



# Neglect Toolkit for children and families in Somerset

For assisting with the identification of Child Neglect

SOMERSET SAFEGUARDING CHILDREN PARTNERSHIP  
INTERACTIVE VERSION MAY 2020

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# ACKNOWLEDGEMENTS

Somerset has adapted this toolkit which was initially developed by Jane Wiffin on behalf of Hounslow LSCB; to offer a 'Structured Judgement Approach' to the identification of child neglect and the tools for agencies to work in partnership with families to improve outcomes for the children and young people.

## INTRODUCTION

Neglect is 'the persistent failure to meet a child/young person'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/young person 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/young person's basic emotional needs'. (Working Together 2015)

This toolkit has been developed in partnership and collaboration with the Principal Social Worker South West network. The following local authorities are also using this toolkit so there is consistency across our local area in identifying and responding to neglect.

- South Gloucestershire
- Gloucestershire
- Swindon
- Bath & North East Somerset
- Bristol
- North Somerset

The toolkit should be used in conjunction with the Somerset Safeguarding Children Board Neglect Strategy and additional guidance for Early Help practitioners and a further guidance social workers – Effective Support for Children and Families and agency specific advice and guidance.

## WHAT IS THE CHILD/YOUNG PERSON'S NEGLECT TOOLKIT?

The Child/Young Person's Neglect Toolkit is designed to assist you in identifying and assessing children and young people who are at risk of and experiencing neglect. It is to be used when you are concerned that the quality of care of a child/young person you are working with suggests that their needs are being neglected. The toolkit can be used in a number of ways:

- Working in partnership with parents to assess levels of concerns and identify areas of strength;
- Working with an adolescent to assist them in

understanding their lived experience;

- Identify priority areas for your intervention and areas of focus for change;
- Used within supervision to support and develop the practitioners assessment.

By using this toolkit in partnership with families it will support your practice and enable you to have honest conversations regarding levels of neglect and recognise strengths which can be extremely motivating for families when faced with professional worries. This tool does not

replace assessments such as the Early Help Assessment or Children’s Social Care assessments. The learning from the SSCB serious case reviews demonstrated that it is essential that if you are working with a family where you have identified neglect it is essential that you complete an Early Help

Assessment and that the support from all agencies is co-ordinated. If you suspect abuse or harm or where a child or young person is the victim of a criminal offence you must immediately discuss this with your Named/ Designated Child Protection Officer and make a referral to Children’s Social Care.

## USING THE NEGLECT TOOLKIT

When there are concerns about a child/young person’s needs or their needs are unclear, an Early Help Assessment must be considered in line with our Effective Support for Children and Families. If the child already has an allocated social worker a child and family assessment will be completed or updated. This toolkit 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’.

This toolkit focuses on six key areas of need and considers the extent of the parents/ carers commitment to care and the extent to which children and young people’s needs are being put first or come secondary to the needs of their parents/carers. If information needs to be shared between agencies, parental consent is required following the Effective Support for Children and Families guidelines.

## THE SIX KEY AREAS OF NEED ARE:

1	2	3	4	5	6
<b>Physical care</b> <ul style="list-style-type: none"> <li>• Food</li> <li>• Quality of Housing</li> <li>• Stability of Housing</li> <li>• Child’s/ Young Person’s clothing</li> <li>• Animals</li> <li>• Hygiene</li> </ul>	<b>Health</b> <ul style="list-style-type: none"> <li>• Safe sleeping arrangements</li> <li>• Seeking advice and intervention</li> <li>• Disability and illness</li> </ul>	<b>Safety and Supervision</b> <ul style="list-style-type: none"> <li>• Safety awareness and features</li> <li>• Supervision of the child/ young person</li> <li>• Handling of baby/ response to baby</li> <li>• Care by other adults</li> <li>• Responding to adolescents</li> <li>• Traffic awareness and in-car safety</li> </ul>	<b>Love and Care</b> <ul style="list-style-type: none"> <li>• Parent/ carer’s attitude to child, warmth and care</li> <li>• Boundaries</li> <li>• Adult arguments and violence</li> <li>• Young caring</li> <li>• Positive values</li> <li>• Adult behaviour</li> <li>• Substance misuse</li> </ul>	<b>Stimulation and Education</b> <ul style="list-style-type: none"> <li>• Unborn</li> <li>• 0-2</li> <li>• 2-5</li> <li>• School</li> <li>• Sport and Leisure</li> <li>• Friendships</li> <li>• Addressing Bullying</li> </ul>	<b>Parental Motivation to Change</b>

Using the descriptors to support professional judgement the practitioner scales the care provided under each of the domains.

### The scale we are using is:

1. Is child focused care giving
2. Is adult focused care giving
3. Are child/young person's needs secondary to adults
4. Are child's needs not considered

The toolkit must be used in its entirety. By working through all the areas and scoring individual sections you will be able to identify strengths as well as areas of concern. Using the summary sheet to give you a visual picture of the areas of good and worrying care you will be able to see where the areas of concern are or the extent of your concerns.

If you are seeing mainly 3s and 4s and you have detailed examples of the negative impact on the child there are causes for concern and should be discussed with your Named/ Designated Child Protection Officer practitioner or your manager if you're a member of a social work team. This must be done as soon as possible so that a clear plan of support can be agreed and actioned.

## METHODS

- Always use the child's name in discussion with main carer/parent.
- Ensure you are familiar with the area headings.
- Decide how you will involve the Safeguarding lead/parents/carers and how you will share the 'results' with them.
- It will be necessary to do a home visit to make observations or to have a conversation with someone who has done a home visit, or who has used the toolkit on your behalf (with parental consent).
- Ideally complete this with the main carer/parent.
- As far as possible consider the usual state of the house.
- Don't take into account any external factors such as the family support worker arranging for the house to be cleared or cleaned, unless the parents have positively contributed in some way.
- Where explanation does not match observation/assessment, this should raise significant concern.
- Agree the actions you are going to take and set out any goals that a future plan may need to address, as part of a referral or as an agreement with parents about how you are going to work with them to address areas for concern.



