Gloucestershire Multi Agency Child Neglect Strategy

Background and Introduction

This strategy has been developed in response to local knowledge as to the causes and effects of neglect, learning from local serious case reviews and from the Ofsted Thematic Inspection Report; In the child's time: professional responses to neglect.

The neglect of children and young people is one of the most complex areas of identification and intervention within the child safeguarding field. Over the past decade, research on neglect and its impact on children (Farmer and Lutman 2012; Stevenson 2007; NSPCC.) has highlighted that neglect has emerged as the most prevalent type of harm experienced by children. It may also result in more profound cognitive, social and psychological deficits than many other forms of abuse.

The impact of neglect on children and young people is huge. Neglect causes great distress to children, can lead to poor health, poor social and educational outcomes and in some circumstances may affect the development of a child's brain which compromises the child's ability to make positive attachments. Children's emotional well-being is often affected and this could impact on their school attainment and also their ability to successfully parent in the future.

Department for Education (DfE) statistics show that neglect was the most common reason for children becoming subject of a CP plan, accounting for 41% of cases – year to march 2013. (DfE 2012, quoted in Ofsted 2014).

The % of children in England and Wales subject to care proceedings, giving neglect as the primary or contributory reason was 45% of the total (Action for children 2013)

Research from NSPCC in 2012 showed that in the UK 21,666 children were on a CP plan for Neglect. (1 in 7 secondary school age children and 1 in 20 children under 11 have been neglected at some point in their childhood).

Action for Children (Long et Al 2012) highlights a clear emerging theme where 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.

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

Purpose and Scope

The purpose of this strategy is to set out clear strategic aims and objectives in relation to how all partners can achieve a multi-agency co-ordinated approach when neglect is identified as a potential risk.

The development of this strategy is supported and endorsed by the Gloucestershire Safeguarding Children Partnership and it is designed for use by all those who work with children and families in all statutory and relevant agency settings across Gloucestershire.

This strategy has been developed to ensure all partners working with children are able to recognise neglect and provide the right level of intervention at the right time, leading to improved outcomes for children, young people and families. At the heart of this strategy is the identification and

engagement of families at the earliest opportunity by community based resources involved in early help, including effective assessment, planning and review processes.

Strategic Aims

The aim of the strategy is to:

- Improve the early recognition of neglect to ensure the risk of harm is reduced promptly, leading to increased life chances for children, young people and families;
- Improve the collective multi-agency response to providing support to children and young people who may be at risk of neglect at the earliest possible stage, leading to a reduction in the number of children who require a statutory intervention
- Ensure that Gloucestershire's response to children who are suffering from neglect is timely, robust and consistent

Strategic Objectives

This strategy has 4 core objectives to meet these ends:

1. To improve the awareness and understanding of neglect, both within and between agencies working in Gloucestershire, including Adult Services, children, young people and families and the wider general public. This means a common understanding of neglect and the thresholds for access to agencies. Each agency is responsible for ensuring their workforce has access to relevant training and development opportunities and supporting practitioners by signposting them to GSCP multi-agency neglect tools and appropriate training to help with the identification of neglect.

2. To improve the recognition, assessment and response to children and young people living in neglectful situations, which prevents the need for statutory intervention. This includes the use of the early help assessment process (My Plan, My Assessment/My Plan+), appropriate information sharing and agreed thresholds of intervention.

3. To secure and sustain a collective commitment to addressing neglect across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture and process changes forward.

To ensure the effectiveness of service provision:

- Evidence based practice will be developed and promoted
- Work with children and young people will be measured by its impact on outcomes.
- The views of children and young people and their families will inform the development of effective interventions.
- Single and Multi-agency audits will be undertaken by all partners and by GSCP to monitor the effectiveness of interventions. This process will seek evidence that the voice of the child has been taken into account in all assessment, planning and reviews.

Guiding principles (as a strategic framework)

This strategy relies on key principles which provide a strategic framework:

- A shared understanding of neglect and the safety, wellbeing and development of children is the overriding priority for all partners in Gloucestershire.
- Collaboration amongst agencies is crucial to ensure effective identification, assessment and support.
- An identification of signs and symptoms of neglect at the earliest stage is a priority for all partners and the right support is coordinated through the early help process.
- Early Help should improve and sustain children's wellbeing and safety for the duration of their childhood and beyond. It should also help build strength and resilience within families rather than creating dependency.
- All children regardless of age, disability, ethnicity, special needs and caring responsibilities should have an equal right to be protected from neglect[1]
- Agencies must ensure that practitioners are sufficiently and regularly trained to recognise and tackle neglect.
- Any learning and future developments should involve families' own feedback and their own personal experience
- Practitioners will continually question hypothesis and assumptions made in relation to each child's case
- Work with children and young people will be measured by its impact, i.e. improved outcomes.
- Historical information is considered to inform new assessments and to identify families at risk of inter-generational neglect.
- Information sharing and consideration of a wide range of indicators and outcome areas are key to evaluating vulnerability, needs, risk of harm or suffering harm. Effective safeguarding of children requires professionals to be curious about family circumstances and events. It also requires professionals to be challenging of each other about improvements made by families and their sustainability.
- Appropriate statutory action is taken if sustainable progress is not achieved to reduce risk.
- Neglect often co-exists with other forms of abuse and risk factors, therefore this strategy must link with other work streams for example domestic abuse, substance misuse and mental ill health, child poverty and youth homelessness. This is to ensure that children and families are able to benefit from all developments as appropriate to their needs.

