Redbridge Safeguarding Children Partnership (RSCP)

Multi-Agency Child Neglect Toolkit

V2 – September 2023

Introduction

Child 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, wellbeing, or development. Neglect may occur at any point throughout childhood, or pre-birth during pregnancy because of maternal substance abuse. During childhood, 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); and/or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. See HM Government Working Together to Safeguard Children, 2018, definition on page 108.

What is the Child Neglect Toolkit?

The Toolkit is a framework designed to support the identification of children's needs by practitioners in any agency working with children, young people, and their families across the London Borough of Redbridge. It is to be used when visiting families to help reflect on the child's circumstances and put concerns into context and identify strengths and resources.

The Toolkit can be used to inform decision-making, assessments, and planning. It can also be used in supervision. It is a **tool** that can be used with families and **does not** replace any other assessment in use e.g., the Common Assessment Framework (CAF) or the Child and Family Assessment.

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 areas 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.

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 are not considered**. Guidelines for these indicators can be found with the Toolkit (from page 7).

By working through the Toolkit and scoring individual sections the practitioner will be able to identify strengths as well as areas of concern. Scores of 3 and 4 are cause for concern and are clearly marked in orange and red. In such cases, the practitioner must discuss the case immediately with their Line Manager and evaluate whether a referral is required to the LBR Child Protection and Assessment Team (CPAT) for social work assessment via CPAT.referrals@redbridge.gov.uk or 020 8708 3885 (09:00 to 17:00, Monday to Friday) or 020 8708 5897 (Emergencies on evenings, weekends and public holidays).

How can the Toolkit help?

- It will help you to reflect on the child's circumstances and will help you put concerns into context and identify strengths and resources.
- It will assist with the early identification of neglect or in coordinating support for families in need of additional help. This will allow for a quicker response when neglect identified or target our support with a wider perspective.
- The Toolkit can be used to inform decision making, assessments and planning.
- It can also be used in one-to-one's/supervision with managers. This is particularly helpful as it gives an opportunity to re-focus the practitioner away from the parents needs on to the needs of the child or young person.
- It will be clear that this is a tool that can be used with families and does not replace any other assessments, such as the Common Assessment Framework (CAF) or the Child and Family Assessment but gives an added dimension to the practitioners thinking.
- The Toolkit can be used to track improvements, deterioration, or 'drift'.

NB: It is acknowledged that the information provided by the practitioner using the toolkit will be based on what they have observed on a home visit, on a particular day, which is as a short piece of work and will not be able to encompass any other evidence relating to the child's circumstances. This information will contribute to any assessment but will not be looked at in isolation.

Acknowledgements

This toolkit has been adapted from one initially developed by Jane Wiffin on behalf of Hounslow LSCB, and further refined by Brent LSCB and Islington LSCB. The original concept came from work undertaken by Dr Leon Polnay and Dr O P Srivastava at Bedfordshire and Luton Community NHS Trust and Luton Borough Council.

Child Neglect Toolkit Checklist

Child's Name:		Date of Birth:	/ /
Name and role of professional completing the checklist:		Team/Service/Agency:	
Date of Completion:		Is there a Common Assessment Framework (CAF) or statutory assessment for the child/young person?	YES/NO

Development Need*	Score				Examples/evidence of impact on the 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	
Safe sleeping arrangements and co-sleeping for babies					
Seeking advice and intervention					
Disability and illness					
AREA 3: SAFETY and SUPERVISION	1	2	3	4	
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	
Parent/carer's attitude to child, warmth and care					
Boundaries					
Adult arguments and violence					
Young caring					
Positive values					
Adult behaviour					
Substance misuse					

Development Need	Score				Examples/evidence of impact on the child/young person
AREA 5: STIMULATION and EDUCATION	1	2	3	4	
Unborn					
0-2 years					
2-5 years					
School					
Sport and Leisure					
Friendships					
Addressing bullying					
PARENTAL MOTIVATION FOR CHANGE *Please circle marking*	1	2	3	4	
Total in each area					

*A development need can be left blank if it has not been possible to gain insight into that area e.g., 'not seen' or 'not applicable', or 'not known'.

