

needed	ability, without enough supervision.	
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***Points & Principles for Practice:**

Some children will need more help with personal care than others (e.g. children with health conditions/disabilities).

Poor dental care and nappy rash can be a **sign of neglect** in other areas.

As children become teenagers they will need new, sensitive advice about personal hygiene (e.g. sweating, menstrual periods).

If a smell is noticed but there are no other hygiene concerns this can be linked to health problems (known or unknown).

Basic Care - Child's Clothing & Shoes

Needs met	Needs sometimes met	Needs not met
Child's clothes are clean at the start of the day. Clothes and shoes fit well . They are budgeted for and repaired or replaced as soon as possible when needed. Child has enough clothes, which belong to them.	Child's clothes are usually clean enough at the start of the day but not always . Most but not all clothes fit . Some may have holes/tears. Shoes are replaced but not always as soon as needed . Child has clothes of their own, but may not have enough clothes .	At the start of the day clothes are dirty and may smell . Clothes and shoes do not fit well . They may be torn, have holes or be worn out. The child may wear the same clothes during the day and for sleeping . They do not have enough clothes and may wear other people's clothes that do not fit them and/or are not right for their age.
Child is dressed appropriately for the weather and carers are aware of the importance of appropriate clothes for the child in an age appropriate way.	Child sometimes wears the right clothes for the weather but at other times does not .	Clothes are mostly not right for the weather . This includes child being overdressed or underdressed for the temperature, and not protected from sun, rain or cold weather conditions.
Parent/carer notices clothing needs. Meets needs as far as is possible.	The parent/carer does not always notice clothing needs and sometimes does not understand what is needed.	The parent/carer does not see the need for clean well-fitting clothes or shoes, and/or does not provide these .

***Points & Principles for Practice:**

Consider any **financial circumstances**

Basic Care - Handling & Care of Baby

Needs met	Needs sometimes met	Needs not met
<p>Parent/carer responds to the baby's signals*. They respond calmly to the baby when crying, and try to find out what they need (e.g. food, a nappy change, attention -they are in tune with the baby).</p>	<p>Parent/carer sometimes responds to the baby's signals signals* but sometimes does not. They often respond calmly when the baby cries or claims attention but sometimes feel agitated or angry. They may shout at them. They sometimes leave the baby too long before responding, or sometimes ignore them. They sometimes walk away if the baby doesn't calm down quickly.</p>	<p>Parent/carer often does not respond to the baby's signals*. The baby's demands (e.g. crying) makes the parent/carer agitated or angry. They do not try to find out what the baby needs or try to meet those needs. They shout at them. They may hit or hurt them. <i>Hurting, hitting or shaking a child is physical abuse. Shaking a baby can cause permanent damage or death.</i></p>
<p>Parent/carer handles* and holds the baby carefully at all times (supporting head).</p>	<p>Parent/carer is usually careful in handling* and holding the baby but not always.</p>	<p>Parent/carer doesn't take care handling* and holding the baby, who could fall or be accidentally injured.</p>
<p>Parent/carer knows current advice about safe sleeping and safe co-sleeping*. They follow the advice about bedding, temperature, adult smoking and that the baby should</p>	<p>Parent/carer may know some or all of current advice about safe sleeping and safe co-sleeping*. They often, but do not always, follow all advice about bedding, temperature, adult</p>	<p>Parent/carer does not know or follow current advice about safe sleeping and safe co-sleeping* even if they have been given it. They do not follow the advice about bedding, temperature, adult smoking and that the baby should sleep on their back. They share a bed with the baby when they</p>

<p>sleep on their back. They do not share a bed with the baby when they have been drinking, using drugs, or smoking.</p>	<p>smoking and that the baby should sleep on their back. They may sometimes share a bed with the baby when they have been drinking, using drugs, or smoking. This increases the risk of cot death.</p>	<p>have been drinking, using drugs, or smoking. This increases the risk of cot death.</p>
<p>Parent/carer seeks and follows health visitor's advice about care of the baby, including feeding, stimulation and routines. They ask for support if they need it (e.g. if the baby doesn't stop crying).</p>	<p>Parent/carer sometimes seeks and follows health visitor's advice about care of the baby, but sometimes does not. They don't always ask for support when they need it.</p>	<p>Parent/carer does not see health visitor or follow their advice about care of the baby. Parent/carer does not ask for support when they need it. Parent has not registered the baby birth or registered with a GP.</p>

***Points & Principles for Practice:**

Remember safer sleeping.

Young babies are extremely vulnerable and completely dependent.

Remember teenage parents.

Think attachment - see area 7.

Think - [passive-smoking-protect-your-family-and-friends/#children-and-passive-smoking](#)

Basic Care - Care as Child Develops

Needs met	Needs sometimes met	Needs not met
<p>Parent/carer helps the child move step-by-step to further development stages* at the right time for them as they grow up, e.g. toilet training, progressing to drink from a feeder cup. For a child with disabilities this may take time, but it is done as soon as possible.</p>	<p>Parent/carer does not always help the child move step-by-step to further development stages* at the right time for them as they grow up. They sometimes do so late e.g. toilet training may be late – it would normally be done before age For a child with disabilities this is done but not as soon as it could be.</p>	<p>Parent/carer does not help the child move step-by-step to further development stages* as they grow up, or does so very late and inconsistently* e.g. the child may be in nappies or pull-ups far too long (still using these in school nursery or reception) - or may carry on drinking from a bottle instead of moving to a cup. For a child with disabilities, parent/carer may choose not to help with these developmental steps, because this is easier for parent/carer to manage.</p>
<p>Parent/carer responds to the child with affectionate emotional warmth*, and physical warmth and contact* which is right for their age/development. Good & secure attachment.</p>	<p>Parent/carer sometimes does and sometimes does not respond to the child with affectionate emotional warmth*, and physical warmth and contact* which is right for their age and development.</p>	<p>Parent/carer does not respond with or show affectionate emotional warmth*, or physical warmth and contact*, which is right for the child's age/ development. Attachment is poor.</p>
<p>Child is comfortable and confident going to the parent/carer when they</p>	<p>Child usually goes to parent/carer when hurt or upset, but there are</p>	<p>Child does not go to parent/carer when hurt or upset. Child has learned they will not reassure them and may be angry.</p>