What does success look like?

- Reduction in the number of initial, review and subsequent child protection conferences where neglect has been identified as the risk factor.
- Reduction in the number of repeat child protection plans where neglect has been identified as the risk factor.
- Reduction in persistent absenteeism from school and pre school settings.

[1] Ofsted thematic inspection "Protecting disabled children" identified delays in disabled children who were suffering from neglect in receiving appropriate services. (Protecting disabled children 2012.)

- Increased attendance to dental and medical appointments, health and developmental reviews for all Gloucestershire children; as evidenced by partners in Health.
- Reduction in the number of child and family (psychological) assessments completed where neglect is the risk factor.
- Children and young people report that services have enhanced their wellbeing.
- Engagement with service users that has demonstrated a sustained change in their behaviours

Governance and Accountability

Governance will be provided by the Gloucestershire Safeguarding Children Partnership who will monitor progress against the strategic objectives and delivery plan.

Definition of Neglect

The definition of 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.

Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years.

There are other factors that need to be considered to enable early identification of neglect by partners. This strategy covers the range of needs across the continuum, including the provision of support to families as early as possible to prevent significant harm to children and families.

A number of factors contribute to increasing the likelihood of neglect in some families. Vulnerable families may have a combination of the following risk factors:

Child risk factors

- Disability
- Behavioural problems
- Chronic ill health

Parental risk factors

- Poor mental health, especially maternal mental health difficulties (e.g. post natal depression)
- Drug and alcohol (substance misuse)
- Domestic abuse
- Current illness and previous health experience

- Parents' own exposure to maltreatment which might include a lack of experience of positive parenting in childhood

Types of Neglect

There are three overarching types of neglect that may be experienced by children and young people. These are:

Passive neglect – where parents/carers are often exhausted or depressed

Signs/Indicators of passive neglect

- Chronic poverty
- Poor housing
- Alcohol use
- No boundaries and no care for the children

Working With Families

- Create space and structure
- Support, help and care of parent

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
- Active and demanding but chaotic and unpredicatable

Working With Families

- Challenge impact of current behaviours
- Seek to build up self esteem
- Parenting programme and coaching and mentoring

Active neglect – deliberate and intentional

Signs/Indicators of active neglect

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

Working With Families

- Confront and protect
- Criminal as well as care concerns and investigations
- Risk focus and minimisation
- Urgency and action

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. 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.

Wider determinants of Health

- Poverty
- Unemployment
- Poor social support

The above really underlines the importance of having a multi-agency preventative approach that focuses on reducing the risk factors that cause neglect.

Impact of Chronic Neglect

The impact of chronic neglect on children and young people is huge and often underestimated. Children who have been neglected may experience both short-term and long-term effects that can last throughout their lifetime.

Children who don't get the love and care that they need from their parents/carers, especially a lack of stimulation early on in their lives, may find it more difficult to maintain healthy relationships with other people later in life, including their own children.

Children who have been neglected are more likely to experience mental health problems, including depression and post-traumatic stress disorder.

When children are neglected they don't usually have a good relationship or bond with their parents/carers. Psychologists would describe this as poor attachment. Poor attachment can significantly affect the relationships that people have throughout their lives, including how they interact with their own children. Early intervention can change attachment patterns, reducing harm to a child and helping them to form positive attachments in adulthood[2].

National Picture

The Government's education select committee reviewed the child protection system in 2012. They concluded that the needs of children and the importance of acting quickly to provide an early intervention service for children are all too often not given enough priority. In response to this review, Ofsted undertook a thematic inspection of 11 local authorities and published its report in

[2] Howe, 2011

March 2014[3], summarising findings and making recommendations to both local authorities Children's Services and local safeguarding children boards (LSCBs). Findings from inspections and research evidence the following aims:

- Early recognition
- Robust management oversight and supervision
- Specialist training
- Acknowledgement of complexity
- Effective and timely professional responses both for help and protection

One of the recommendations from the thematic inspection was for all LSCBs to develop a multi agency neglect strategy to increase their local understanding of the prevalence of neglect and to improve the identification of, and responses to neglect leading to an improvement in outcomes for children.

