



MULTI-AGENCY TOOLKIT FOR NEGLECT

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CHILD NEGLECT TOOLKIT

For assisting in the identification of child neglect

Acknowledgements

Bath and North East Somerset has adapted this toolkit which was initially developed by Jane Wiffin on behalf of Hounslow LSCB; to offer a 'Structured Judgement Approach' to the identification of child neglect and the tools to work with partner agencies and the family to improve outcomes for the child.

Introduction

Neglect is 'the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development'. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment. It may also include neglect of or unresponsiveness to, a child's basic emotional needs. (Working Together 2018)

Who is a carer?

The term "carer" is used throughout this tool, and should not be interpreted to mean simply 'biological parents'. Carers could be extended relatives under a formal or informal arrangement, adoptive parents, foster carers, 'Special Guardians', or anybody who is responsible for the care of a child under a medium/longer term agreement.

What is the Child Neglect Toolkit?

The Child Neglect Toolkit is designed to assist you in identifying and assessing children who are at risk of neglect. It is to be used when you are concerned that the quality of care of a child you are working with suggests that their needs are being neglected. It will help you to reflect on the child's circumstances and will

help you put your concerns into context and identify strengths and resources.

The Child Neglect Toolkit can be used to inform decision-making, assessments and planning. It can also be used in one to one's with managers or in supervision. It is a tool that can be used with families and does not replace assessments such as Early Help assessments or Children's Social Care assessments.

If you suspect abuse or harm or a criminal offence to a child you must immediately discuss this with your Named/Designated Safeguarding Lead and make a referral to Children's Social Care: 01225 396312, or childcare_duty@bathnes.gov.uk

Similarly, if you identify concerns about adult safeguarding, discuss with your safeguarding lead refer to Adult Social Care on 01225 396000.

“Think Family”

Using the Child Neglect Toolkit

The Child Neglect Toolkit should be used when there are concerns about whether the child's physical and emotional needs are being neglected. It will assist with the early identification of neglect or in coordinating support for families in need of additional help. The checklist can also be used to track improvements, deterioration or 'drift'.

There is no need to use every single section; just complete the bits that are relevant for your role and family.

The toolkit focuses on five key areas of need and considers the extent to which children's needs are being neglected and/or the needs of their parents/carers are taking precedence. The toolkit details indicators and possible impact on the child with four specific ratings where 1 is child focused care giving and 4 is child's needs not considered.

The five key areas of need are:

1. Physical care
2. Health
3. Safety and supervision
4. Love and care

5. Stimulation and education.

Area 6 focuses on parental motivation to change.

By working through the toolkit and scoring individual sections you will be able to identify strengths as well as areas of concern.

Scores of 3 and 4 are cause for concern and should be discussed with your Named/Designated/Safeguarding Lead as soon as possible.

Scores of 2 may require additional support to prevent risks/needs escalating, consider a referral to early help targeted support (further information on local early help services can be found via the Early Help App which can be download for free from the Apple or Android store by searching for “B&NES Early Help”)

Cause, Analysis and Actions

Crucial to the completion of this toolkit are the three boxes below the scores. This toolkit is intended to be used to assist practitioners and their managers evaluate things they might be worried about in relation to families.

An analysis of the context in which families find themselves is important, in order to avoid stigmatising already-struggling carers. A careful consideration of the environment the family is living in, the support networks around them and the likely overall impact on children of their care (both in the short and long term), will be essential so as to ensure support is provided where necessary, for those who may be doing their best in very challenging circumstances.

Having undertaken an analysis of the situation, it will be important that practitioners and their supervisors consider what action could be taken. It may be that a referral to children’s or adult’s social care is required, or support could be given by your service to address the underlying difficulties.

Adverse Childhood Experiences

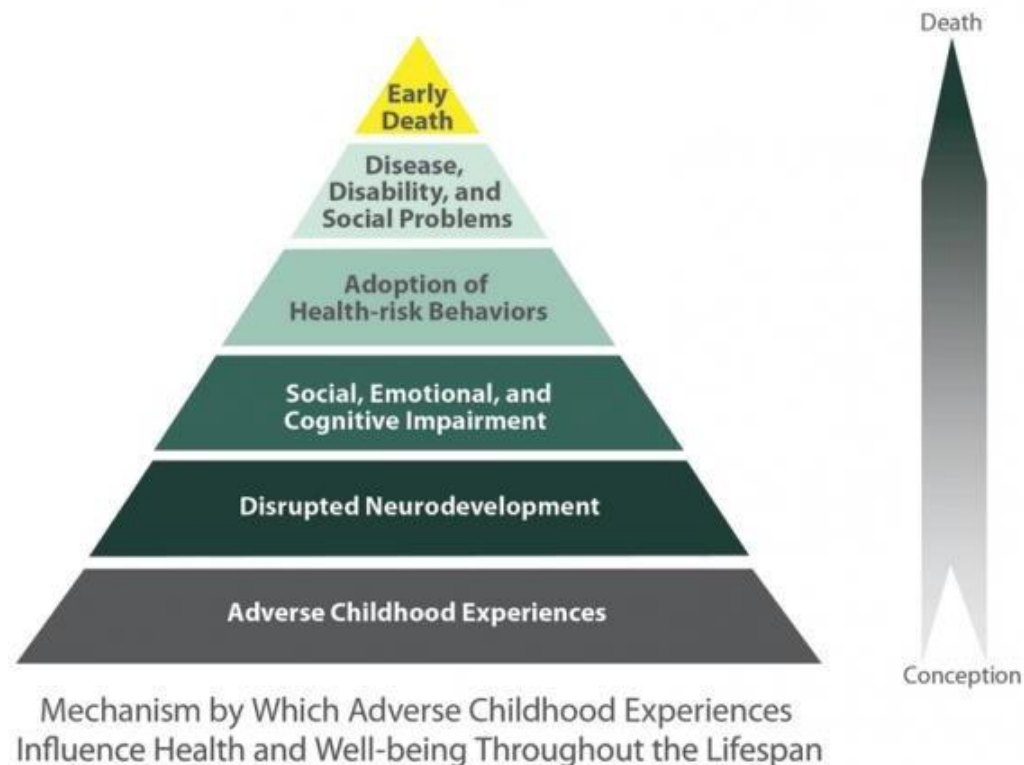
The Adverse Childhood Experiences study (ACES) began as a longitudinal study undertaken in the US at the Centers for Disease Control and Prevention in the 1990s, and has since been replicated in the UK. It found that childhood experiences, including significant **emotional or physical neglect**, have a tremendous impact on future violence victimisation and perpetration, and lifelong

health and opportunity; including mental *and* physical health, such as type II diabetes, chronic obstructive pulmonary disease, heart disease, and cancer.

