviour contained to just home or other environments i.e. School, community?

Does your child put anyone at risk from their behaviour?

Do you think your child has an understanding of their actions on others?

* **Identity**

Does your child demonstrate when they like/don’t like a person?

Does your child recognise their own abilities?

Any issues with bully or discrimination?

Is your child overfriendly or withdrawn?

Any issues with poor personal hygiene?

Does your child show willingness to engage?

Does your child know their place in your family?

* **Family and social relationships**

Does your child enjoy the company of other children or do they prefer the company of adults?

How close is your child to other members of your family?

Are there other members of your family who behaviour impacts on your child?

Does your child engage in social activities?

Do they have friends inside and outside of school?

* **Self-care skills and independence**

Does your child have any self-care skills?

Do they have knowledge of boundaries and consequences?

Do you think your child is able to make appropriate decisions?

Do they have the ability to cook/ make drinks for themselves?

Do you think your child copes with big changes in their life?

* **Learning**

How is your child getting on at school?

Do they attend regularly?

Do you have good links with school?

Does your child have support in school?

**Understanding and reasoning**

Can your child follow simple instructions?

**Participation in learning**

Does your child have age appropriate toys and games?

Do you play with your child?

Does your child have a good range of skills and interests?

What do you think they are good at doing?

**Progress and Achievement**

What has your child achieved?

Do you know what your child’s favourite lesson is at school?

What does your child enjoy doing?

**Aspirations**

What do you want your child to achieve in life?

Do you know what your child wants from their lives?

* **Basic Care**

Do you feel you are able to keep your child safe?

Do you think your child’s needs are being met?

Do you feel your house is a safe place for your child?

How do you protect your child from harm?

* **Emotional warmth**

Do you enjoy being with your child?

Do you hug your child/ share cuddles? How does your child show you affection?

Do you feel you need any help looking after them?

Do you think you have a secure and loving relationship?

Do you think your child know your love them?

**Guidance and boundaries**

What do you and your child enjoy doing together?

How do you get your child to do what you would like them to do?

What boundaries are important to you as a parent?

Do you think your child understands boundaries?

Do you think you protect your child enough or are you to over protective?

What kind of activities does your child take part in? Do you think they are age appropriate?

Do you think your child knows you are interested in what they do?

**Family History**

Do you feel safe in your home?

Is there someone you can turn to for help if you needed to? Friend or family

Has there or is there any domestic violence in the home environment?

Do you have routines or chaos in the home?

Is there any substance or alcohol misuse in the home?

Do you have any worries or concerns about your family that you would like to share?

**Wider Family**

How often do you see your extended family? What is your child’s relationship with the extended family like?

Have you had any significant changes in your family recently?

Do you think anyone in the family poses a risk to your children?

Do you and your child have anyone else that is important in your lives?

**Housing and employment**

How does your home meet your family’s needs?

Are you claiming any benefits?

Do you have any financial worries?

Does your child know what you work as? Do you think you working has an impact on your child?

How do you think you child feels about your home?

**Social and community**

Do you have any difficulty accessing local resources?

How long have you lived in the area?

Do you feel socially accepted or isolated?

What is the crime level like in the area?