Early Help and Neglect

'Working together to safeguard children' is clear about the importance of early help

- Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

- Local agencies should work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services.

- Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments, such as the Common Assessment Framework, should identify what help the child and family require to prevent needs escalating to statutory intervention.

- Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need. Practitioners need to continue to develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, and to the latest research showing which types of interventions are the most effective.

Early Help in Gloucestershire

In Gloucestershire, our ambition for early help and preventative services is to ensure that:

[3] In the child's time, professional responses to neglect (Ofsted, 2014)

"Everyone is working together to offer an early, timely and coordinated intervention to improve the well being and outcomes of children, families and communities, promoting positive life opportunities".

Early help is about providing support to potentially vulnerable children, young people and their families as soon as problems begin to emerge or when there is a strong likelihood that problems will start in the future. It is also about providing support at any and every stage of a child's life; pre-birth, during pregnancy, childhood or adolescence.

Children and families are entitled to early help if and when they need it. It may also be provided through an increase in the levels of universal services, or services provided or commissioned in localities.

When a family or a practitioner who is helping them, needs more support, this can be requested from the Early Help Partnership. Early Help Partnerships have been developed within each locality across Gloucestershire. This is not a new service but builds on existing arrangements and services already in place, working to share resources and reshape service delivery to meet the local needs of children, young people and their families.

Each Partnership operates a fortnightly Allocations Group that is administered by locality Family First Plus teams. These are made up of representatives of services across the locality who use their expertise to identify early help interventions to meet the needs of a child and/or family and offer advice, guidance and support.

The role of Early Help in addressing Neglect

The impact of Neglect is often cumulative and progresses covertly and gradually. There is therefore a risk that agencies do not intervene early enough to prevent harm. It is essential that all agencies; Health, Education /schools, Police, Early Years professionals, Housing, Voluntary and community based services identify emerging problems and possible unmet needs in collaboration and seek to address them before they become more severe. It is equally important that practitioners remain vigilant to the negative impact of drift and delays and 'start again' syndrome.

Within Gloucestershire the 'Graduated Pathway – Early Help and Support for Children, Young People and Families is being developed to ensure a single holistic early help pathway which can be used across agencies to provide a consistent approach to identifying and co-ordinating support.

Where a practitioner identifies a need they will consider whether a simple 'My Plan' or a My Assessment/My Plan+ is required to understand and meet need to achieve positive sustainable outcomes for the child, young person or family.

The 'My Plan' is a way of recording and coordinating support where the needs of the child are clear and involved practitioners understand what and who might help to achieve the identified outcomes.

The 'My Assessment/My Plan+' would be completed where needs are unclear; impact unknown; difficulties are already having a significant impact which is likely to escalate or it is unclear what or who may help.

Gloucestershire

Multi-Agency Child Neglect Toolkit

For assisting in the identification of child neglect

Acknowledgements

Gloucestershire 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

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 the Early Help Graduated Pathway 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:

01452 426565

Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk

Using the Child Neglect Toolkit

When there are concerns about a child's needs or their needs are unclear, the Early Help Graduated Pathway should be considered in line with the Gloucestershire Continuum of Need (Windscreen). 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'.

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.

Types of Neglect

There are three overarching types of neglect that may be experienced by children and young people (Jones, R, 2016), Passive, Chaotic and Active; these types are described at the back of the toolkit and should be considered when using this tool.

Using the Child Neglect Toolkit with Parents

The Child Neglect Toolkit can be a useful tool to use with parents to facilitate discussions about their child's welfare.

Child Neglect Toolkit Checklist:	
Child's name:	
Dob:	
Practitioner:	
Date:	
Agency:	
Is there an early help or statutory assessment for this child? (Y/N)	

Development Need	**Score**				**Examples/evidence of impact child/young person**
AREA 1: PHYSICAL CARE	**1**	**2**	**3**	**4**	
Food					
Quality of housing					
Stability of housing					
Child's clothing					
Animals					
Hygiene					
AREA 2: HEALTH	**1**	**2**	**3**	**4**	**Examples/evidence of impact child/young person**
Safe sleeping arrangements & co-sleeping for babies					
Seeking advice and intervention					
Disability and illness					
AREA 3: SAFETY &SUPERVISION	**1**	**2**	**3**	**4**	**Examples/evidence of impact child/young person**
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	**1**	**2**	**3**	**4**	**Examples/evidence of impact child/young person**

Parent/carer's attitude to child, warmth & care					
Boundaries					
Adult arguments and violence					
Young caring					
Positive values					
Adult behaviour					
Substance Misuse					
AREA 5: STIMULATION & EDUCATION	**1**	**2**	**3**	**4**	**Examples/evidence of impact child/young person**
Unborn					
0-2 years					
2-5 years					
School					
Sport and Leisure					
Friendships					
Addressing Bullying					
PARENTAL MOTIVATION FOR CHANGE					
TOTAL IN EACH AREA					
Cause: What is causing the neglect (understanding the cause of neglect, should make you understand what action needs to be taken)					
Actions: What actions are to be taken as a result of completing this checklist?					