Adults who suffered four or more ACEs in childhood had increased chances of high-risk drinking by four times, being a smoker by six times and being involved in violence in the last year by around fourteen times. A quarter of those with 4 or more ACEs, by the age of 49 were diagnosed with one or more chronic diseases, compared to only 6.9% in those with no ACEs. (Public Health Wales, Welsh Adverse Childhood Experiences study, 2015: www.wales.nhs.uk/sitesplus/888/news/40000)

As such, adverse childhood experiences should be seen as a major public health issue and practitioners working with children need to be keenly aware of this research.

The ACE Pyramid represents the conceptual framework for the ACE Study.



Using the Child Neglect Toolkit with Parents

The Child Neglect Toolkit can be a useful tool to use to facilitate discussions about their child's welfare. It is not, however, something to simply take along and go through with a parent in order to apportion blame or criticism.

Working alongside parents, focusing on strengths as well as concerns is possible through this toolkit.

Evidence highlights that the best results are achieved when intervention with families happens at the earliest possible opportunity, particularly in situations where the family is steadily declining into neglectful parenting (Action for Children, Long et al. 2012)

The challenge for all practitioners working with children, young people and their families is to develop a coherent, integrated and effective response to neglected children and young people.

Aim to develop a plan that takes on board the assessment and has in mind overall longer-term objectives as well as short term goals.

TYPES OF NEGLECT

For further information about responding to these types of neglect, refer to the B&NES Multi Agency Neglect Strategy, available at http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/lscb_neglect_strategy_v5.pdf

There are three overarching types of neglect that may be experienced by children and young people (Jones, R, 2016). These are:

Passive neglect – where parents/carers are often exhausted and may be suffering from poor mental health

Signs/Indicators of passive neglect

- Chronic poverty
- Poor housing/financial difficulties
- Alcohol use
- No boundaries and no care for the children/school attendance issues/young carers
- No extended family support

Working With Families

- Create space and structure
- Identify the most pressing issues and offer support over time
- Enable the parent whilst keeping a clear focus of the impact on the children
- Early help is crucial

Chaotic neglect – where parents/carers may have poor parenting skills or be centred on their own needs

Signs/Indicators of chaotic neglect

- Poor parenting
- No good parenting models
- Parent focussed on their own needs
- Parents who are active and demanding but also chaotic and unpredictable

Working With Families

- High challenge
- High support
- Focus on the children and their lived experience!
- Seek to build up self-esteem of parents but be very mindful of disguised compliance
- Appropriate parenting programmes/coaching and mentoring/intensive family support
- A well-coordinated and thorough early help response is crucial. Timescales and a contingency plan must be included in the plan of support.
- Involvement of Early Help Coordinators, Family Support Workers and Community Social Workers
- Escalation to social care where necessary

Active neglect – deliberate and intentional

Signs/Indicators of active neglect

- Power and control
- Associated with domestic abuse
- May be linked to jealousy
- Danger of escalating to abuse and violence

Working With Families

- Confront and protect – raise immediate safeguarding concerns
- May involve criminal as well as care concerns and investigations
- Focus on risk and minimisation of the risks
- Urgency and action

CHILD NEGLECT TOOLKIT CHECKLIST

Child(ren)'s name:	
Date of birth(s) of child(ren):	
Practitioner:	
Date:	
Agency:	
Is there an early help or statutory assessment for the child(ren)? (Y/N)	

Development Need	Score				Examples/evidence of impact on child/young person
	1	2	3	4	
AREA 1: PHYSICAL CARE					
Food					
Quality of housing					
Stability of housing					
Child's clothing					
Animals					
Hygiene					
AREA 2: HEALTH					
Safe sleeping arrangements and co-sleeping for babies					
Seeking advice and intervention					
Disability and illness					
AREA 3: SAFETY AND SUPERVISION					
Safety awareness and features					
Supervision of the child					
Handling of baby/response to baby					
Care by other adults					
Responding to adolescents					
Traffic awareness and in-car safety					

AREA 4: LOVE and CARE					
Parent/carer's attitude to child; warmth and care					
Boundaries					
Adult arguments and violence					
Young-caring responsibilities					
Positive values					
Adult behaviours					
Substance misuse					
AREA 5: STIMULATION AND EDUCATION					
Unborn					
0-2 years					
2-5 years					
School					
Sport and leisure					
Friendships					
Addressing bullying					
PARENTAL MOTIVATION FOR CHANGE					
Total in each area					

CAUSE: *What do you believe is causing the neglect (understanding the cause of neglect should make you understand what action(s) need to be taken)?*

ANALYSIS: What is your overall analysis of the situation?

To help answer this, you might want to consider the information you know and how this might impact the child(ren) in the short- and longer-term. Perhaps ask yourself 'So what?', and 'Why is this happening?' Consider whether or not there are patterns or links between parenting behaviours, and the child's needs, as well as considering wider family and social issues. Keep in mind the 'complex trio' of parental mental ill-health, substance misuse and domestic abuse; and 'pathways to care' alongside recent Serious Case Review recommendations.

AIMS and ACTIONS: What actions are to be taken as a result of completing this checklist, aiming to achieve what outcomes? With a brief outline of how you are going to do it.