# PHYSICAL CARE

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>1.1 Food</b>				
<p>Child/young person is provided with appropriate quality of food and drink, which is appropriate to their age and stage of development.</p> <p>Meals are organised and there is a routine which includes the family sometimes eating together.</p> <p>Child/young person's special dietary requirements are always met.</p> <p>Carer understands importance of foods.</p>	<p>Child/young person is provided with reasonable quality of food and drink and seems to receive an adequate quantity for their needs, but there is a lack of consistency in preparation and routine.</p> <p>Child/young person's special dietary requirements are inconsistently met.</p> <p>Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide.</p>	<p>Child/young person receives low quality food and drink, which is often not appropriate to their age and stage of development and there is a lack of preparation or routine.</p> <p>Child/young person appears hungry.</p> <p>Child/young person's special dietary requirements are rarely met.</p> <p>The carer is indifferent to the importance of appropriate food for the child.</p>	<p>Child/young person does not receive an adequate quantity of food and is observed to be hungry.</p> <p>The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc.</p> <p>Child/young person's special dietary requirements are never met and there is a lack of routine in preparation and times when food is available.</p> <p>Carer hostile to advice about appropriate food and drink and the need for a routine.</p>	
<b>1.2 Quality of Housing</b>				
<p>The accommodation has all essential amenities such as heating, shower, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration.</p> <p>Carer understands the importance of the home conditions to child/young person's well-being.</p>	<p>The accommodation has some essential amenities, but is in need of decoration and requires repair. Carers are aware of this, and have taken steps to address these issues.</p> <p>The accommodation is reasonably clean, but may be damp, but the carer addresses this.</p> <p>Carer recognises the importance of the home conditions to the child/young person's sense of well-being, but is hampered by personal circumstances.</p>	<p>The accommodation is in a state of disrepair, carers are unmotivated to address this and the child has suffered accidents and potentially poor health as a result.</p> <p>The look is bare and possibly dirty/smelly and there are inadequate amenities such as beds and bedding, a dirty toilet, lack of clean washing facilities and the whole environment is dirty and chaotic.</p>	<p>The accommodation is in a dangerous state of disrepair and this has caused a number of accidental injuries and poor health for the child/young person.</p> <p>The look is dirty and squalid and there is a lack of essential amenities such as a working toilet, showering/bathing facilities, inappropriate and dirty bed and bedding and poor facilities for the preparation of food.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>1.2 Quality of Housing (continued)</b>				
		The accommodation smells of damp and there is evidence of mould.	<p>Faeces or other harmful substances are visible, and house smells.</p> <p>The accommodation smells strongly of damp and there is extensive mould which is untreated and the carer is hostile to advice about the impact of the home circumstances on child/ young person's well-being.</p>	
<b>1.3 Stability of Housing</b>				
<p>Child/young person has stable home environment without too many moves (unless necessary).</p> <p>Carer understands the importance of stability for child/young person.</p>	<p>Child/young person has a reasonably stable home environment, but has experienced house moves/new adults in the family home.</p> <p>Carer recognises that this could impact on child/young person, but the carer's personal circumstances occasionally impact on this.</p>	<p>Child/young person 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.</p> <p>Carer does not accept the importance of stability for child.</p>	<p>Child/young person experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to children/young people sleeping in unsuitable circumstances).</p> <p>The home has a number of adults coming and going. Child/young person does not always know these adults who stay over. Carer is hostile about being told about the impact on child/ young person of instability.</p>	
<b>1.4 Child/Young Person's clothing</b>				
<p>Child/young person has clothing which is clean and fits appropriately.</p> <p>Child/young person is dressed appropriately for the weather and carers are aware of the importance of appropriate clothes for the child/young person in an age appropriate way.</p>	<p>Child/young person has clothes which are appropriate, but are sometimes poorly fitting, unclean and crumpled.</p>	<p>Child/young person has clothing which is dirty and crumpled, in a poor state of repair and not well fitting. The child/young person lacks appropriate clothes for the weather and does not have sufficient clothing to allow for regular washing.</p>	<p>Child/young person has clothes which are filthy, ill-fitting and smelly. The clothes are usually unsuitable for the weather.</p> <p>Child/young person may sleep in day clothes and is not provided with clean clothes when they are soiled.</p>	