(Click the link to take you to the required section)

PHYSICAL CARE:

Food			
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.**
Child is provided with appropriate quality of food and drink, which is appropriate to their age and stage of development. Meals are organised and there is a routine which includes the family sometimes eating together Children's special dietary requirements are always met Carer understands importance of foods	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. Children's special dietary requirements are inconsistently met. Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide.	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. Child appears hungry Children's special dietary requirements are rarely met. The carer is indifferent to the importance of appropriate food for the child.	Child does not receive an adequate quantity of food and is observed to be hungry. The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc. Children's special dietary requirements are never met and there is a lack of routine in preparation and times when food is available. Carer hostile to advice about appropriate food and drink and the need for a routine.
Quality of Housing			
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.**
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. Carer understands the importance of the home conditions to child's well-being.	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. The accommodation is reasonably clean, but may be damp, but the carer addresses this. Carer recognises the	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. The look is bare and possibly dirty/smelly and there are inadequate amenities such as beds and	The accommodation is in a dangerous state of disrepair and this has caused a number of accidental injuries and poor health for the child. The look is dirty and squalid and there is a lack of essential amenities such as a working toilet, showering/bathing facilities,

	importance of the home conditions to the child's sense of well-being, but is hampered by personal circumstances.	bedding, a dirty toilet, lack of clean washing facilities and the whole environment is dirty and chaotic. The accommodation smells of damp and there is evidence of mould.	inappropriate and dirty bed and bedding and poor facilities for the preparation of food. Faeces or other harmful substances are visible, and house smells. 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
Stability of Housing			
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.**
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			
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.**
Child has clothing	Child has clothes	Child has clothing	Child has clothes

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.	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.	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.	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			
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.**
Animals are well cared for and do not present a danger to children or adults. Children are encouraged to behave appropriately towards animals.	Animals look reasonably well cared for, but contribute to a sense of chaos in the house. Animals present no dangers to children or adults and any mistreating of animals is addressed.	Animals not always well cared for or ailments treated. Presence of faeces or urine from animals not treated appropriately and animals not well trained. The mistreatment of animals by adults or children is not addressed.	Animals not well cared for and presence of faeces and urine in living areas. Animals dangerous and chaotically looked after. Carers do not address the ill treatment of animals by adults or children.
Hygiene			
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.**
The child is clean and is either given a bath/washed daily or encouraged to do so in an age appropriate way. The child is encouraged to brush their teeth and head	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.	The child looks unclean and is only occasionally bathed/ washed or encouraged to do so in an age appropriate way. There is evidence that the child does not brush their teeth, and	The child looks dirty, and is not bathed or washed or encouraged to do so. The child does not brush teeth. Head lice and skin conditions are not treated and become chronic.

lice, skin complaints etc are treated appropriately. Nappy rash is treated appropriately. Carers take an interest in the child's appearance	The child does not always clean their teeth, and head lice and skin conditions etc are treated in an inconsistent way. Nappy rash is a problem, but parent treats if given encouragement and advice.	that head lice and skin conditions etc are not treated appropriately. Carer does not address concerns about nappy rash and is indifferent to concerns expressed by others. Carers do not take an interest in child's appearance and do not acknowledge the importance of hygiene to the child's wellbeing	Carer does not address concerns about nappy rash and is hostile to concerns expressed by others. The carer is hostile to concerns expressed by others about the child's lack of hygiene

HEALTH:

Safe sleeping arrangements and co-sleeping for babies			
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.**
Carer has information on safe sleeping and follows the guidelines. 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. Carer aware of guidance around safe co-sleeping and recognises the importance of the impact of alcohol and drugs on safe co-sleeping. There are appropriate sleeping	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). 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. Sleeping arrangements for	Carer unaware of safe sleeping guidelines, even if they have been provided. Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking. (Be aware this raises risk of cot death). Carer does not recognise the importance of safe co-sleeping or the impact of carer's alcohol /drug use on safety. Sleeping arrangements for children are not suitable and carer is indifferent to advice	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). Carer hostile to advice about safe sleeping and the impact of carer 's drug and alcohol on safe co-sleeping for the baby. Sleeping arrangements for children are not suitable and carer is