AREA 1: PHYSICAL CARE

1) Child-focused care-giving.	2) Adult-focused care-giving.	3) Child's needs are secondary to adults.	4) Child's needs are not considered.
Food			
<p>Child is provided with appropriate quality of food and drink, which is appropriate to their age and stage of development.</p> <p>Meals are organised and there is a routine which includes the family sometimes eating together.</p> <p>Children's special dietary requirements are always met.</p> <p>Carer understands importance of foods.</p>	<p>Child is provided with reasonable quality of food and drink and seems to receive an adequate quantity for their needs, but there is a lack of consistency in preparation and routine.</p> <p>Children's special dietary requirements are inconsistently met.</p> <p>Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide.</p>	<p>Child receives low quality food and drink, which is often not appropriate to their age and stage of development and there is a lack of preparation or routine.</p> <p>Child appears hungry.</p> <p>Children's special dietary requirements are rarely met.</p> <p>The carer is indifferent to the importance of appropriate food for the child.</p>	<p>Child does not receive an adequate quantity of food and is observed to be hungry.</p> <p>The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc.</p> <p>Children's special dietary requirements are never met and there is a lack of routine in preparation and times when food is available.</p> <p>Carer hostile to advice about appropriate food and drink and the need for a routine.</p>
Quality of housing			
<p>The accommodation has all essential amenities such as heating, shower, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration.</p> <p>Carer understands the importance of the home conditions to child's well-being.</p>	<p>The accommodation has some essential amenities, but is in need of decoration and requires repair. Carers are aware of this, and have taken steps to address these issues.</p> <p>The accommodation is reasonably clean, but may be damp, but the carer addresses this.</p> <p>Carer recognises the</p>	<p>The accommodation is in a state of disrepair, carers are unmotivated to address this and the child has suffered accidents and potentially poor health as a result.</p> <p>The look is bare and possibly dirty/smelly and there are inadequate amenities such as beds and bedding, a dirty toilet, lack of clean washing facilities and the whole environment is dirty and chaotic.</p> <p>The accommodation smells of damp and</p>	<p>The accommodation is in a dangerous state of disrepair and this has caused a number of accidental injuries and poor health for the child.</p> <p>The look is dirty and squalid and there is a lack of essential amenities such as a working toilet, showering/bathing facilities, inappropriate and dirty bed and bedding and poor facilities for the preparation of food.</p> <p>Faeces or other harmful substances are visible, and house smells.</p>

	importance of the home conditions to the child's sense of well-being, but is hampered by personal circumstances.	there is evidence of mould.	The accommodation smells strongly of damp and there is extensive mould which is untreated and the carer is hostile to advice about the impact of the home circumstances on child's wellbeing.
Stability of housing			
Child has stable home environment without too many moves (unless necessary). Carer understands the importance of stability for child.	Child has a reasonably stable home environment, but has experienced house moves/ new adults in the family home. Carer recognises that this could impact on child, but the carer's personal circumstances occasionally impact on this.	Child does not have a stable home environment, and has either experienced lots of moves and/or lots of adults coming in and out of the home for periods of time. Carer does not accept the importance of stability for child.	Child experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to children sleeping in unsuitable circumstances). The home has a number of adults coming and going. Child does not always know these adults who stay over. Carer is hostile about being told about the impact on child of instability.
Child's Clothing			
Child has clothing which is clean and fits appropriately. Child is dressed appropriately for the weather and carers are aware of the importance of appropriate clothes for the child in an age appropriate way.	Child has clothes which are appropriate, but are sometimes poorly fitting, unclean and crumpled. The carer gives consideration to the appropriateness of clothes to meet the needs of the child in an age appropriate way, but their own personal circumstances can get in the way.	Child has clothing which is dirty and crumpled, in a poor state of repair and not well fitting. The child lacks appropriate clothes for the weather and does not have sufficient clothing to allow for regular washing. Carer(s) are indifferent to the importance of appropriate clothes for the child in an age appropriate way.	Child has clothes which are filthy, ill-fitting and smelly. The clothes are usually unsuitable for the weather. Child may sleep in day clothes and is not provided with clean clothes when they are soiled. The carer is hostile to advice about the need for appropriate clothes for the well-being of the child.
Animals			
Animals are well cared for and do not present a danger to children or adults. Children are encouraged to behave	Animals look reasonably well cared for, but contribute to a sense of chaos in the house.	Animals not always well cared for or ailments treated. Presence of faeces or urine from animals	Animals not well cared for and presence of faeces and urine in living areas. Animals dangerous and chaotically looked

appropriately towards animals.	Animals present no dangers to children or adults and any mistreating of animals is addressed.	not treated appropriately and animals not well trained. The mistreatment of animals by adults or children is not addressed.	after. Carers do not address the ill treatment of animals by adults or children.
Hygiene			
<p>The child is clean and is either given a bath/washed daily or encouraged to do so in an age-appropriate way.</p> <p>The child is encouraged to brush their teeth and head lice, skin complaints etc are treated appropriately.</p> <p>Nappy rash is treated appropriately.</p> <p>Carers take an interest in the child's appearance.</p>	<p>The child is reasonably clean, but the carer does not bath/wash the child regularly and/or the child is not consistently encouraged to do so in an age appropriate way.</p> <p>The child does not always clean their teeth, and head lice and skin conditions etc are treated in an inconsistent way.</p> <p>Nappy rash is a problem, but parent treats if given encouragement and advice.</p>	<p>The child looks unclean and is only occasionally bathed/ washed or encouraged to do so in an age-appropriate way.</p> <p>There is evidence that the child does not brush their teeth, and that head lice and skin conditions etc are not treated appropriately.</p> <p>Carer does not address concerns about nappy rash and is indifferent to concerns expressed by others.</p> <p>Carers do not take an interest in child's appearance and do not acknowledge the importance of hygiene to the child's wellbeing.</p>	<p>The child looks dirty, and is not bathed or washed or encouraged to do so.</p> <p>The child does not brush teeth. Head lice and skin conditions are not treated and become chronic.</p> <p>Carer does not address concerns about nappy rash and is hostile to concerns expressed by others.</p> <p>The carer is hostile to concerns expressed by others about the child's lack of hygiene.</p>