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<b>1.4 Child/Young Person's clothing (continued)</b>				
	The carer gives consideration to the appropriateness of clothes to meet the needs of the child/ young person in an age appropriate way, but their own personal circumstances can get in the way.	Carer(s) are indifferent to the importance of appropriate clothes for the child/young person in an age appropriate way.	The carer is hostile to advice about the need for appropriate clothes for the well-being of the child/ young person.	
<b>1.5 Animals</b>				
<p>Animals are well cared for and do not present a danger to children/young people or adults.</p> <p>Children and young people are encouraged to behave appropriately towards animals.</p>	<p>Animals look reasonably well cared for, but contribute to a sense of chaos in the house.</p> <p>Animals present no dangers to children, young people or adults and any mistreating of animals is addressed.</p>	<p>Animals not always well cared for or ailments treated.</p> <p>Presence of faeces or urine from animals not treated appropriately and animals not well trained.</p> <p>The mistreatment of animals by adults or children and young people is not addressed.</p>	<p>Animals not well cared for and presence of faeces and urine in living areas.</p> <p>Animals dangerous and chaotically looked after.</p> <p>Carers do not address the ill treatment of animals by adults or children and young people.</p>	
<b>1.6 Hygiene</b>				
<p>The child/young person is clean and is either given a bath/ washed daily or encouraged to do so in an age appropriate way.</p> <p>The child/young person is encouraged to brush their teeth and head lice, skin complaints etc are treated appropriately.</p> <p>Nappy rash is treated appropriately.</p> <p>Carers take an interest in the child/young person's appearance.</p>	<p>The child/young person is reasonably clean, but the carer does not bath/wash the child/young person regularly and/ or the child/young person is not consistently encouraged to do so in an age appropriate way.</p> <p>The child/young person does not always clean their teeth, and head lice and skin conditions etc are treated in an inconsistent way.</p> <p>Nappy rash is a problem, but parent treats if given encouragement and advice.</p>	<p>The child/young person looks unclean and is only occasionally bathed/ washed or encouraged to do so in an age appropriate way.</p> <p>There is evidence that the child/young person does not brush their teeth, and that head lice and skin conditions etc are not treated appropriately.</p> <p>Carer does not address concerns about nappy rash and is indifferent to concerns expressed by others.</p> <p>Carers do not take an interest in child/young person's appearance and do not acknowledge the importance of hygiene to the child/young person's wellbeing.</p>	<p>The child/young person looks dirty, and is not bathed or washed or encouraged to do so.</p> <p>The child/young person does not brush teeth. Head lice and skin conditions are not treated and become chronic.</p> <p>Carer does not address concerns about nappy rash and is hostile to concerns expressed by others.</p> <p>The carer is hostile to concerns expressed by others about the child/ young person's lack of hygiene.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>2.1 Safe sleeping arrangements or co-sleeping for babies</b>				
<p>Carer has information on safe sleeping and follows the guidelines.</p> <p>There is suitable bedding and carers having an awareness of the importance of the room temperature, sleeping position of the baby and carer does not smoke in household.</p> <p>Carer aware of guidance around co-sleeping and recognises the importance of the impact of alcohol and drugs on co-sleeping.</p> <p>There are appropriate sleeping arrangements for children and young people.</p>	<p>Carer has information on safe sleeping, but does not always follow guidelines, so bedding, temperature or smoking may be a little chaotic and carer may not be aware of sleeping position of the baby. (Be aware this raises risk of cot death.)</p> <p>Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer on co-sleeping, but this is sometimes inconsistently observed.</p> <p>Sleeping arrangements for children/young people can be a little chaotic.</p>	<p>Carer unaware of safe sleeping guidelines, even if they have been provided.</p> <p>Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking. (Be aware this raises risk of cot death.)</p> <p>Carer does not recognise the importance of the impact of carer's alcohol/drug use on safety when co sleeping.</p> <p>Sleeping arrangements for children are not suitable and carer is indifferent to advice regarding this.</p> <p>Carer not concerned about impact on child/young person.</p>	<p>Carer indifferent or hostile about safe sleeping guidance. Sees it as interference and does not take account of beds and bedding, room temperature, sleeping position of the baby and adults smoke in the household. (Be aware this raises risk of cot death.)</p> <p>Carer hostile to advice about safe sleeping and the impact of carer's drug and alcohol on co-sleeping for the baby.</p> <p>Sleeping arrangements for children/young people are not suitable and carer is hostile to advice regarding this. Carer not concerned about impact on child/young person or risks associated with this, such as witnessing adult sexual behaviour.</p>	
<b>2.2 Appropriate sleeping arrangements for older children</b>				
<p>The carer understands that older children and teenagers need an appropriate amount of sleep and encourage sensible bedtime routines.</p> <p>The carer understands the need for undisturbed sleep and seeks to remove distractions from the child's bedroom such as mobile phones.</p>	<p>The carer understands the need for bedtime routines but they are inconsistent and chaotic as their own needs often get in the way.</p> <p>The carer understands the needs for undisturbed sleep but makes inconsistent attempts to check this is the case. Children may be watching TV or on their mobile phone until quite late on frequent occasions.</p>	<p>The carer is indifferent to the need for an appropriate bedtime routine and the child is often tired during the day.</p> <p>The child is frequently late or misses school due to tiredness.</p> <p>The carer is indifferent to their child being disturbed at night by phones and electronic devices, which happens frequently and makes no attempt to prevent this.</p>	<p>The child does not get enough sleep and their behaviour and education are suffering as a result.</p> <p>The child's sleep is disturbed by phones and electronic devices all the time and the carer is hostile to advice about preventing this.</p>	

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<b>2.3 Seeking advice and intervention</b>				
<p>Advice sought from professionals/ experienced adults on matters of concern about child/young person's health.</p> <p>Appointments are made and consistently attended.</p> <p>Preventative care is carried out such as dental/optical and all immunisations are up to date.</p> <p>Carer ensures child/ young person completes any agreed programme of medication or treatment.</p>	<p>Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments.</p> <p>Immunisations are delayed, but eventually completed. Carer is inconsistent about ensuring that the child/ young person completes any agreed programme of medication or treatment, but does recognise the importance to the child/young person, but personal circumstances can get in the way.</p>	<p>Dental care and optical care are not routinely attended to. Immunisations are not up to date, but carer will allow access to children/ young people if home visits are carried out.</p> <p>Carer does not ensure the child/ young person completes any agreed programme of medication or treatment and is indifferent to the impact on child/young person's wellbeing.</p>	<p>Carer does not attend to childhood illnesses unless severe or in an emergency.</p> <p>Childhood illnesses allowed to deteriorate before advice/care is sought. 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.</p> <p>Carer does not ensure that the child/young person 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/young person.</p>	
<b>2.4 Disability and illness</b>				
<p>Carer positive about child/ young person's identity and values him/her.</p> <p>Carer complies with needs relating to child/young person's disability.</p> <p>Carer is proactive in seeking appointments and advice and advocating for the child/young person's well-being.</p>	<p>Carer does not always value child/ young person and allows issues of disability to impact on feelings towards the child/ young person.</p> <p>Carer is inconsistent in their compliance with needs relating to child/young person's disability, but does recognise the importance to the child/young person but personal circumstances get in the way. Caregiver accepts advice and support but is not proactive in seeking advice and support around the child/young person's needs.</p>	<p>Carer shows anger and frustration at child/young person's disability. Often blaming the child and not recognising identity.</p> <p>Carer does not ensure compliance with needs relating to child/young person's disability, and there is significant minimisation of child/ young person's health needs. The carer does not seek or accept advice and support around the child/ young person's needs, and is indifferent to the impact on the child/young person.</p>	<p>Carer does not recognise child/young person's identity and is negative about child/ young person as a result of the disability.</p> <p>Carer does not ensure compliance with needs relating to child/young person's disability, which leads to deterioration of the child/young person's well-being. Carer hostile when instructed to seek help for the child/ young person, and is actively hostile to any advice or support around child/ young person's disability.</p>	