Voice of the Child *Please include here any comments made by the child/young person which may provide evidence of impact of any neglect.*

What actions are being taken following completion of this checklist? *e.g., raise at safeguarding supervision; refer to the Families Together Hub (FTH); complete a Multi-Agency Referral Form (MARF); etc.*	
1	
2	
3	
4	
5	

Child Neglect Toolkit Guidance

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.	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.	Child receives love quality food and drink, which is often not appropriate to their age and stage of development and there is a lack preparation or routine. Child appears hungry.	Child does not receive an adequate quantity of food and is observed to be hungry.
Meals are organised and there is a routine which includes the family sometimes eating together.	Child's special dietary requirements and inconsistently met.	Child's special dietary requirements are rarely met.	The food provide is of a consistently low quality with a predominance of sugar, sweets, crisps, and chips etc.
Child's special dietary requirements are always met.	Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide.	Carer is indifferent to the importance of appropriate food for the child.	Child's special dietary requirements are never met and there is a lack of routine in preparation and times when food is available.
Carer understands importance of foods.			Carer is hostile to advice about appropriate food and drink and the need for routine.

PHYSICAL CARE: 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 is in a reasonable state of repair and decoration.	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 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 accommodation is in a dangerous state of disrepair and this has caused a number of accidental injuries and poor health for the child.
Carer understands the importance of the home conditions to the child's wellbeing.	The accommodation is reasonably clean but may be improved, but the carer addresses this.	The look is bare and possibly dirty/smelly and there are inadequate amenities such as beds and bedding, a clean toilet, lack of clean washing facilities and the whole environment is dirty and chaotic.	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.
	Carer recognises the importance of the home conditions to the child's sense of wellbeing but is hampered by personal circumstances.	The accommodation smells of damp and there is evidence of mould.	Faeces or other harmful substances are visible, and the house smells.
			The accommodation smells strong 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 the child's wellbeing.

PHYSICAL CARE: 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).	Child has a reasonable stable home environment but has experienced house moves/new adults in the family home.	Child does not have a stable home environment and has also experienced lots of moves and/or lots of adults coming in and out of the home for periods of time.	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.
Carer understands the importance of stability for the child.	Carer recognises that this could impact on the child, but the carer's personal circumstances occasionally impact on this.	Carer does not accept the importance of stability for the child.	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 the child of instability.

PHYSICAL CARE: 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 which is clean and fits appropriately.	Child has clothes which are appropriate, but are sometimes poorly fitting, unclean, and crumpled.	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.	Child's clothes are filthy, ill-fitting, and smelly. The clothes are usually unsuitable for the weather.
Child is dressed appropriately for the weather and carer is aware of the importance of appropriate clothes for the child an in age appropriate way.	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.	Carer is indifferent to the importance of providing clothes for the child which are age appropriate.	Child may sleep in day clothes and is not provided with clean clothes when they are soiled.
			Carer is hostile to advice about the need for appropriate clothes for the wellbeing of the child.

PHYSICAL CARE: 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 care for and do not present a danger to children or adults.	Animals look reasonably well cared for but contribute to a sense of chaos int eh house.	Animals are not always well cared for or ailments treated.	Animals not well cared for and presence of faeces and urine in living areas.
Child is not always encouraged to behave appropriately towards animals.	Animals present no dangers to children or adults and any mistreating of animals is addressed.	Presence of faeces or urine from animals not treated appropriately and animals are not well trained.	Animals dangerous and chaotically looked after.
		The mistreatment of animals by adults or children is not addressed.	Carers do not address the ill treatment of animals by adults or children