AREA 2: HEALTH

1) Child-focused care-giving.	2) Adult-focused care-giving.	3) Child's needs are secondary to adults.	4) Child's needs are not considered.
Safe sleeping arrangements and co-sleeping for babies			
<p>Carer has information on safe sleeping and follows the guidelines.</p> <p>There is suitable bedding and carers having an awareness of the importance of the room temperature, sleeping position of the baby and carer does not smoke in household.</p> <p>Carer aware of guidance around safe co-sleeping and recognises the importance of the impact of alcohol and drugs on safe co-sleeping.</p> <p>There are appropriate sleeping arrangements for children.</p>	<p>Carer has information on safe sleeping, but does not always follow guidelines, so bedding, temperature or smoking may be a little chaotic and carer may not be aware of sleeping position of the baby. (Be aware this raises risk of cot death).</p> <p>Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer on safe co-sleeping, but this is sometimes inconsistently observed.</p> <p>Sleeping arrangements for children can be a little chaotic.</p>	<p>Carer unaware of safe sleeping guidelines, even if they have been provided.</p> <p>Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking. (Be aware this raises risk of cot death).</p> <p>Carer does not recognise the importance of safe co-sleeping or the impact of carer's alcohol /drug use on safety.</p> <p>Sleeping arrangements for children are not suitable and carer is indifferent to advice regarding this.</p> <p>Carer not concerned about impact on child.</p>	<p>Carer indifferent or hostile about safe sleeping guidance. Sees it as interference and does not take account of beds and bedding, room temperature, sleeping position of the baby and adults smoke in the household. (Be aware this raises risk of cot death).</p> <p>Carer hostile to advice about safe sleeping and the impact of carer 's drug and alcohol on safe co-sleeping for the baby.</p> <p>Sleeping arrangements for children are not suitable and carer is hostile to advice regarding this.</p> <p>Carer not concerned about impact on child or risks associated with this, such as witnessing adult sexual behaviour.</p>
Seeking advice and intervention			
<p>Advice sought from professionals/ experienced adults on matters of concern about child's health.</p> <p>Appointments are made and consistently attended.</p> <p>Preventative care is carried out such as dental/optical and all immunisations are up to date.</p> <p>Carer ensures child completes any</p>	<p>Advice is sought about illnesses, but this is occasionally delayed or poorly managed as a result of carer difficulties.</p> <p>Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments.</p>	<p>The carer does not routinely seek advice about childhood illnesses but does when concerns are serious or when prompted by others.</p> <p>Dental care and optical care are not routinely attended to.</p> <p>Immunisations are not up to date, but carer will allow access to children if home visits are carried out.</p>	<p>Carer does not attend to childhood illnesses, unless severe or in an emergency.</p> <p>Childhood illnesses allowed to deteriorate before advice/care is sought.</p> <p>Carer hostile to advice from others (professionals and family members) to seek medical advice.</p> <p>Routine appointments such as dental and optical not attended to, immunisations not up</p>

<p>agreed programme of medication or treatment.</p>	<p>Immunisations are delayed, but eventually completed.</p> <p>Child is not consistently brought to appointments.</p> <p>Carer is inconsistent about ensuring that the child completes any agreed programme of medication or treatment, but does recognise the importance to the child, but personal circumstances can get in the way.</p>	<p>Child was not brought to two or more appointments (of any type: routine or specialist).</p> <p>Carer does not ensure the child completes any agreed programme of medication or treatment and is indifferent to the impact on child's wellbeing.</p>	<p>to date, even if a home appointment is offered.</p> <p>Carer does not ensure that the child completes any agreed programme of medication or treatment and is hostile to advice about this from others, and does not recognise likely impact on child.</p>
Disability and illness			
<p>Carer positive about child's identity and values him/her.</p> <p>Carer complies with needs relating to child's disability.</p> <p>Carer is proactive in seeking appointments and advice and advocating for the child's well-being.</p>	<p>Carer does not always value child and allows issues of disability to impact on feelings towards the child.</p> <p>Carer is inconsistent in their compliance with needs relating to child's disability, but does recognise the importance to the child, but personal circumstances get in the way.</p> <p>Caregiver accepts advice and support but is not proactive in seeking advice and support around the child's needs.</p>	<p>Carer shows anger and frustration at child's disability. Often blaming the child and not recognising identity.</p> <p>Carer does not ensure compliance with needs relating to child's disability, and there is significant minimisation of child's health needs.</p> <p>The carer does not seek or accept advice and support around the child's needs, and is indifferent to the impact on the child.</p>	<p>Carer does not recognise child's identity and is negative about child as a result of the disability.</p> <p>Carer does not ensure compliance with needs relating to child's disability, which leads to deterioration of the child's well-being.</p> <p>Carer hostile when instructed to seek help for the child, and is actively hostile to any advice or support around child's disability.</p>

AREA 3: SAFETY AND SUPERVISION

1) Child-focused care-giving.	2) Adult-focused care-giving.	3) Child's needs are secondary to adults.	4) Child's needs are not considered.
Safety awareness and features			
Carer aware of safety issues and there is evidence of safety equipment use and maintenance.	Carer is aware of safety issues, but is inconsistent in use and maintenance of safety equipment, and allows personal circumstances to get in the way of consistency.	The carer does not recognise dangers to child and there is a lack of safety equipment, and evidence of daily dangers to the child. Carer indifferent to advice about this and does not recognise or acknowledge the impact on the child.	Carer does not recognise dangers to the child's safety and hostile to advice regarding this, does not recognise the importance to the child, and can hold child responsible for accidents and injuries.
Supervision of the child			
Appropriate supervision is provided in line with age and stage of development. Carer recognises the importance of appropriate supervision to child's well-being.	Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger. Carer does not always know where child is and inconsistent awareness of safety issues when child away from home. Shows concern about when child should be home. Carer aware of the importance of supervision, but does allow personal circumstances too impact on consistency.	There is very little supervision indoors or outdoors and carer does not always respond after accidents. There is a lack of concern about where child is or who they are with and the carer is inconsistently concerned about lack of return home or late nights. Carer indifferent to importance of supervision and to advice regarding this from others.	Complete lack of supervision. Young children contained in car seats/pushchairs for long periods of time. The carers are indifferent to whereabouts of child, and often do not know where child is or who they are with, and are oblivious to any dangers. There are no boundaries about when to come home or late nights. Carer hostile about advice from others regarding appropriate supervision and does not recognise the potential impact on children's wellbeing.
Handling of baby/response to baby			
Carer responds appropriately to the baby's needs and is careful whilst	The carer is not always consistent in their responses to the baby's	Carer does not recognise the importance of responding consistently to the needs	Carer does not respond to the needs of the baby and only addresses issues when carer