# SAFETY & SUPERVISION

## 3.1 Safety awareness and features

<p>Carer aware of safety issues and there is evidence of safety equipment use and maintenance.</p>	<p>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.</p>	<p>The carer does not recognise dangers to child/young person and there is a lack of safety equipment, and evidence of daily dangers to the child/ young person. Carer indifferent to advice about this and does not recognise or acknowledge the impact on the child/ young person.</p>	<p>Carer does not recognise dangers to the child/ young person's safety and hostile to advice regarding this, does not recognise the importance to the child/young person, and can hold child/young person responsible for accidents and injuries.</p>
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## 3.2 Supervision of the child/young person

<p>Appropriate supervision is provided in line with age and stage of development.</p> <p>Carer recognises the importance of appropriate supervision to child/ young person's well-being.</p>	<p>Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger.</p> <p>Carer does not always know where child is and inconsistent awareness of safety issues when child/ young person away from home.</p> <p>Shows concern about when child/young person should be home.</p> <p>Carer aware of the importance of supervision, but does allow personal circumstances too impact on consistency.</p>	<p>There is very little supervision indoors or outdoors and carer does not always respond after accidents.</p> <p>There is a lack of concern about where child/young person is or who they are with and the carer is inconsistently concerned about lack of return home or late nights.</p> <p>Carer indifferent to importance of supervision and to advice regarding this from others.</p>	<p>Complete lack of supervision.</p> <p>Young children contained in car seats/pushchairs for long periods of time.</p> <p>The carers are indifferent to whereabouts of child/ young person, and often do not know where child/ young person is or who they are with, and are oblivious to any dangers. There are no boundaries about when to come home or late nights.</p> <p>Carer hostile about advice from others regarding appropriate supervision and does not recognise the potential impact on children's wellbeing.</p>
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1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>3.3 Handling of baby/response to baby</b>				
<p>Carer responds appropriately to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended.</p> <p>Carer spends time with baby, cooing and smiling, holding and behaving warmly.</p>	<p>The carer is not always consistent in their responses to the baby's needs, because their own circumstances get in the way.</p> <p>Carer is a bit precarious in handling and is inconsistent in supervision.</p> <p>Carer spends some time with the baby, cooing and smiling, but is led by baby's moods, and so responds negatively if baby unresponsive.</p>	<p>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).</p> <p>Carer does not spend time with baby, cooing or smiling, and does not recognise importance of comforting baby when distressed.</p>	<p>Carer does not respond to the needs of the baby and only addresses issues when carer chooses to do so.</p> <p>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. Carer hostile to advice to pick baby up, and provide comfort and attention. Carer does not recognise importance to baby.</p>	
<b>3.4 Care by other adults</b>				
<p>Child/young person is left in care of a vetted adult.</p> <p>Never in sole care of an under 16.</p> <p>Parent/child/young person always aware of each other's whereabouts.</p> <p>Out of necessity a child/young person aged 1-12 is left with a young person under 14 who is familiar and has no significant problem for no longer than necessary as an isolated incident.</p>	<p>Child/young person 0-9 year old is sometimes left with a child/young person age 10-13 or a person known to be unsuitable.</p> <p>Parents unsure of child/young person's whereabouts.</p> <p>Carer inconsistent in raising the importance of a child/young person 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.</p>	<p>Child/young person 0-7 year old is left with an 8-10 year old or an unsuitable person.</p> <p>Child/young person found wandering and/or locked out.</p> <p>Carer does not raise awareness of the importance of child/young person keeping themselves safe from others and provides no advice and support.</p> <p>Carer is indifferent to the importance of safe care of the child/young person and leaves the child/young person with unsuitable or potentially harmful adults and does not recognise the potential risks to the child/young person.</p>	<p>Child/young person 0-7 year old is left alone or in the company young child/young person or an unsuitable person.</p> <p>Child/young person often found wandering and/or locked out.</p> <p>Carer does not provide any advice about keeping safe, and may put adult dangers in the way of the child/young person.</p> <p>Carer hostile to advice or professional challenge about giving safe care and impact of children/young people being left with unsuitable and/or unsuitable or dangerous adults.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>3.5 Responding to adolescents</b>				
<p>The adolescent's needs are fully considered with appropriate adult care.</p> <p>Where risky behaviour occurs it is identified and responded to appropriately by the carer.</p>	<p>The carer is aware of the adolescent's needs but is inconsistent in responding to them.</p> <p>The carer is aware that the adolescent needs appropriate care but is inconsistent in providing it.</p> <p>Where risky behaviour occurs the carer responds inconsistently to it.</p>	<p>The carer does not consistently respond to the adolescent's needs and recognises risky behaviour but does not always respond appropriately.</p>	<p>The adolescent's needs are not considered and there is not enough appropriate adult care.</p> <p>The carer does not recognise that the adolescent is still in need of guidance with protection from risky behaviour, ie 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.</p>	
<b>3.6 Traffic awareness &amp; in-car safety</b>				
<p>Baby/infant is well secured in pram/ pushchair.</p> <p>Where a toddler is walking their hand is held safely. 3-5 years old are allowed to walk without holding hands, but are close and in vision. 5-8 year olds are allowed to cross with 13+ year old.</p> <p>Child/young person taught traffic skills as per developmental needs.</p>	<p>Baby/infant not always secured in pushchair and 3-5 year old not fully supervised. 7 years onwards are allowed to cross with another young child alone and 8 years old crosses regardless of suitability.</p> <p>Child/young person given some guidance about traffic skills.</p>	<p>Baby/infant not secured in pushchair and 3-5 year old dragged along with annoyance or left to follow behind alone, with supervision.</p> <p>Under 7s onwards are allowed to cross road alone.</p> <p>Child/young person not taught traffic skills.</p>	<p>Babies/infants are unsecured in pram/ pushchair and carer is careless with pram.</p> <p>There is a lack of supervision around traffic and an unconcerned attitude.</p> <p>Lacks understanding of why teaching traffic skills might be important for the child/young person.</p>	