PHYSICAL CARE: 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
Child is clean and is either given a bath/washed daily or encouraged to do so in an age appropriate way.	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.	Child looks unclean and is only occasionally bathed/washed or encouraged to do so in an age appropriate way.	Child looks dirty and is not bathed or washed or encouraged to do so.
Child is encouraged to brush their teeth and head lice, skin complaints etc. are treated appropriately.	Child does not always clean their teeth, and head lice and skin conditions etc. are treated in an inconsistent way.	There is evidence that the child does not brush their teeth, and that head lice and skin conditions etc. are not treated appropriately.	Child does not brush teeth. Head lice and skin conditions are not treated and become chronic.
Carers take an interest in the child's appearance.	Nappy rash is a problem, but carer treats this if given encouragement and advice.	Carer does not address concerns about nappy rash and is indifferent to concerns expressed by others.	Carer does not address concerns about nappy rash and is hostile to concerns expressed by others.
		Carer does not take an interest in the child's appearance and does not acknowledge the importance of hygiene to the child's wellbeing.	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.	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 a risk of cot death.)	Carer unaware of safe sleeping guidelines, even if they have been provided.	Carer indifferent or hostile about safe sleeping guidance. Sees it as interference and does not take accounts 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.)
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 the dangers of co-sleeping and recognises the danger of drugs and alcohol by the carer on safe co-sleeping, but this is sometimes inconsistently observed.	Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking. (Be aware, this risk of cot death.)	Carer hostile to advice about safe sleeping and the impact of carer's drug and alcohol on co-sleeping for the baby.
Carer aware of guidance around safe co-sleeping and recognises the importance of the impact of alcohol and drugs on safe co-sleeping.	Sleeping arrangements for children can be a little chaotic.	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 hostile to advice regarding this.
There are appropriate sleeping arrangements for children.		Sleeping arrangements for children are not suitable and the carer is indifference to advice regarding this.	Carer not concerned about impact on child or risks associated with this, such as witnessing adult sexual behaviour.
		Carer not concerned about impact on child.	

HEALTH: 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 sough from professionals/experienced adults on matters of concern about child's health.	Advice is sought about illnesses, but this is occasionally delayed or poorly managed as a result of carer difficulties.	The carer does not routinely seek advice about childhood illnesses but does when concerns are serious or when prompted by others.	Carer does not attend to childhood illnesses, unless severe or in an emergency. Childhood illnesses allowed to deteriorate before advice/care is sought.
Appointments are made and consistently attended.	Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments.	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.	Routine appointments such as dental and optical not attended to, immunisations not up to date, even if a home appointment is offered.
Preventative carer is carried out such as dental/optical and all immunisations are up to date.	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.	Carer does not ensure the child completes any agreed programme of medication or treatment and is indifferent to the impact on the child's wellbeing.	Carer hostile to advice from others (professionals and family members) to seek medical advice.
Carer ensures child completes any agreed programme of medication or treatment.	Immunisations are delayed, but eventually completed.		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.

HEALTH: Disability and illness

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 positive about child's identify and values him/her.	Carer does not always value child and allows issues of disability to impact on feelings towards the child.	Carer shows anger and frustration at child's disability. Often blaming the child and not recognising identity.	Carer does not recognise the child's identify and is negative about child as a result of the disability.
Carer complies with needs relating to child's disability.	Carer is inconsistent in their compliance with needs relating to child's disability, but does recognise the importance to the child, but personal circumstances gets in the way.	Carer does not ensure compliance with needs relating to child's disability, and there is significant minimisation of child's health needs.	Carer does not ensure compliance with needs relating to child's disability, which leads to deterioration of the child's wellbeing.
Carer is proactive in seeking appointments and advice and advocating for the child's wellbeing.	Carer accepts advice and support but is not proactive in seeking advice and support around the child's wellbeing.	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 hostile when instructed to seek help for the child and is actively hostile to any advice or support around child's disability.

SAFETY AND 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 the child and there is a lack of safety equipment, and evidence of daily dangers to the child.	Carer does not recognise dangers to the child's safety and is hostile to advice regarding this.
		Carer indifferent to advice about this and does not recognise or acknowledge the impact on the child.	Carer does not recognise the importance to the child and can hold the child responsible for accidents and injuries.

SAFETY AND SUPERVISION: 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 provided in line with age and stage of development.	Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger.	There is very little supervision indoors or outdoors and carer does not always respond after accidents.	Complete lack of supervision.
Carer recognises the importance of appropriate supervision to child's wellbeing.	Carer does not always know where child is and inconsistent awareness of safety issues when child away from home.	There is a lack of concern about where child is or who they might be with and the carer is inconsistently concerned about lack of return home or late nights.	Young children contained in car seats/pushchairs for long periods of time.
	Carer shows concerns about when child should be home.	Carer indifferent to importance of supervision and to advice regarding this from others.	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.
	Carer aware of the importance of supervision but does allow personal circumstances too impact on consistency.		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.