<p>handling and laying the baby down, frequently checks if unattended.</p> <p>Carer spends time with baby, cooing and smiling, holding and behaving warmly.</p>	<p>needs, because their own circumstances get in the way. Carer is a bit precarious in handling and is inconsistent in supervision.</p> <p>Carer spends some time with the baby, cooing and smiling, but is led by baby's moods, and so responds negatively if baby unresponsive.</p>	<p>of the baby.</p> <p>Handling is precarious and baby is left unattended (bottle left in the mouth).</p> <p>Carer does not spend time with baby, cooing or smiling, and does not recognise importance of comforting baby when distressed.</p>	<p>chooses to do so.</p> <p>There is dangerous handling and the baby is left dangerously unattended.</p> <p>The baby is strapped into a car seat or some other piece of equipment for long periods and lacks adult attention and contact.</p> <p>Carer hostile to advice to pick baby up, and provide comfort and attention. Carer does not recognise importance to baby.</p>
Care by other adults			
<p>Child is left in care of a vetted adult.</p> <p>Never in sole Care of an under-16. Parent/child always aware of each other's whereabouts.</p> <p>Out of necessity a child aged 1-12 is left with a young person under 14 who is familiar and has no significant problem for no longer than necessary as an isolated incident.</p> <p>Being occasionally left with a babysitter aged 14-16, the adult carer is confident and assured about the reliability and maturity of the babysitter.</p>	<p>Child 0-9 year old is sometimes left with a child age 10-13 or a person known to be unsuitable.</p> <p>Parents unsure of child's whereabouts.</p> <p>Carer inconsistent in raising the importance of a child keeping themselves safe from others and provides some advice and support.</p> <p>Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstances.</p>	<p>Child 0-7 year old is left with an 8-10 year old or an unsuitable person. Child found wandering and/or locked out.</p> <p>Carer does not raise awareness of the importance of child keeping themselves safe from others and provides no advice and support.</p> <p>Carer is indifferent to the importance of safe care of the child and leaves the child with unsuitable or potentially harmful adults and does not recognise the potential risks to the child.</p>	<p>Child 0-7 year old is left alone or in the company young child or an unsuitable person. Child often found wandering and/or locked out.</p> <p>Carer does not provide any advice about keeping safe, and may put adult dangers in the way of the child.</p> <p>Carer hostile to advice or professional challenge about giving safe care and impact of children being left with unsuitable and/or unsuitable or dangerous.</p>
Responding to adolescents			
<p>The adolescent's needs are fully considered with appropriate adult care.</p>	<p>The carer is aware of the adolescent's needs but is inconsistent in responding to them.</p>	<p>The carer does not consistently respond to the adolescent's needs and recognises risky behaviour but does not always</p>	<p>The adolescent's needs are not considered and there is not enough appropriate adult care.</p> <p>The carer does not recognise that the</p>

<p>Where risky behaviour occurs it is identified and responded to appropriately by the carer.</p>	<p>The carer is aware that the adolescent needs appropriate care but is inconsistent in providing it.</p> <p>Where risky behaviour occurs the carer responds inconsistently to it.</p>	<p>respond appropriately.</p>	<p>adolescent is still in need of guidance with protection from risky behaviour i.e. lack of awareness of the adolescent's whereabouts for long periods of time or seeking to address either directly or by seeking support of risky and challenging behaviour.</p> <p>The carer does not have the capacity to be alert to and monitor the adolescent moods for example recognising depression which could lead to self-harm.</p>
<p>Traffic awareness and in-car safety</p>			
<p>Baby/Infant is well secured in pram/pushchair.</p> <p>Where a toddler is walking their hand is held safely.</p> <p>3 – 5 yrs old are allowed to walk without holding hands, but are close and in vision.</p> <p>5- 8 yr olds are allowed to cross with 13+ year old.</p> <p>Child taught traffic skills as per developmental needs.</p>	<p>Baby/infant not always secured in pushchair and 3- 5 year old not fully supervised.</p> <p>7yrs onwards are allowed to cross with another young child alone and 8 yrs old crosses regardless of suitability.</p> <p>Child given some guidance about traffic skills.</p>	<p>Baby/infant not secured in pushchair and 3- 5 year old dragged along with annoyance or left to follow behind alone, with supervision.</p> <p>Under 7s onwards are allowed to cross road alone.</p> <p>Child not taught traffic skills.</p>	<p>Babies/infants are unsecured in pram/pushchair and carer is careless with pram.</p> <p>There is a lack of supervision around traffic and an unconcerned attitude.</p> <p>Lacks understanding of why teaching traffic skills might be important for the child.</p>