arrangements for children	children can be a little chaotic.	regarding this. Carer not concerned about impact on child.	hostile to advice regarding this. Carer not concerned about impact on child or risks associated with this, such as witnessing adult sexual behaviour.
Seeking advice and intervention			
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.**
Advice sought from professionals/ experienced adults on matters of concern about child's health. Appointments are made and consistently attended. Preventative care is carried out such as dental/optical and all immunisations are up to date. Carer ensures child completes any agreed programme of medication or treatment	Advice is sought about illnesses, but this is occasionally delayed or poorly managed as a result of carer difficulties. Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments. Immunisations are delayed, but eventually completed. 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.	The carer does not routinely seek advice about childhood illnesses but does when concerns are serious or when prompted by others. Dental care and optical care are not routinely attended to. Immunisations are not up to date, but carer will allow access to children if home visits are carried out. Carer does not ensure the child completes any agreed programme of medication or treatment and is indifferent to the impact on child's wellbeing.	Carer does not attend to childhood illnesses, unless severe or in an emergency. Childhood illnesses allowed to deteriorate before advice/care is sought. Carer hostile to advice from others (professionals and family members) to seek medical advice. Routine appointments such as dental and optical not attended to, immunisations not up to date, even if a home appointment is offered. 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.
Disability and illness			
1) Child focused care	**2) Adult focused care**	**3) Child's Needs are**	**4) Child's needs are**

giving.	giving.	secondary to adults.	not considered.
Carer positive about child's identity and values him/her. Carer complies with needs relating to child's disability. Carer is proactive in seeking appointments and advice and advocating for the child's well-being.	Carer does not always value child and allows issues of disability to impact on feelings towards the child. 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. Caregiver accepts advice and support but is not proactive in seeking advice and support around the child's needs.	Carer shows anger and frustration at child's disability. Often blaming the child and not recognising identity. Carer does not ensure compliance with needs relating to child's disability, and there is significant minimisation of child's health needs. The carer does not seek or accept advice and support around the child's needs, and is indifferent to the impact on the child	Carer does not recognise child's identity and is negative about child as a result of the disability. Carer does not ensure compliance with needs relating to child's disability, which leads to deterioration of the child's well-being. Carer hostile when instructed to seek help for the child, and is actively hostile to any advice or support around child's disability

SAFETY & SUPERVISION:

Safety awareness and features			
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.**
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			
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.**
Appropriate supervision is	Variable supervision is provided both indoors	There is very little supervision indoors or	Complete lack of supervision.

provided in line with age and stage of development. Carer recognises the importance of appropriate supervision to child's well-being.	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.	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.	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			
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.**
Carer responds appropriately to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended. Carer spends time with baby, cooing and smiling, holding and behaving warmly.	The carer is not always consistent in their responses to the baby's needs, because their own circumstances get in the way. Carer is a bit precarious in handling and is inconsistent in supervision. Carer spends some time with the baby, cooing and smiling, but is led by baby's moods, and so responds	Carer does not recognise the importance of Responding consistently to the needs of the baby. Handling is precarious and baby is left unattended (bottle left in the mouth). Carer does not spend time with baby, cooing or smiling, and does not recognise importance of comforting baby when distressed.	Carer does not respond to the needs of the baby and only addresses issues when carer chooses to do so. There is dangerous handling and the baby is left dangerously unattended. The baby is strapped into a car seat or some other piece of equipment for long periods and lacks adult attention and contact.

	negatively if baby unresponsive.		Carer hostile to advice to pick baby up, and provide comfort and attention. Carer does not recognise importance to baby.
Care by other adults			
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.**
Child is left in care of a vetted adult. Never in sole care of an under 16. Parent/child always aware of each other's whereabouts. 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.	Child 0-9 year old is sometimes left with a child age 10-13 or a person known to be unsuitable. Parents unsure of child's whereabouts. Carer inconsistent in raising the importance of a child keeping themselves safe from others and provides some advice and support. Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstances.	Child 0-7 year old is left with an 8-10 year old or an unsuitable person. Child found wandering and/or locked out. Carer does not raise awareness of the importance of child keeping themselves safe from others and provides no advice and support. 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.	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. Carer does not provide any advice about keeping safe, and may put adult dangers in the way of the child. Carer hostile to advice or professional challenge about giving safe care and impact of children being left with unsuitable and/or unsuitable or dangerous adults.
Responding to adolescents			
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.**
The adolescent's needs are fully considered with appropriate adult care. Where risky behaviour	The carer is aware of the adolescent's needs but is inconsistent in responding to them. The carer is aware	The carer does not consistently respond to the adolescent's needs and recognises risky behaviour but does not always respond	The adolescent's needs are not considered and there is not enough appropriate adult care.