SAFETY AND SUPERVISION: 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 and frequently checks if unattended.	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 does not recognise the importance of responding consistently to the needs of the baby. Handling is precarious and baby is left unattended (e.g. bottle left in mouth).	Carer does not respond to the needs of the baby and only addresses issues when they choose to.
Carer spends time with baby, cooing and smiling, holding, and behaving warmly.	Carer spends some time with the baby, cooing and smiling, but is led by baby's moods and so responds negatively if baby unresponsive.	Carer does not spend time with baby, cooing or smiling and does not recognise importance of comforting baby when distressed.	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 attention and contact.
			Carer hostile to advice to pick baby up and provide comfort and attention. Carer does not recognise importance to baby.

SAFETY AND SUPERVISION: 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.	Child 0 – 9 year old is sometimes left with a child aged 10 – 13 or a person known to be unsuitable.	Child 0 – 7 year old is left with an 8 – 10 yar old or an unsuitable person.	Child 0 -7 year old is left alone or in the company of a young child or unsuitable person.
Never in sole care of anyone under the age of 16 years.	Parents unsure of child's whereabouts.	Child found wandering and/or locked out.	Child often found wandering and/or locked out.
Parent/child always aware of each other's whereabouts.	Carer inconsistent in raising the importance of a child keeping themselves safe from others and provides some advice and support.	Carer does not raise awareness of the importance of child keeping themselves safe from others and provides no advice or support.	Carer does not provide any advice about keeping safe and may put adult dangers in the way of the child.
Out of necessity a child aged 1 – 12 is left with a young person under 14 who is familiar and has not significant problems for no longer than necessary as an isolated incident.	Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstances.	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.	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.

SAFETY AND SUPERVISION: 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.	Carer is aware of the adolescent's needs but is inconsistent in responding to them.	The carer does not consistently respond to the adolescent's needs and recognises risky behaviour but does not always respond appropriate.	The adolescent's needs are not considered and there is not enough appropriate adult care.
Where risky behaviour occurs it is identified and responded to appropriately by the carer.	Carer is aware that the adolescent needs appropriate care but is inconsistent in providing it.		Carer doesn't recognise that the adolescent is still in need of guidance with protection from risky behaviour e.g. lack of awareness of the adolescent's whereabouts for long periods of time or seeking to address either directly or by seeking support for risky and challenging behaviour.
	Where risky behaviour occurs the carer responds inconsistently to it.		

SAFETY AND SUPERVISION: Traffic awareness and 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.	Baby/infant not always secured in pushchair and 3 – 5 year old not fully supervised. 7 years onwards are allowed to cross roads with another young child alone and 8 year old crosses regardless of suitability.	Baby/infant not secured in pushchair and 3 – 5 year old dragged along with annoyance or left to follow behind alone, with supervision.	Baby/infant unsecured in pram/pushchair and carer is careless with pram.
Where a toddler is walking their hand is held safely. 3 – 5 year olds are allowed to walk without holding hands but are close and in vision. 5 – 8 year olds are allowed to cross with a 13+ year old.	Child given some guidance about traffic skills.	Under 7s year olds are allowed to cross road alone.	There is a lack of supervision around traffic and an unconcerned attitude.
Child taught traffic skills as per developmental needs.		Child not taught traffic skills.	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.	Carer talks kindly about the child and is positive about	Carer does not speak warmly about the child and is indifferent to the child's achievements.	Carer speaks coldly and harshly about the child and does not provide any reward or praise and is ridiculing of the child when others praise.
Carer values the child's cultural identity and seeks to ensure child develops a positive sense of self.	Carer recognises that praise and reward are important but is inconsistent in this.	Carer does not provide praise or reward and is dismissive of praise from others.	Carer is hostile to advice about the importance of praise and reward to the child.
Carer responds appropriately to child's needs for physical care and positive interaction	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.	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 is hostile to the child's cultural identity and to the importance of ensuring that the child develops a positive sent of self.
The emotional response of the carer is one of warmth.	Child is main initiator of physical interaction with carer who responds inconsistently or passively to these overtures.	Carer seldom initiates interactions with the child and carer is indifferent if child attempts to engage for pleasure or seek physical closeness.	Carer does not show any warmth or physical affection to the child and responses negatively to overtures for warmth and care.