AREA 4: LOVE AND CARE

1) Child-focused care-giving.	2) Adult-focused care-giving.	3) Child's needs are secondary to adults.	4) Child's needs are not considered.
Parent/carer's attitude to child, warmth and care			
<p>Carer talks warmly about the child and is able to praise and give appropriate emotional reward.</p> <p>The carer values the child's cultural identity and seeks to ensure child develops a positive sense of self.</p> <p>Carer responds appropriately to child's needs for physical care and positive interaction.</p> <p>The emotional response of the carer is one of warmth. Child is listened to and carer responds appropriately.</p> <p>Child is happy to seek physical contact and care. Carer responds appropriately if child distressed or hurt.</p> <p>Carer understands the importance of consistent demonstrations of love and care.</p>	<p>Carer talks kindly about the child and is positive about achievements most of the time but allows their own difficulties to impact.</p> <p>Carer recognises that praise and reward are important but is inconsistent in this.</p> <p>Carer recognises child's cultural identity and is aware of the importance of ensuring child develops a positive sense of self, but sometimes allows personal circumstances to impact on this.</p> <p>Child is main initiator of physical interaction with carer who responds inconsistently or passively to these overtures.</p> <p>Child not always listened to and carer angry if child seeks comfort through negative emotions such as crying.</p> <p>Does not always respond appropriately if child distressed or hurt Carer understands the importance of</p>	<p>Carer does not speak warmly about the child and is indifferent to the child's achievements. Carer does not provide praise or reward and is dismissive of praise from others.</p> <p>Carer does not recognise the child's cultural identity and is indifferent to the importance of ensuring that the child develops a positive sense of self Carer seldom initiates interactions with the child and carer is indifferent if child attempts to engage for pleasure, or seek physical closeness.</p> <p>Emotional response is sometimes brisk or flat and lacks warmth.</p> <p>Can respond aggressively or dismissively if child distressed or hurt.</p> <p>Carer indifferent to advice about the importance of love and care to the child.</p>	<p>Carer speaks coldly and harshly about child and does not provide any reward or praise and is ridiculing of the child when others praise.</p> <p>Carer is hostile to advice about the importance of praise and reward to the child.</p> <p>Carer hostile to the child's cultural identity and to the importance of ensuring that the child develops a positive sense of self.</p> <p>Carer does not show any warmth or physical affection to the child and responds negatively to overtures for warmth and care.</p> <p>Responds aggressively or dismissively if child distressed or hurt. Carers will respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.</p> <p>The emotional response of carers is harsh, critical and lacking in any warmth. Carer hostile to advice about the importance of responding appropriately to the child.</p>

	demonstrations of love and care, but own circumstances and difficulties sometimes get in the way.		
Boundaries			
<p>Carer provides consistent boundaries and ensures child understands how to behave and to understand the importance of set limits.</p> <p>Child is disciplined appropriately with the intention of teaching proactively.</p>	<p>Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions.</p> <p>The carer recognises the importance of setting boundaries for the child, but is inconsistent because of own personal circumstances or difficulties.</p>	<p>Carer provides few boundaries, and is harsh and critical when responding to the child's behaviour and uses physical sanctions and severe other sanctions.</p> <p>Carer can hold child responsible for their behaviour.</p> <p>Carer indifferent to advice about the need for more appropriate methods of disciplining.</p>	<p>Carer provides no boundaries for the child and treats the child harshly and cruelly, when responding to their behaviour.</p> <p>Carer uses physical chastisement and harsh other methods of discipline.</p> <p>Carer hostile to advice about appropriate methods of disciplining.</p>
Adult arguments and violence			
<p>Carers do not argue aggressively and are not physically abusive in front of the children.</p> <p>Carer has a good understanding of the impact of arguments and anger on children and is sensitive to this.</p>	<p>Carers sometimes argue aggressively in front of children, but there is no physical abuse of either party.</p> <p>Carer recognises the impact of severe arguments on the child's wellbeing but personal circumstances sometimes get in the way.</p>	<p>Carers frequently argue aggressively in front of children and this leads to violence.</p> <p>There is a lack of awareness and understanding of the impact of the violence on children and carers are indifferent to advice regarding this.</p>	<p>Carers argue aggressively frequently in front of the children and this leads to frequent physical violence.</p> <p>There is indifference to the impact of the violence on children and carers are hostile to advice about the impact on children.</p>
Young caring			
<p>Child contributes to households tasks as would be expected for age and stage of development.</p>	<p>Child has some additional responsibilities within household, but these are manageable for age and stage of development and do</p>	<p>Child has onerous caring responsibilities that interfere with education and leisure activities.</p>	<p>Child has caring responsibilities which are inappropriate and interfere directly with child's education/leisure opportunities.</p>

<p>Does not take on additional caring responsibilities.</p> <p>Carer recognises the importance of appropriateness regarding caring responsibilities.</p>	<p>not interfere with child's education and interfere minimally with leisure/sporting activities.</p> <p>Carer recognises that the child should not be engaged in inappropriate caring responsibilities but is inconsistent in their response.</p>	<p>Carer indifferent to impact on child.</p>	<p>This may include age inappropriate tasks, and /or intimate care.</p> <p>The impact on the child's well-being is not understood or acknowledged.</p> <p>Carer is hostile to advice about the inappropriateness of caring responsibilities.</p>
Positive Values			
<p>Carer encourages child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.</p> <p>Carer understands importance to child's development.</p> <p>This includes an awareness of smoking, underage drinking and drug misuse as well as early sexual relationships.</p> <p>Carer gives clear advice and support.</p> <p>Carer ensures child does not watch inappropriate films/TV or play with computer games which are inappropriate for child's age and stage of development.</p>	<p>Carer inconsistent in helping child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.</p> <p>Carer aware of importance to child's development, but not always able to impose framework.</p> <p>Carer has variable awareness of smoking, underage drinking and drug misuse as well as early sexual relationships.</p> <p>Carer gives some advice and support.</p> <p>Carer aware of need to monitor child watching inappropriate material and playing inappropriate computer games, but is inconsistent in monitoring because of own personal difficulties and circumstances.</p>	<p>Carer does not teach child positive values. Is indifferent to issues of right and wrong, kindness and respect to others.</p> <p>Carer does not understand importance to child's development.</p> <p>Carer gives little advice about smoking, underage drinking and drug misuse as well as early sexual relationships.</p> <p>Carer does not monitor the watching of inappropriate materials or playing inappropriate games and is indifferent about the impact on the child.</p>	<p>Carer actively encourages negative values in child and has at times condoned anti-social behaviour.</p> <p>Carer indifferent to the impact on child's development.</p> <p>Carer indifferent to smoking, underage drinking and drug misuse, and early sexual relationships. No advice given, and may, at times, have encouraged some of these activities.</p> <p>Carer(s) allows child(ren) to watch inappropriate TV /film material and inappropriate computer games.</p> <p>Is hostile to advice about inappropriateness and to the impact on child (s) wellbeing.</p>