occurs it is identified and responded to appropriately by the carer.	that the adolescent needs appropriate care but is inconsistent in providing it. Where risky behaviour occurs the carer responds inconsistently to it.	appropriately.	The carer does not recognise that the 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. 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.
Traffic awareness & in-car safety			
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.**
Baby/Infant is well secured in pram/pushchair. Where a toddler is walking their hand is held safely. 3 – 5 yrs old are allowed to walk without holding hands, but are close and in vision. 5- 8 yr olds are allowed to cross with 13+ year old. Child taught traffic skills as per developmental needs.	Baby/infant not always secured in pushchair and 3- 5 yr old not fully supervised. 7yrs onwards are allowed to cross with another young child alone and 8 yrs old crosses regardless of suitability. Child given some guidance about traffic skills.	Baby/infant not secured in pushchair and 3- 5 yr old dragged along with annoyance or left to follow behind alone, with supervision. Under 7s onwards are allowed to cross road alone. Child not taught traffic skills.	Babies/infants are unsecured in pram/pushchair and carer is careless with pram. There is a lack of supervision around traffic and an unconcerned attitude. Lacks understanding of why teaching traffic skills might be important for the child.

LOVE AND CARE:

Parent/carer's attitude to child, warmth 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.**
Carer talks warmly about the child and is able to praise and give appropriate emotional reward. The carer values the child's cultural identity and seeks to ensure child develops a positive sense of self. Carer responds appropriately to child's needs for physical care and positive interaction. The emotional response of the carer is one of warmth. Child is listened to and carer responds appropriately. Child is happy to seek physical contact and care. Carer responds appropriately if child distressed or hurt. Carer understands the importance of consistent demonstrations of love and care.	Carer talks kindly about the child and is positive about achievements most of the time but allows their own difficulties to impact. Carer recognises that praise and reward are important but is inconsistent in this. 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. Child is main initiator of physical interaction with carer who responds inconsistently or passively to these overtures. Child not always listened to and carer angry if child seeks comfort through negative emotions such as crying. Does not always respond appropriately if child distressed or hurt Carer understands the	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. 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. Emotional response is sometimes brisk or flat and lacks warmth. Can respond aggressively or dismissively if child distressed or hurt. Carer indifferent to advice about the importance of love and care to the child.	Carer speaks coldly and harshly about child and does not provide any reward or praise and is ridiculing of the child when others praise. Carer is hostile to advice about the importance of praise and reward to the child. Carer hostile to the child's cultural identity and to the importance of ensuring that the child develops a positive sense of self. Carer does not show any warmth or physical affection to the child and responds negatively to overtures for warmth and care. 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. The emotional response of carers is harsh, critical and lacking in any warmth. Carer hostile to advice

	importance of demonstrations of love and care, but own circumstances and difficulties sometimes get in the way		about the importance of responding appropriately to the child
Boundaries			
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.**
Carer provides consistent boundaries and ensures child understands how to behave and to understand the importance of set limits. Child is disciplined appropriately with the intention of teaching proactively.	Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions. The carer recognises the importance of setting boundaries for the child, but is inconsistent because of own personal circumstances or difficulties.	Carer provides few boundaries, and is harsh and critical when responding to the child's behaviour and uses physical sanctions and severe other sanctions. Carer can hold child responsible for their behaviour. Carer indifferent to advice about the need for more appropriate methods of disciplining.	Carer provides no boundaries for the child and treats the child harshly and cruelly, when responding to their behaviour. Carer uses physical chastisement and harsh other methods of discipline. Carer hostile to advice about appropriate methods of disciplining
Adult arguments and violence			
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.**
Carers do not argue aggressively and are not physically abusive in front of the children. Carer has a good understanding of the impact of arguments and anger on children and is sensitive to this.	Carers sometimes argue aggressively in front of children, but there is no physical abuse of either party. Carer recognises the impact of severe arguments on the child's wellbeing but personal circumstances sometimes get in the way.	Carers frequently argue aggressively in front of children and this leads to violence. There is a lack of awareness and understanding of the impact of the violence on children and carers are indifferent to advice regarding this.	Carers argue aggressively frequently in front of the children and this leads to frequent physical violence. There is indifference to the impact of the violence on children and carers are hostile to advice about the impact on children
Young caring			
1) Child focused care	**2) Adult focused care**	**3) Child's Needs are**	**4) Child's needs are**