LOVE AND CARE: Parent/carer's attitude to child, warmth, and care (cont …)

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 listened to and carer responds appropriately.	Child not always listened to and carer angry if child seeks comfort through negative emotions such as crying.	Emotional response is sometimes brisk or flat and lacks warmth.	Responses aggressively or dismissively if child distressed or hurt.
Child is happy to seek physical contact and care.	Carer does not always respond appropriately if child distressed or hurt.	Can respond aggressively or dismissively if child distressed or hurt.	Carer will respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.
Carer responds appropriately if child is distressed or hurt.	Carer understands the importance of demonstrations of love and care but own circumstances and difficulties sometimes get in the way.	Carer indifferent to advice about the importance of love and care to the child.	Carer's emotional response is harsh, critical, and lacking in any warmth.
Carer understands the importance of consistent demonstrations of love and care.			

LOVE AND CARE: 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 the importance of set limits.	Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions.	Carer provides few boundaries and is harsh and critical when responding to the child's behaviour and uses physical actions and severe other sanctions.	Carer provides no boundaries for the child and treats the child harshly and cruelly, when responding to their behaviour.
Child is disciplined appropriately with the intention of teaching proactively.	Carer recognises the importance of setting boundaries for the child but is inconsistent because of own personal circumstances or difficulties.	Carer can hold the child responsible for their behaviour.	Carer uses physical chastisement and harsh other methods of discipline.
		Carer indifferent to advice about the need for more appropriate methods of disciplining.	Carer hostile to advice about appropriate methods of disciplining.

LOVE AND CARE: 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 child or where they could be heard.	Carers sometimes argue aggressively in front of children, but there is no physical abuse of either party.	Carers frequently argue aggressively in front of children and this leads to violence.	Carers argue aggressively frequently in front of the children and this leads to frequent physical violence.
Carer has a good understanding of the impact of arguments and anger on children and is sensitive to this.	Carer recognises the impact of sever arguments on the child's wellbeing but personal circumstances sometimes get in the way.	There is a lack of awareness and understanding of the impact of the violence on the child and carers are indifferent to advice regarding this.	There is indifference to the impact of the violence on children and carers are hostile to advice about the impact on the child.

LOVE AND CARE: Young caring

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 contributes to household tasks as would be expected for age and stage of development.	Child has some emotional responsibilities within the household, but these are manageable for age and stage of development and do not interfere with child's education and interfere minimally with leisure activities.	Child has onerous caring responsibilities that interfere with education and leisure activities.	Child has caring responsibilities which are inappropriate and interfere directly with child's education and leisure opportunities. These may include age inappropriate tasks, and/or intimate care.
Child does not take on emotional caring responsibilities.	Carer recognises that the child should not be engaged in inappropriate caring responsibilities but is inconsistent in their response.	Carer indifferent to impact on the child.	The impact on the child's wellbeing is not understood or acknowledged.
Carer recognises the importance of appropriateness regarding caring responsibilities.			Carer is hostile to advice about the inappropriateness of caring responsibilities.

LOVE AND CARE: 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 inconsistent in helping child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.	Carer does not teach child positive values, is indifferent to issues of right and wrong, kindness and respect to others.	Carer actively encourages negative values in child and has at times condoned anti-social behaviour.
Carer understands importance of positive values to child's development.	Carer aware of importance to child's development, but not always able to impose framework.	Carer does not understand importance to child's development.	Carer indifferent to the impact on child's development.
This includes an awareness of smoking, underage drinking, and drug misuse as well as early sexual relationships.	Carer has variable awareness of smoking, underage drinking, and drug misuse as well as early sexual relationships.	Carer gives little advice about smoking, underage drinking, and drug misuse as well as early sexual relationships.	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.
Carer gives clear advice and support.	Carer gives some advice and support.	Carer does not monitor the watching of inappropriate materials or playing inappropriate games and is indifferent about the impact on the child.	Carer allows child to watch inappropriate TV/film material and inappropriate computer games.
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.	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.		Carer is hostile to advice about inappropriateness and to the impact on child wellbeing.