Adult behaviour			
<p>Carer does not talk about feelings of depression /low mood in front of the children and is aware of potential impact.</p> <p>Carer does not misuse drugs or alcohol.</p>	<p>Carer does discuss feelings of depression and low mood, but does not discuss suicide and is aware of the impact of parental mood on children, but their own mood or circumstances means there is inconsistency in awareness of this.</p> <p>Carer uses drugs and alcohol, but ensures that this does not impact on child.</p>	<p>Carer talks about depression and suicide in front of child and is unaware of potential impact on child.</p> <p>Carer indifferent to advice about the importance of not talking about this issue.</p> <p>Carer misuses drugs and/or alcohol, and is not aware of impact on child.</p>	<p>Caregiver has attempted suicide in front of child.</p> <p>Carer can hold the child responsible for feelings of depression and is open with the child and/or others about this.</p> <p>Carer is hostile to advice focussed on stopping this behaviour and carer does not recognise the impact on the child.</p> <p>Carer misuses drugs and alcohol and does not ensure that this does not impact on the child and this impacts on safety and wellbeing.</p> <p>Carer hostile to advice about this.</p>
Substance misuse			
<p>Alcohol and drugs are stored safely, if in the home.</p> <p>The carer models low consumption or does not drink or use in front of the child. The carer's use does not impact on the child in terms of carer's emotional availability and provides consistency of care or they have physical ability to care or respond to the child.</p> <p>The carer is able to respond to emergency situations should they arise appropriately.</p> <p>The carer talks appropriately about substances to the child, being aware of the child's development, age and understanding.</p>	<p>The carer believes it is normal for children to be exposed to regular alcohol and substance use.</p> <p>The carer maintains boundaries and routines but these are changed and/or adapted to accommodate use at times.</p> <p>The carer understands the importance of hygiene, emotional and physical care of their child and arranges for additional support when unable to fully provide for the child.</p> <p>Finances are affected but the child's needs are generally met.</p> <p>The mood of the carer can be irritable or distant at times.</p>	<p>The carer lacks awareness of the impact their substance use has on their child and is inconsistent in their engagement with specialist agencies.</p> <p>The carer's use leads to an inconsistency in caring and the child takes on inappropriate responsibilities at home.</p> <p>The carer needs support in order to manage their use during pregnancy and lacks awareness on the impact this may have on their baby in terms of immediate and medium to long term future.</p> <p>Substances can be accessed by the child.</p> <p>The child's access to appropriate</p>	<p>The carer holds the child responsible for their use & blames their continual use on the child.</p> <p>The carer significantly minimises and is hostile to advice around their use or refuses to acknowledge concerns.</p> <p>The carer involves the child in their using behaviour (i.e. asking the child to get the substances or prepare the substances).</p> <p>The carer refuses antenatal care or does not attend care offered.</p> <p>The carer cannot respond to the child's needs or shows little awareness of the child's wellbeing (i.e. attending school) There is an absence of supportive family members or a social network.</p> <p>The child is exposed to abusive or frightening</p>

<p>The carer is aware of the impacts of substances on an unborn child and follows recommendations regarding the child's wellbeing.</p> <p>Appropriate antenatal care is sought.</p> <p>Alcohol and substances do not impact on the family finances.</p> <p>The child's needs are fully met and a wide network of family and supportive others are involved.</p>	<p>The carer is aware of the impact of substances on an unborn child but inconsistently follows recommendations regarding the child's wellbeing.</p>	<p>medical or dental care is delayed and education is disrupted.</p> <p>The finances are affected and the carer's mood is unpredictable.</p>	<p>behaviour of either the carer or other adults (i.e. delusions/hallucinations). Education is frequently disrupted.</p> <p>The carer does not recognise and respond to the child's concerns and worries about the carer's circumstances.</p>
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AREA 5: STIMULATION & EDUCATION

1) Child-focused care-giving.	2) Adult-focused care-giving.	3) Child's needs are secondary to adults.	4) Child's needs are not considered.
Unborn			
<p>The mother acknowledges the pregnancy and seeks care as soon as the pregnancy is confirmed.</p> <p>The mother attends all her antenatal appointments and seeks medical advice if there is a perceived problem.</p> <p>Parents prepare for the birth of the baby and have the appropriate clothing, equipment and cot in time.</p>	<p>The mother attends antenatal clinic and prepares for the birth of her baby, but she is acutely aware of her mental health or substance misuse problems which could negatively impact on her unborn baby.</p> <p>If there is one, the partner attends some but not all antenatal appointments.</p>	<p>The parents are unaware of the impact their mental health and/or substance misuse problems could have on the unborn child.</p> <p>Mother cancels or fails to attend more than one antenatal appointment.</p> <p>Hostility or negativity expressed towards pregnancy from one partner or both.</p> <p>Parents are not indicating through their behaviours that they are preparing mentally or emotionally for the arrival of their baby.</p>	<p>The mother does not attend any antenatal clinic appointments; she ignores medical advice during the pregnancy.</p> <p>Parents have nothing prepared for the birth of their baby.</p> <p>Parents engage in activities that could hinder the development, safety and welfare of the unborn.</p> <p>Their lifestyle or behaviour does not reflect any understanding of the impact a new baby will have on their life.</p>
0-2 years			
<p>The child is well stimulated and the carer is aware of the importance of this.</p>	<p>There is inadequate stimulation and the baby is left alone at times because of carer's personal circumstances and this leads to inconsistent interaction.</p> <p>Carer is aware of the importance of stimulation, but is inconsistent in response.</p>	<p>The carer provides the baby with little stimulation and the baby is left alone unless making serious and noisy demands.</p>	<p>The carer does not provide stimulation and the baby's mobility is restricted (confined in chair/pram).</p> <p>Carer gets angry at the demands made by the baby.</p> <p>Carer hostile to advice about the importance of stimulation and paying attention to the baby's needs for attention and physical care.</p>