# LOVE AND CARE

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>4.1 Parent/carer's attitude to child, warmth and care</b>				
<p>Carer talks warmly about the child/young person and is able to praise and give appropriate emotional reward.</p> <p>The carer values the child/young person's cultural identity and seeks to ensure child/young person develops a positive sense of self.</p> <p>Carer responds appropriately to child's needs for physical care and positive interaction.</p> <p>The emotional response of the carer is one of warmth.</p> <p>Child/young person is listened to and carer responds appropriately.</p> <p>Child/young person is happy to seek physical contact and care.</p> <p>Carer responds appropriately if child distressed or hurt.</p> <p>Carer understands the importance of consistent demonstrations of love and care.</p>	<p>Carer talks kindly about the child/young person and is positive about achievements most of the time but allows their own difficulties to impact.</p> <p>Carer recognises that praise and reward are important but is inconsistent in this.</p> <p>Carer recognises child/young person's cultural identity and is aware of the importance of ensuring child/young person develops a positive sense of self, but sometimes allows personal circumstances to impact on this.</p> <p>Child/young person is main initiator of physical interaction with carer who responds inconsistently or passively to these overtures.</p> <p>Child/young person not always listened to and carer angry if child seeks comfort through negative emotions such as crying.</p>	<p>Carer does not speak warmly about the child/young person and is indifferent to the child/young person's achievements.</p> <p>Carer does not provide praise or reward and is dismissive of praise from others.</p> <p>Carer does not recognise the child/young person's cultural identity and is indifferent to the importance of ensuring that the child/young person develops a positive sense of self.</p> <p>Carer seldom initiates interactions with the child/young person and carer is indifferent if child/young person attempts to engage for pleasure, or seek physical closeness.</p> <p>Emotional response is sometimes brisk or flat and lacks warmth.</p> <p>Can respond aggressively or dismissively if child distressed or hurt.</p> <p>Carer indifferent to advice about the importance of love and care to the child/young person.</p>	<p>Carer speaks coldly and harshly about child/young person and does not provide any reward or praise and is ridiculing of the child/young person when others praise.</p> <p>Carer is hostile to advice about the importance of praise and reward to the child/young person.</p> <p>Carer hostile to the child/young person's cultural identity and to the importance of ensuring that the child develops a positive sense of self.</p> <p>Carer does not show any warmth or physical affection to the child/young person and responds negatively to overtures for warmth and care.</p> <p>Responds aggressively or dismissively if child/young person distressed or hurt.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>4.1 Parent/carer's attitude to child, warmth and care (continued)</b>				
	<p>Does not always respond appropriately if child/ young person distressed or hurt.</p> <p>Carer understands the importance of demonstrations of love and care, but own circumstances and difficulties sometimes get in the way.</p>		<p>Carers will respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.</p> <p>The emotional response of carers is harsh, critical and lacking in any warmth.</p> <p>Carer hostile to advice about the importance of responding appropriately to the child/young person.</p>	
<b>4.2 Boundaries</b>				
<p>Carer provides consistent boundaries and ensures child/ young person understands how to behave and to understand the importance of set limits.</p> <p>Child/young person is disciplined appropriately with the intention of teaching proactively.</p>	<p>Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions.</p> <p>The carer recognises the importance of setting boundaries for the child/young person, but is inconsistent because of own personal circumstances or difficulties.</p>	<p>Carer provides few boundaries, and is harsh and critical when responding to the child/ young person's behaviour and uses physical sanctions and severe sanctions.</p> <p>Carer can hold child responsible for their behaviour.</p> <p>Carer indifferent to advice about the need for more appropriate methods of disciplining.</p>	<p>Carer provides no boundaries for the child and treats the child/young person harshly and cruelly, when responding to their behaviour.</p> <p>Carer uses physical chastisement and harsh other methods of discipline.</p> <p>Carer hostile to advice about appropriate methods of disciplining</p>	
<b>4.3 Adult arguments and violence</b>				
<p>Carers do not argue aggressively and are not physically abusive in front of the children/ young people.</p> <p>Carer has a good understanding of the impact of arguments and anger on children/young people and is sensitive to this.</p>	<p>Carers sometimes argue aggressively in front of children/young people, but there is no physical abuse of either party.</p> <p>Carer recognises the impact of severe arguments on the child/young person's wellbeing but personal circumstances sometimes get in the way.</p>	<p>Carers frequently argue aggressively in front of children/young people and this leads to violence.</p> <p>There is a lack of awareness and understanding of the impact of the violence on children/young people and carers are indifferent to advice regarding this.</p>	<p>Carers argue aggressively frequently in front of the children/young people and this leads to frequent physical violence.</p> <p>There is indifference to the impact of the violence on children/ young people and carers are hostile to advice about the impact on children/ young people.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>4.4 Young caring</b>				
<p>Child/young person contributes to households tasks as would be expected for age and stage of development.</p> <p>Does not take on additional caring responsibilities.</p> <p>Carer recognises the importance of appropriateness regarding caring responsibilities.</p>	<p>Child/young person has some additional responsibilities within household, but these are manageable for age and stage of development and do not interfere with child/young person's education and interfere minimally with leisure/sporting activities.</p> <p>Carer recognises that the child/young person should not be engaged in inappropriate caring responsibilities but is inconsistent in their response.</p>	<p>Child/young person has onerous caring responsibilities that interfere with education and leisure activities.</p> <p>Carer indifferent to impact on child/young person.</p>	<p>Child/young person has caring responsibilities which are inappropriate and young person's education/leisure opportunities.</p> <p>This may include age inappropriate tasks, and/or intimate care.</p> <p>The impact on the child/young person's well-being is not understood or acknowledged.</p> <p>Carer is hostile to advice about the inappropriateness of caring responsibilities.</p>	
<b>4.5 Positive values</b>				