LOVE AND CARE: 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 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 mood or circumstances means there is inconsistences in awareness of this.	Carer talks about depression and suicide in front of child and is unaware of potential impact on child.	Caregiver has attempted suicide in front of child.
Carer does not misuse drugs or alcohol.	Carer uses drugs and alcohol but ensures that this does not impact on the child.	Carer indifferent to advice about the importance of not talking about this issue.	Carer can hold the child responsible for feelings of depression and is open with the child and/or others about this.
		Carer misuses drugs and/or alcohol and is not aware of impact on child.	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.

LOVE AND CARE: 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.	Carer believes it is normal for children to be exposed to regular alcohol and substance misuse.	Carer lacks awareness of the impact their substance use has on their child and is inconsistent in their engagement with specialist agencies.	Carer holds the child responsible for their use and blames their continual use on the child.
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.	Carer maintains boundaries and routines but there are changed and/or adapted to accommodate use at times.	Carer's use leads to an inconsistency in caring and the child takes on inappropriate responsibilities at home.	Carer significantly minimises and is hostile to advice around their use or refuses to acknowledge concerns.
Carer is able to respond to emergency situations should they arise appropriately.	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.	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.	Carer involves the child in their using behaviour (e.g. asking the child to get the substances or prepare substances).
Carer talks appropriately about substances to the child, being aware of the child's development, age and understanding.	Finances are affected but the child's needs are generally met.	Substances can be accessed by the child.	Carer cannot respond to the child's needs or shows little awareness of the child's wellbeing (e.g. attending school).
Carer is aware of the impacts of substances on an unborn child and follows recommendations regarding the child's wellbeing.	The mood of the carer can be irritable or distance at times.	The child's access to appropriate medical or dental care is delayed and education is interrupted.	Carer refuses ante-natal care or does not attend care offered.

LOVE AND CARE: Substance misuse (cont …)

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 ante-natal care is sought.	The carer is aware of the impact of substances on an unborn child but inconsistently follows recommendations regarding the child's wellbeing.	The finances are affected and the carer's mood is unpredictable.	There is an absence of supportive family members or social network.
Alcohol and substances do not impact on family finances.			Child is exposed to abusive or frightening behaviour of either the carer or other adults (e.g. delusions/hallucinations).
Child's needs are fully met and a wide network of family and supportive others are involved.			Education is frequently disrupted.
			Carer does not recognise and respond to the child's concerns and worries about the carer's circumstances.

STIMULATION AND EDUCATION: Unborn and 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
Unborn	Mother acknowledges the pregnancy and seeks care as soon as the pregnancy is confirmed.	Mother attends ante-natal appointments 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 child.	Mother is unaware of the impact her mental health and/or substance misuse problems can have the unborn child.	Mother does not attend any ante-natal appointments and she ignores medical advice during the pregnancy.
	Mother attends all her ante-natal 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 ready in time.			She engages in activities that could hinder the development, safety, and welfare of the unborn child.
				She has nothing prepared for the birth of her baby.
0 – 2 years	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 interaction.	The carer provides the baby with little stimulation and the baby is left alone unless making noisy demands.	The carer does not provide stimulation and the baby's mobility is restricted (confirmed in chair/pram).
				Carer gets angry at the demands made by the baby.
				Carer hostile to advice about stimulation and paying attention to the baby's needs.