2-5 years			
<p>The child receives appropriate stimulation such as carer talking to the child in an interactive way, as well as reading stories and the carer playing with the child.</p> <p>Carer provides all toys that are necessary. Finds a way even if things are unaffordable (uniform, sports equipment, books etc).</p> <p>Outings: Carer takes child to child centred places locally such as park, or encourages child in an age appropriate way to make use of local resources.</p>	<p>The carer provides adequate stimulation. Carer's own circumstances sometimes get in the way because there are many other demands made on the carer's time and there is a struggle to prioritise. However, the carer does understand the importance of stimulation for the child's well-being.</p> <p>The child has essential toys and the carer makes an effort to ensure appropriate access to toys even if things are unaffordable, but sometimes struggles.</p> <p>Outings: Child accompanies carer wherever carer decides, usually child friendly places, but sometimes child time taken up with adult outings because of carers needs.</p>	<p>The carer provides little stimulation and does not see the importance of this for the child.</p> <p>The child lacks essential toys, and this is not because of financial issues, but a lack of interest or recognition of the need.</p> <p>Carer allows presents for the child but the child is not encouraged to care for toys.</p> <p>Child may go on adult oriented trips, but these are not child centred or child left to make their own arrangements to plays outdoors in neighbourhood.</p> <p>Child has responsibilities in the house that prevents opportunities for outings.</p>	<p>No stimulation is provided and carer hostile to child's needs or advice from others about the importance of stimulation.</p> <p>The child has no toys and carer may believe that child does not deserve presents. No toys, unless provided by other sources, gifts or grants and these are not well kept.</p> <p>No outings for the child, may play in the street but carer goes out locally e.g. to pub with friends.</p> <p>Child prevented from going on outings with friends or school.</p>
School			
<p>Carer takes an active interest in schooling and support at home, attendance is regular.</p> <p>Carer engages well with school or nursery and does not sanction missed days unless necessary.</p> <p>Carer encourages child to see school as important. Interested in school and support for homework.</p>	<p>Carer maintains schooling but there is not always support at home.</p> <p>Carer struggles to link with school, and their own difficulties and circumstances can get in the way.</p> <p>Can sanction days off where not necessary.</p> <p>Carer understands the importance of school, but is inconsistent with this and there is also inconsistency in support for homework.</p>	<p>Carer makes little effort to maintain schooling.</p> <p>There is a lack of engagement with school. No interest in school or homework.</p> <p>Carer does not recognise child's need for education and is collusive about child not seeing it as important.</p>	<p>Carer hostile about education, and provides no support and does not encourage child to see any aspect positively.</p> <p>Total lack of engagement and no support for any aspect of school such as homework, outings etc.</p>

Sport and leisure			
<p>Carer encourages child to engage in sports and leisure, if affordable.</p> <p>Equipment provided where affordable, or negotiated with agencies/school on behalf of child.</p> <p>Carer understands the importance of this for child's wellbeing. Recognises when child good at something and ensures they are able to pursue it.</p>	<p>Carer understands that after school activities and engaging in sports or child's interests is important, but is inconsistent in supporting this, because own circumstances get in the way.</p> <p>Does recognise what child is good at, but is inconsistent in promoting a positive approach.</p>	<p>Child makes use of sport through own effort, carer not motivated and not interested in ensuring child has equipment where affordable.</p> <p>Does not recognise the value of this to the child and is indifferent to wishes of child or advice from others about the importance of sports/leisure activities, even if child is good at it.</p>	<p>Carer does not encourage child to take part in activities, and may be active in preventing this.</p> <p>Does not prevent child from being engaged in unsafe/unhealthy pursuits.</p> <p>Carer hostile to child's desire to take part or advice from others about the importance of sports/leisure activities, even if child is good at it.</p>
Friendships			
<p>This is supported and carer is aware of who child is friends with.</p> <p>Aware of safety issues and concerns.</p> <p>Fully aware of the importance of friendships for the child.</p>	<p>Carer aware of need for friends, does not always promote, but ensures friends are maintained and supported through opportunities for play etc. Aware of importance to child.</p>	<p>Child finds own friendships, no help from carer unless reported to be bullied.</p> <p>Does not understand importance of friendships or the nature of relationships and the impact on children.</p>	<p>Carer hostile to friendships and shows no interest or support.</p> <p>Does not understand importance to child and/or does not provide emotional support to the child around this.</p>
Addressing bullying			
<p>Carer alert to child being bullied and addresses immediately.</p>	<p>Carer aware of likelihood of bullying and does intervene when child asks.</p>	<p>Carer unaware of child being bullied and does not intervene</p>	<p>Carer indifferent to child being bullied.</p>

AREA 6: PARENTAL MOTIVATION FOR CHANGE

1) Child-focused care-giving.	2) Adult-focused care-giving.	3) Child's needs are secondary to adults.	4) Child's needs are not considered.
<p>Carer is concerned about children's welfare; wants to meet their physical, social, and emotional needs to the extent he/she understands them.</p> <p>Carer is determined to act in best interests of children.</p> <p>Has realistic confidence that he/she can overcome problems and is willing to ask for help when needed. Is prepared to make sacrifices for children.</p>	<p>Carer seems concerned about children's welfare and claims he/she wants to meet their needs, but has problems with own pressing circumstances and needs.</p> <p>Professed concern is often not translated into effective action, but carer expresses regrets about own difficulties dominating.</p> <p>Would like to change, but finds it hard. May be disorganised, does not take enough time, or pays insufficient attention; may misread 'signals' from children; may exercise poor judgement.</p>	<p>Carer is not concerned enough about children's needs to change or address competing demands on their time and money. This leads to some of the children's needs not being met.</p> <p>Carer does not have the right 'priorities' when it comes to child care; may take an indifferent attitude.</p> <p>There is lack of interest in the children and in their welfare and development.</p>	<p>Carer rejects the parental role and takes a hostile attitude toward child care responsibilities.</p> <p>Carer does not see that they have a responsibility to the child, and can often see the child as totally responsible for themselves or believe that any harm that befalls the child is the child's own fault and that there is something about the child that deserves ill treatment and hostile parenting.</p> <p>May seek to give up the responsibility for children.</p>