<p>Carer encourages child/young person to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.</p> <p>Carer understands importance to child's development.</p> <p>This includes an awareness of smoking, underage drinking and drug misuse as well as early sexual relationships.</p> <p>Carer gives clear advice and support.</p>	<p>Carer inconsistent in helping child/young person to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.</p> <p>Carer aware of importance to child/young person's development, but not always able to impose framework.</p> <p>Carer has variable awareness of smoking, underage drinking and drug misuse as well as early sexual relationships.</p> <p>Carer gives some advice and support.</p>	<p>Carer does not teach child/young person positive values. Is indifferent to issues of right and wrong, kindness and respect to others.</p> <p>Carer does not understand importance to child/young person's development.</p> <p>Carer gives little advice about smoking, underage drinking and drug misuse as well as early sexual relationships.</p>	<p>Carer actively encourages negative values in child/young person and has at times condoned anti-social behaviour.</p> <p>Carer indifferent to the impact on child/young person's development.</p> <p>Carer indifferent to smoking, underage drinking and drug misuse, and early sexual relationships. No advice given, and may, at times, have encouraged some of these activities.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>4.5 Positive values (continued)</b>				
<p>Carer ensures child/young person does not watch inappropriate films/TV or play with computer games which are inappropriate for child/young person's age and stage of development.</p>	<p>Carer gives some advice and support.</p> <p>Carer aware of need to monitor child/young person watching inappropriate material and playing inappropriate computer games , but is inconsistent in monitoring because of own personal difficulties and circumstances.</p>	<p>Carer does not monitor the watching of inappropriate materials or playing inappropriate games and is indifferent about the impact on the child/young person.</p>	<p>Carer(s) allows child(ren)/ young person to watch inappropriate TV/film material and inappropriate computer games.</p> <p>Is hostile to advice about inappropriateness and to the impact on child/ young person's wellbeing.</p>	
<b>4.6 Adult behaviour</b>				
<p>Carer does not talk about feelings of depression/ low mood in front of the children/young people and is aware of potential impact.</p> <p>Carer does not misuse drugs or alcohol.</p>	<p>Carer does discuss feelings of depression and low mood, but does not discuss suicide and is aware of the impact of parental mood on children, but their own mood or circumstances means there is inconsistency in awareness of this.</p> <p>Carer uses drugs and alcohol, but ensures that this does not impact on child/young person.</p>	<p>Carer talks about depression and suicide in front of child/young person and is unaware of potential impact on child/ young person.</p> <p>Carer indifferent to advice about the importance of not talking about this issue.</p> <p>Carer misuses drugs and/ or alcohol, and is not aware of impact on child/ young person.</p>	<p>Caregiver has attempted suicide in front of child/ young person.</p> <p>Carer can hold the child/ young person responsible for feelings of depression and is open with the child/ young person and/or others about this.</p> <p>Carer is hostile to advice focussed on stopping this behaviour and carer does not recognise the impact on the child/young person.</p> <p>Carer misuses drugs and alcohol and does not ensure that this does not impact on the child/young person and this impacts on safety and wellbeing.</p> <p>Carer hostile to advice about this.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>4.7 Substance misuse</b>				
<p>Alcohol and drugs are stored safely, if in the home.</p> <p>The carer models low consumption or does not drink or use in front of the child/ young person.</p> <p>The carer's use does not impact on the child/young person in terms of carer's emotional availability and provides consistency of care or they have physical ability to care or respond to the child/ young person.</p> <p>The carer is able to respond to emergency situations should they arise appropriately.</p> <p>The carer talks appropriately about substances to the child/ young person, being aware of the child/young person's development, age and understanding.</p> <p>The carer is aware of the impacts of substances on an unborn child/ young person and follows recommendations regarding the child/ young person's wellbeing.</p> <p>Appropriate antenatal care is sought.</p> <p>Alcohol and substances do not impact on the family finances.</p> <p>The child/young person's needs are fully met and a wide network of family and supportive others are involved.</p>	<p>The carer believes it is normal for children and young people to be exposed to regular alcohol and substance use.</p> <p>The carer maintains boundaries and routines but these are changed and/or adapted to accommodate use at times.</p> <p>The carer understands the importance of hygiene, emotional and physical care of their child/young person and arranges for additional support when unable to fully provide for the child/young person.</p> <p>Finances are affected but the child/young person's needs are generally met.</p> <p>The mood of the carer can be irritable or distant at times.</p> <p>The carer is aware of the impact of substances on an unborn child/young person but inconsistently follows recommendations regarding the child/ young person's wellbeing.</p>	<p>The carer lacks awareness of the impact their substance use has on their child/young person and is inconsistent in their engagement with specialist agencies.</p> <p>The carer's use of leads to an inconsistency in caring and the child/ young person takes on inappropriate responsibilities at home.</p> <p>The carer needs support in order to manage their use during pregnancy and lacks awareness on the impact this may have on their baby in terms of immediate and medium to long term future.</p> <p>Substances can be accessed by the child/ young person.</p> <p>The child/young person's access to appropriate medical or dental care is delayed and education is disrupted.</p> <p>The finances are affected and the carer's mood is unpredictable.</p>	<p>The carer holds the child/ young person responsible for their use and blames their continual use on the child/young person.</p> <p>The carer significantly minimises and is hostile to advice around their use or refuses to acknowledge concerns.</p> <p>The carer involves the child/young person in their using behaviour (eg. asking the child to get the substances or prepare the substances).</p> <p>The carer refuses antenatal care or does not attend care offered.</p> <p>The carer cannot respond to the child/ young person's needs or shows little awareness of the child/young person's wellbeing (eg. attending school).</p> <p>There is an absence of supportive family members or a social network.</p> <p>The child/young person is exposed to abusive or frightening behaviour of either the carer or other adults (ie delusions/ hallucinations).</p> <p>Education is frequently disrupted. The carer does not recognise and respond to the child/ young person's concerns and worries about the carer's circumstances.</p>	