giving.	giving.	secondary to adults.	not considered.
Child contributes to households tasks as would be expected for age and stage of development. Does not take on additional caring responsibilities. Carer recognises the importance of appropriateness regarding caring responsibilities.	Child has some additional responsibilities within household, but these are manageable for age and stage of development and do not interfere with child's education and interfere minimally with leisure/sporting activities. Carer recognises that the child should not be engaged in inappropriate caring responsibilities but is inconsistent in their response.	Child has onerous caring responsibilities that interfere with education and leisure activities. Carer indifferent to impact on child.	Child has caring responsibilities which are inappropriate and interfere directly with child's education/leisure opportunities. This may include age inappropriate tasks, and /or intimate care. The impact on the child's well being is not understood or acknowledged. Carer is hostile to advice about the inappropriateness of caring responsibilities.
Positive values			
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.**
Carer encourages child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness. Carer understands importance to child's development. This includes an awareness of smoking, underage drinking and drug misuse as well as early sexual	Carer inconsistent in helping child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness Carer aware of importance to child's development, but not always able to impost framework Carer has variable awareness of smoking,	Carer does not teach child positive values. Is indifferent to issues of right and wrong, kindness and respect to others. Carer does not understand importance to child's development. Carer gives little advice about smoking, underage drinking and drug misuse as well as early sexual	Carer actively encourages negative values in child and has at times condoned anti-social behaviour. Carer indifferent to the impact on child's development. Carer indifferent to smoking, underage drinking and drug misuse, and early sexual relationships. No advice given, and may, at times, have

relationships. Carer gives clear advice and support. 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	underage drinking and drug misuse as well as early sexual relationships Carer gives some advice and support 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	relationships. Carer does not monitor the watching of inappropriate materials or playing inappropriate games and is indifferent about the impact on the child.	encouraged some of these activities. Carer(s) allows child(ren) to watch inappropriate TV /film material and inappropriate computer games. Is hostile to advice about inappropriateness and to the impact on child (s) wellbeing.
Adult behaviour			
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.**
Carer does not talk about feelings of depression /low mood in front of the children and is aware of potential impact. Carer does not misuse drugs or alcohol.	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. Carer uses drugs and alcohol, but ensures that this does not impact on child.	Carer talks about depression and suicide in front of child and is unaware of potential impact on child. Carer indifferent to advice about the importance of not talking about this issue. Carer misuses drugs and/or alcohol, and is not aware of impact on child.	Caregiver has attempted suicide in front of child. Carer can hold the child responsible for feelings of depression and is open with the child and/or others about this. Carer is hostile to advice focussed on stopping this behaviour and carer does not recognise the impact on the child. Carer misuses drugs and alcohol and does not ensure that this does not impact on the child and this impacts on safety and wellbeing.

			Carer hostile to advice about this
Substance misuse			
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.**
Alcohol and drugs are stored safely, if in the home. 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. The carer is able to respond to emergency situations should they arise appropriately. The carer talks appropriately about understanding. The carer is aware of the impacts of substances on an unborn child and follows recommendation s regarding the child's wellbeing. Appropriate antenatal care is sought. Alcohol and substances do not impact on the family finances. The child's needs are	The carer believes it is normal for children to be exposed to regular alcohol and substance use. The carer maintains boundaries and routines but these are changed and/or adapted to accommodate use at times. 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. Finances are affected but the child's needs are generally met. The mood of the carer can be irritable or distant at times. The carer is aware of the impact of substances on an unborn child but inconsistently follows recommendations regarding the child's wellbeing.	The carer lacks awareness of the impact their substance use has on their child and is inconsistent in their engagement with specialist agencies. The carer's use leads to an inconsistency in caring and the child takes on inappropriate responsibilities at home. 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. Substances can be accessed by the child. The child's access to appropriate medical or dental care is delayed and education is disrupted. The finances are affected and the carer's mood is unpredictable.	The carer holds the child responsible for their use & blames their continual use on the child. The carer significantly minimises and is hostile to advice around their use or refuses to acknowledge concerns. The carer involves the child in their using behaviour (i.e. asking the child to get the substances or prepare the substances). The carer refuses antenatal care or does not attend care offered. 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. The child is exposed to abusive or frightening behaviour of either the carer or other adults (i.e. delusions/hallucinatio ns).

fully met and a wide network of family and supportive others are involved. substances to the child, being aware of the child's development, age and			Education is frequently disrupted. The carer does not recognise and respond to the child's concerns and worries about the carer's circumstances.

STIMULATION & EDUCATION:

Unborn			
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.**
The mother acknowledges the pregnancy and seeks care as soon as the pregnancy is confirmed. The mother attends all her antenatal appointments and seeks medical advice if there is a perceived problem. She prepares for the birth of the baby and has the appropriate clothing, equipment and cot in time.	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	The mother is unaware of the impact her mental health and/or substance misuse problems on the unborn child.	The mother does not attend any antenatal clinic appointments; she ignores medical advice during the pregnancy. She has nothing prepared for the birth of her baby. She engages in activities that could hinder the development, safety and welfare of the unborn.
0-2 Years			
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.**
The child is well stimulated and the carer is aware of the importance of this.	There is inadequate stimulation and the baby is left alone at times because of carer's personal circumstances and this leads to inconsistent	The carer provides the baby with little stimulation and the baby is left alone unless making serious and noisy demands.	The carer does not provide stimulation and the baby's mobility is restricted (confined in chair/pram). Carer gets angry at the demands made by the