STIMULATION AND EDUCATION: 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
2 – 5 years	Child receives appropriate stimulation such as carer talking to the child in an interactive way, as well as reading stories and playing with the child.	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 wellbeing.	Carer provides little stimulation and does not see the importance of this for the child.	No stimulation is provided and carer hostile to child's needs or advice from others about the importance of stimulation.
	Carer provides all toys that are necessary. Finds a way to provide these even if things are unaffordable (uniform, sports equipment, books etc.)	Child has essential toys and the carer make an effort to ensure appropriate access to toys even if things are unaffordable, but sometimes struggles.	Child lacks essential toys, not because of financial issues, but a lack of interest or recognition of the need. Presents are allowed but the child is not encouraged to care for them.	Child has no toys and carer may believe that the child does not deserved presents. The only toys available are gifts etc. and these are not well kept.
	Carer takes child on outings to child-centred places locally such as park or encourages child in an age appropriate way to make use of local resources.	Child accompanies carer wherever carer decides to usually child friendly places, but sometimes time taken up with adult outings because of carers needs.	Child may go on adult orientated trips, but these are not child-centred or child may be left to make their own arrangements to play outdoors in the neighbourhood.	The child is not taken on outings. They may play in the street but carer goes out locally e.g. to the pub with friends.
			Child has responsibilities in the home that prevents opportunities for outings.	Child prevented from going on outings with friends or school.

STIMULATION AND EDUCATION: 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 attendance is regular.	Carer maintains schooling but there is not always support at home.	Carer makes little effort to maintain schooling.	Carer is hostile about education and provides no support nor encourage to the child to see any aspect positively.
Carer engages well with school or nursery and does not sanction missed days unless necessary.	Carer struggles to link with school, and their own difficulties and circumstances can get in the way.	There is a lack of engagement with school, with no interest in school or homework.	Total lack of engagement and no support with any aspect of school such as homework, outings etc.
Carer encourages child to see school as important.	Carer sanctions some days off where not necessary.	Carer does not recognise child's need for education and is collusive about child not seeing it as important.	
Carer provides support as appropriate with homework.	Carer understands the importance of school but is inconsistent with this and there is also inconsistency in support of homework.		

STIMULATION AND EDUCATION: 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.	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.	Child only makes use of sport through own effort, carer not motivated and not interested in ensuring child has equipment where affordable.	Carer does not encourage child to take part in activities and may be active in preventing this.
Equipment provided where affordable or negotiated with agencies/school on behalf of the child.	Carer does recognise what child is good at but is inconsistent in promoting a positive approach.	Carer does not recognise the value of this to the child and is indifferent from others about the importance of sports/leisure activities, even if child is good at it.	Carer does not prevent child from being engaged in unsafe/unhealthy pursuits.
Carer understands the importance of this for the child's wellbeing.			Carer is hostile to child's desire to take part or advice from others about the importance of sports/leisure activities, even if the child is good at it.
Carer recognises when the child is good at something and ensures that they are able to pursue it.			

STIMULATION AND EDUCATION: Friendships

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
Positive friendships are supported and carer is aware of who child is friends with.	Carer aware of need for friends but not always promote, but ensures friends are mentioned and support through opportunities for play etc.	Child finds his own friendship with no help from the carer unless reported to be bullied.	Carer hostile to friendships and shows no interest or support.
Carer aware of safety issues and concerns.	Aware of importance to the child.	Carer does not understand the importance of positive friendships.	Carer does not understand importance to the child.
Fully aware of the importance of friendships for the child.			

STIMULATION AND EDUCATION: 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 child's welfare; wants to mee their physical, social, and emotional needs to be the extent that he/she understands them.	Carer seems concerned about child's welfare and claims he/she wants to meet their needs but has problems with own pressing circumstances and needs.	Carer is not concerned enough about child's needs to change or address competing demands on their time and finance. This leads to some of the child's needs not being met.	Carer rejects the parental role and takes a hostile attitude towards child care responsibilities.
Carer is determined to act in the best interests of the child.	Professed concern is often not translated into effective action, but carer expresses regrets about own difficulties dominating.	Carer does not have the right 'priorities' when it comes to child care and may take an indifferent attitude.	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 feels the child is the child's own fault and that there is something about the child that deserves ill treatment and hostile parenting.
Carer has realistic confidence that he/she can overcome problems and is willing to ask for help when needed.	Carer would like to change but finds it hard. This may be due to being disorganised, not taking enough time, or paying insufficient attention.	Carer demonstrates a lack of interest in the child and their welfare and development.	Carer seeks to give up the responsibility to the child.
Carer is prepared to make sacrifices for the child.	Carer may misread 'signals' from child and may exercise poor judgement.		