# STIMULATION AND EDUCATION

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>5.1 Unborn</b>				
<p>The mother acknowledges the pregnancy and seeks care as soon as the pregnancy is confirmed.</p> <p>The mother attends all her antenatal appointments and seeks medical advice if there is a perceived problem. She prepares for the birth of the baby and has the appropriate clothing, equipment and cot in time.</p>	<p>The mother attends antenatal clinic and prepares for the birth of her baby, but she is acutely aware of her mental health or substance misuse problems which could negatively impact on her unborn baby.</p>	<p>The mother is unaware of the impact her mental health and/or substance misuse problems on the unborn child.</p>	<p>The mother does not attend any antenatal clinic appointments; she ignores medical advice during the pregnancy.</p> <p>She has nothing prepared for the birth of her baby.</p> <p>She engages in activities that could hinder the development, safety and welfare of the unborn</p>	
<b>5.2 0 – 2 Years</b>				
<p>The child/young person is well stimulated and the carer is aware of the importance of this.</p>	<p>There is inadequate stimulation and the baby is left alone at times because of carer's personal circumstances and this leads to inconsistent interaction.</p> <p>Carer is aware of the importance of stimulation, but is inconsistent in response.</p>	<p>The carer provides the baby with little stimulation and the baby is left alone unless making serious and noisy demands.</p>	<p>The carer does not provide stimulation and the baby's mobility is restricted (confined in chair/ pram).</p> <p>Carer gets angry at the demands made by the baby.</p> <p>Carer hostile to advice about the importance of stimulation and paying attention to the baby's needs for attention and physical care.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>5.3 2 – 5 Years</b>				
<p>The child/young person receives appropriate stimulation such as carer talking to the child/young person in an interactive way, as well as reading stories and the carer playing with the child/young person.</p> <p>Carer provides all toys that are necessary. Finds a way even if things are unaffordable (uniform, sports equipment, books etc).</p> <p>Outings: Carer takes child/young person to child centred places locally such as park, or encourages child in an age appropriate way to make use of local resources.</p>	<p>The carer provides adequate stimulation. Carer's own circumstances sometimes get in the way because there are many other demands made on the carer's time and there is a struggle to prioritise. However, the carer does understand the importance of stimulation for the child/young person's well-being.</p> <p>The child/young person has essential toys and the carer makes an effort to ensure appropriate access to toys even if things are unaffordable, but sometimes struggles.</p> <p>Outings: child/young person accompanies carer wherever carer decides, usually child friendly places, but sometimes child time taken up with adult outings because of carers needs.</p>	<p>The carer provides little stimulation and does not see the importance of this for the child/young person.</p> <p>The child/young person lacks essential toys, and this is not because of financial issues, but a lack of interest or recognition of the need.</p> <p>Carer allows presents for the child/young person but the child/young person is not encouraged to care for toys.</p> <p>Child/young person may go on adult oriented trips, but these are not child centred or child/young person left to make their own arrangements to plays outdoors in neighbourhood.</p> <p>Child/young person has responsibilities in the house that prevents opportunities for outings.</p>	<p>No stimulation is provided and carer hostile to child/young person's needs or advice from others about the importance of stimulation.</p> <p>The child/young person has no toys and carer may believe that child/young person does not deserve presents. No toys, unless provided by other sources, gifts or grants and these are not well kept.</p> <p>No outings for the child/young person, may play in the street but carer goes out locally, eg to pub with friends.</p> <p>Child/young person prevented from going on outings with friends or school.</p>	
<b>5.4 School</b>				
<p>Carer takes an active interest in schooling and support at home, attendance is regular.</p> <p>Carer engages well with school or nursery and does not sanction missed days unless necessary.</p>	<p>Carer maintains schooling but there is not always support at home.</p> <p>Carer struggles to link with school, and their own difficulties and circumstances can get in the way.</p>	<p>Carer makes little effort to maintain schooling.</p> <p>There is a lack of engagement with school. No interest in school or homework.</p>	<p>Carer hostile about education, and provides no support and does not encourage child/young person to see any aspect positively.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<b>5.4 School (continued)</b>				
<p>Carer encourages child/young person to see school as important.</p> <p>Interested in school and support for homework.</p>	<p>Can sanction days off where not necessary.</p> <p>Carer understands the importance of school, but is inconsistent with this and there is also inconsistency in support for homework.</p>	<p>Carer does not recognise child/young person's need for education and is collusive about child/young person not seeing it as important.</p>	<p>Total lack of engagement and no support for any aspect of school such as homework, outings etc.</p>	
<b>5.5 Sport and Leisure</b>				
<p>Carer encourages child/young person to engage in sports and leisure, if affordable.</p> <p>Equipment provided where affordable, or negotiated with agencies/school on behalf of child/young person.</p> <p>Carer understands the importance of this for child/young person's wellbeing.</p> <p>Recognises when child/young person good at something and ensures they are able to pursue it.</p>	<p>Carer understands that after school activities and engaging in sports or child/young person's interests is important, but is inconsistent in supporting this, because own circumstances get in the way.</p> <p>Does recognise what child/young person is good at, but is inconsistent in promoting a positive approach</p>	<p>Child/young person makes use of sport through own effort, carer not motivated and not interested in ensuring child/young person has equipment where affordable.</p> <p>Does not recognise the value of this to the child/young person and is indifferent to wishes of child/young person or advice from others about the importance of sports/leisure activities, even if child/young person is good at it.</p>	<p>Carer does not encourage child/young person to take part in activities, and may be active in preventing this.</p> <p>Does not prevent child/young person from being engaged in unsafe/unhealthy pursuits.</p> <p>Carer hostile to child/young person's desire to take part or advice from others about the importance of sports/leisure activities, even if child/young person is good at it.</p>	
<b>5.6 Friendships</b>				
<p>This is supported and carer is aware of who child/young person is friends with.</p> <p>Aware of safety issues and concerns. Fully aware of the importance of friendships for the child/young person.</p>	<p>Carer aware of need for friends, does not always promote, but ensures friends are maintained and supported through opportunities for play etc.</p> <p>Aware of importance to child/young person.</p>	<p>Child/young person finds own friendships, no help from carer unless reported to be bullied.</p> <p>Does not understand importance of friendships.</p>	<p>Carer hostile to friendships and shows no interest or support.</p> <p>Does not understand importance to child/young person.</p>	
<b>5.7 Addressing Bullying</b>				
<p>Carer alert to child/young person being bullied and addresses immediately.</p>	<p>Carer aware of likelihood of bullying and does intervene when child/young person asks.</p>	<p>Carer unaware of child/young person being bullied and does not intervene.</p>	<p>Carer indifferent to child/young person being bullied.</p>	

