

The HEADS-ED (Under 6 years)

	0 No action needed	1 Needs action but not immediate / moderate functional impairment	2 Needs immediate action / severe functional impairment
<p>Home & caregivers</p> <p><i>Example: What's it like caring for your child? How does your family get along with each other? Is your own physical and/or emotion health getting in the way of caring for your child?</i></p>	<ul style="list-style-type: none"> ○ Supportive/responsive to child's needs / secure attachment 	<ul style="list-style-type: none"> ○ Conflicts / difficulty meeting child's needs/attachment concerns 	<ul style="list-style-type: none"> ○ Chaotic / dysfunctional /unable to meet child's needs / placement breakdown / severe attachment problems
<p>Eating & sleeping</p> <p><i>Example: How has your child been sleeping? How has your child been eating?</i></p>	<ul style="list-style-type: none"> ○ No concerns 	<ul style="list-style-type: none"> ○ Disrupted sleep / moderate eating disturbance (overeats /under eats) 	<ul style="list-style-type: none"> ○ Sleep deprived / severe eating disturbance / failure to thrive
<p>Activities & peers</p> <p><i>Example: How does your child get along with other children? Does your child participate in any activities with other children?</i></p>	<ul style="list-style-type: none"> ○ Age appropriate social skills and engaged in activities 	<ul style="list-style-type: none"> ○ Restricted range or interest in social and peer activities /limited social skills, friends 	<ul style="list-style-type: none"> ○ Withdrawn or extremely restricted range of activities / unable to function in a social context
<p>Development, speech/language/motor</p> <p><i>Example: Do you have any concerns with your child's growth, language, eye contact...</i></p>	<ul style="list-style-type: none"> ○ Age appropriate development 	<ul style="list-style-type: none"> ○ Moderate deficits in one or more areas 	<ul style="list-style-type: none"> ○ Severe or profound deficits in one or more areas
<p>Safety</p> <p><i>Example: Do you have any concerns that your child will hurt him/herself or others? Is your child in physical distress (listless, fever, labored breathing...)</i></p>	<ul style="list-style-type: none"> ○ No concerns 	<ul style="list-style-type: none"> ○ Moderate level of risk/dangerous impulsive behaviour / serious health issues 	<ul style="list-style-type: none"> ○ Imminent risk / requires medical intervention / life threatening impulsive behaviour
<p>Emotions, behaviours</p> <p><i>Example: Is your child difficult to calm or sooth? Is your child aggressive? Is your child overly fearful?</i></p>	<ul style="list-style-type: none"> ○ No concerns or mildly anxious / sad / acting out 	<ul style="list-style-type: none"> ○ Moderately anxious / difficult to soothe / aggressive 	<ul style="list-style-type: none"> ○ Significantly distressed / unable to function / out of control or aggressive
<p>Discharge or current resources</p> <p><i>Example: Does your child/you have any help or are you waiting to receive help (e.g, family therapy, speech therapy)</i></p>	<ul style="list-style-type: none"> ○ Ongoing / well connected 	<ul style="list-style-type: none"> ○ Some / not meeting needs 	<ul style="list-style-type: none"> ○ None / on waitlist / non-compliant