	interaction. Carer is aware of the importance of stimulation, but is inconsistent in response		baby. Carer hostile to advice about the importance of stimulation and paying attention to the baby's needs for attention and physical care.
2-5 Years			
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.**
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. Carer provides all toys that are necessary. Finds a way even if things are unaffordable (uniform, sports equipment, books etc). 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	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. 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. Outings: Child accompanies carer wherever carer decides, usually child friendly places, but sometimes child time taken up with adult outings because of carers needs.	The carer provides little stimulation and does not see the importance of this for the child. The child lacks essential toys, and this is not because of financial issues, but a lack of interest or recognition of the need. Carer allows presents for the child but the child is not encouraged to care for toys. 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. Child has responsibilities in the house that prevents opportunities for outings.	No stimulation is provided and carer hostile to child's needs or advice from others about the importance of stimulation. 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. No outings for the child, may play in the street but carer goes out locally e.g. to pub with friends. Child prevented from going on outings with friends or school

School			
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.**
Carer takes an active interest in schooling and support at home, attendance is regular. Carer engages well with school or nursery and does not sanction missed days unless necessary. Carer encourages child to see school as important. Interested in school and support for homework.	Carer maintains schooling but there is not always support at home. Carer struggles to link with school, and their own difficulties and circumstances can get in the way. Can sanction days off where not necessary. Carer understands the importance of school, but is inconsistent with this and there is also inconsistency in support for homework.	Carer makes little effort to maintain schooling. There is a lack of engagement with school. No interest in school or homework. Carer does not recognise child's need for education and is collusive about child not seeing it as important.	Carer hostile about education, and provides no support and does not encourage child to see any aspect positively. Total lack of engagement and no support for any aspect of school such as homework, outings etc.
Sport and Leisure			
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.**
Carer encourages child to engage in sports and leisure, if affordable. Equipment provided where affordable, or negotiated with agencies/school on behalf of child. Carer understands the importance of this for child's wellbeing. Recognises when child good at something and ensures they are able to pursue it.	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. Does recognise what child is good at, but is inconsistent in promoting a positive approach.	Child makes use of sport through own effort, carer not motivated and not interested in ensuring child has equipment where affordable. 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.	Carer does not encourage child to take part in activities, and may be active in preventing this. Does not prevent child from being engaged in unsafe/unhealthy pursuits. 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.
Friendships			
1) Child focused care	**2) Adult focused care**	**3) Child's Needs are**	**4) Child's needs are**

giving.	giving.	secondary to adults.	not considered.
This is supported and carer is aware of who child is friends with. Aware of safety issues and concerns. Fully aware of the importance of friendships for the child	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 the child	Child finds own friendships, no help from carer unless reported to be bullied. Does not understand importance of friendships.	Carer hostile to friendships and shows no interest or support. Does not understand importance to child.
Addressing bullying			
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.**
Carer alert to child being bullied and addresses immediately.	Carer aware of likelihood of bullying and does intervene when child asks.	Carer unaware of child being bullied and does not intervene	Carer indifferent to child being bullied.

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.
Carer is concerned about children's welfare; wants to meet their physical, social, and emotional needs to the extent he/she understands them. Carer is determined to act in best interests of children. 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.	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. Professed concern is often not translated into effective action, but carer expresses regrets about own difficulties dominating. Would like to change, but finds it hard. May be disorganised, does not take enough	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. Carer does not have the right 'priorities' when it comes to child care; may take an indifferent attitude. There is lack of interest in the children and in their welfare and development.	Carer rejects the parental role and takes a hostile attitude toward child care responsibilities. 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. May seek to give up

	time, or pays insufficient attention; may misread 'signals' from children; may exercise poor judgement.		the responsibility for children.

Types of Neglect

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 violence
- 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

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.

Type of neglect	What caregiving is currently being provided – evidence of what you are seeing (please date)	What caregiving is expected for a child of this age and stage of development	Current Impact on the child of the care they are experiencing	What actions are being taken to provide support to parents/carers to improve outcomes for the child (Date by which you wish to see agreed change)	Expected outcomes for the child
Physical Care					
Health					
Safety and Supervision					

Type of neglect	What caregiving is currently being provided – evidence of what you are seeing (please date)	What caregiving is expected for a child of this age and stage of development	Current Impact on the child of the care they are experiencing	What actions are being taken to provide support to parents/carers to improve outcomes for the child (Date by which you wish to see agreed change)	Expected outcomes for the child
Love and Care					
Stimulation & Education					
Parental Motivation for Change					