# PARENTAL MOTIVATION FOR CHANGE

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
<p>Carer is concerned about children/young people's welfare; wants to meet their physical, social, and emotional needs to the extent he/she understands them.</p> <p>Carer is determined to act in best interests of children/young people.</p> <p>Has realistic confidence that he/ she can overcome problems and is willing to ask for help when needed.</p> <p>Is prepared to make sacrifices for children/ young people.</p>	<p>Carer seems concerned about children/young people's welfare and claims he/she wants to meet their needs, but has problems with own pressing circumstances and needs.</p> <p>Professed concern is often not translated into effective action, but carer expresses regrets about own difficulties dominating.</p> <p>Would like to change, but finds it hard. May be disorganised, does not take enough time, or pays insufficient attention; may misread 'signals' from children/young people; may exercise poor judgement.</p>	<p>Carer is not concerned enough about children/ people's needs to change or address competing demands on their time and money. This leads to some of the children/ young people's needs not being met.</p> <p>Carer does not have the right 'priorities' when it comes to child care; may take an indifferent attitude.</p> <p>There is lack of interest in the children/young people and in their welfare and development.</p>	<p>Carer rejects the parental role and takes a hostile attitude toward child care responsibilities.</p> <p>Carer does not see that they have a responsibility to the child/young person, and can often see the child/young person as totally responsible for themselves or believe that any harm that befalls the child/young person is the child/ young person's own fault and that there is something about the child/young person that deserves ill treatment and hostile parenting.</p> <p>May seek to give up the responsibility for children/ young people.</p>	
<p>Carer aware of impact of parental mental distress on parenting role and child/young person and is able to mitigate risks when experiencing mental distress.</p> <p>The carer carries out all domestic tasks within the home. Child or young person contributes to domestic tasks in a manner appropriate to their age and development.</p> <p>Carer does not experience unusual beliefs around the child or young person.</p> <p>Carer seeks emotional support from other adults.</p>	<p>Carer generally able to mitigate risks to child or young person when experiencing mental distress, but may experience difficulties on some days.</p> <p>The carer carries out most domestic tasks within the home, but with more of a reliance upon Child or young person to contribute and still in a manner appropriate to their age and development.</p> <p>Carer sometimes experiences unusual beliefs about the child or young person but is able to mitigate any risks to the child or young person.</p>	<p>Carer often unable to meet the practical and emotional needs of the child or young person due to their mental distress.</p> <p>Carer unaware of impact of parental mental distress on parenting role and child and unable to mitigate risks when experiencing mental distress.</p> <p>Carer unable to mitigate risks to child or young person when experiencing mental distress.</p>	<p>Carer unable to meet the practical and emotional needs of the child or young person due to their mental distress.</p> <p>Carer unaware of impact of parental mental distress on parenting role and child and unwilling to mitigate risks when experiencing mental distress.</p> <p>Carer unwilling to mitigate risks to child or young person when experiencing mental distress.</p>	

1) Child/Young Person's focused care giving	2) Adult focused care giving	3) Child/Young Person's needs are secondary to adults	4) Child/Young Person's needs are not considered	Total
Carer collaborates with the relevant health and wellbeing services.	Carer seeks emotional support from other adults.  Carer generally collaborates with relevant health and wellbeing services.	Discussions take place around mental distress and mental health that are inappropriate to child or young persons' age and understanding or cause the child/young person to be afraid.  Carer sometimes seeks emotional support from the child or young person.	Discussions take place around mental distress and mental health that are inappropriate to child or young persons' age and understanding or cause the child/young person to be afraid.  Carer seeks emotional support from the child or young person.	



## CHILD/YOUNG PERSON'S NEGLECT TOOLKIT SUMMARY SHEET

1. Is child focused care giving
2. Is adult focused care giving
3. Are child/young person's needs secondary to adults
4. Are child's needs not considered

Child's Name .....

Practitioner .....

Date .....

Agency .....

Is there an Early Help or statutory assessment for this child? YES / NO

The following tools may be helpful if you have identified issues in addition to neglect. Please indicate if any of the following have been completed:

Child Exploitation (CE) - [CE Initial Screening tool](#) YES / NO

Unborn baby in the household - [Pre-birth Planning Toolkit](#) YES / NO

Domestic Abuse - [ACPO DASH Risk Assessment](#) YES / NO

Is an EHA or statutory assessment needed as a result of completing this summary sheet? YES / NO

Areas of Need	Level of Concern				Examples/evidence of impact child/young person	Parents' View
<b>AREA 1: PHYSICAL CARE</b>	1	2	3	4		
Food						
Quality of housing						
Stability of housing						
Child's clothing						
Animals						
Hygiene						
<b>AREA 2:HEALTH</b>	1	2	3	4		
Safe sleeping arrangements and co sleeping for babies						
Appropriate sleeping arrangements for older children						
Seeking advice and intervention						
Disability and illness						
<b>AREA 3: SAFETY and SUPERVISION</b>	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						
<b>AREA 4: LOVE and CARE</b>	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						

Areas of Need	Level of Concern				Examples/evidence of impact child/ young person	Parents' View
	1	2	3	4		
<b>AREA 5: STIMULATION and EDUCATION</b>						
Unborn						
0-2 years						
2-5 years						
School						
Sport and Leisure						
Friendships						
Addressing bullying						
<b>PARENTAL MOTIVATION FOR CHANGE</b>						
Total number of each eg how many 1s, 2s, 3s and 4s						

What is our specific goal/ outcome?	What actions or support are required to achieve the outcome?	Who will do this?	Date this will be reviewed?	Date action completed?

This assessment has been completed with reference to the Neglect Toolkit for Children and Families in Somerset.

Signature .....

Print Name .....

Date .....