<p>are hurt or upset. Parent/carer reassures and supports the child. Parent speaks with child in an appropriate caring voice.</p>	<p>times when the parent/carer does not reassure them or is not able to. Parent sometimes speaks with the child in an appropriate voice.</p>	<p>Parent does not speak with the child in an appropriate voice - shouts and is cross and negative towards child.</p>
<p>Parent/carer is aware of risks to child's emotional and mental health as they grow and change. They talk to the child about their feelings and pay attention to how they appear (mood, feelings, how they look), and to signs of distress (<i>e.g. self-harm, issues with eating and food</i>) They seek help when needed <i>e.g. taking child to GP.</i></p>	<p>Parent/carer is not always aware of risks to child's emotional and mental health as they grow and change. They sometimes talk to the child about their feelings and sometimes pay attention to how they appear (mood, feelings, how they look), but not always. They notice some signs of distress but not others (<i>e.g. self-harm, issues with eating/food</i>) Help is not always asked for by the parent/carer (<i>e.g. taking child to GP</i>)</p>	<p>Parent/carer is not aware of risks to child's emotional and mental health as they grow and change. They do not talk to the child about their feelings. They do not pay attention to how the child appears (mood, feelings, how they look). They do not notice, signs of distress (<i>e.g. self-harm, anxiety issues with eating/food</i>). They don't seek help for the child - or may do so, but then do not support them to use services (<i>e.g. go to CAMHS appointments</i>).</p>

***Points & Principles for Practice:**

See Appendix 2 for attachment relationships

Basic Care - Animals

Needs met	Needs sometimes met	Needs not met
Animals are well cared for and well fed .	Animals look reasonably well cared for, but contribute to a sense of chaos in the house.	Animals not well cared for and presence of faeces and urine in living areas.
Parent/carers understand dangers from animals to children or adults. Children are never left alone with animals , which could hurt them. Animals are carefully supervised when with children.	Parent/carers do not always think about how pets may behave , and if this may result in a child getting hurt. They sometimes leave children alone with animals that could hurt them .	Danger from animals is not considered . Animals may be encouraged or trained to be aggressive . Children are left unsupervised with animals which could hurt them.
Children and adults behave in a caring way to animals. Animals are well trained .	Parent/carers do not always think how what a child or adult does may upset or hurt an animal, and they do not always stop them doing it. This may mean the animal becomes aggressive . Limited training of animals	Parent/carer does not prevent ill treatment of animals by adults or children, do not think about the possibility an animal may become aggressive . No or very poor training of animals.

***Points & Principles for Practice:**

The care of animals in a family home often reflects the care given to children.

If an animal is being neglected, the RSPCA must be called.

AREA 2

HEALTH & WELLBEING

Preparing for a baby

Safe sleeping arrangements and co-sleeping for babies

Seeking health advice & help

Disability, health & wellbeing

Health & Wellbeing - Preparing for a Baby

Needs met		Needs not met
<p>Mother responds to signs she may be pregnant, takes a test and then seeks antenatal care straight away (this is usually by going first to GP). She goes to all antenatal appointments and seeks medical advice. Mother is sure about continuing with the pregnancy. All health appointments are attended</p>	<p>Mother may not confirm she is pregnant (take a test) until late, and may seek care late. She goes to some antenatal appointments, and seeks medical advice, but not always. Mother may be ambivalent about continuing with the pregnancy. Some health appointments are attended.</p>	<p>Mother may not take test or confirm the pregnancy. She may not seek antenatal care. Or she may register but not go to antenatal appointments. Mother may be ambivalent about continuing with the pregnancy. Most health appointments are not attended.</p>
<p>Mother (& partner) prepares for the baby's birth in advance, with enough clothes and equipment ready.</p>	<p>Some items are ready before the baby's due date, but not everything that is needed.</p>	<p>Nothing is prepared to meet the baby's needs.</p>
<p>If this is their first child, mother (& partner) takes advice about birth and childcare, which may be from friends, family and/or professionals (including antenatal classes). They find out enough to meet the baby's needs.</p>	<p>First-time mother (& partner) gathers some information and advice in advance but does not know enough to meet the baby's needs.</p>	<p>No advice or information gathered or preparation in advance.</p>
<p>Mother (& partner) asks for and follows advice about the effect on the unborn child of harmful substances (e.g. medicines, smoking, drugs/alcohol), or other issues (e.g. health diagnosis such as HIV, mental health, domestic violence). She (&</p>	<p>Mother (& partner) asks for and follow some advice about the impact on the unborn child of harmful substances, or health issues, or other issues that mean there is an additional risk. She/they work with professionals, but not all the time.</p>	<p>Mother (& partner) ignores advice during pregnancy to prevent harm to the unborn baby. She/they for example continue taking drugs or misusing alcohol and do not work with drug/alcohol services to reduce/stop misuse or other services to reduce risks. Mother (& partner) may take actions which mean mother, and so the unborn child, is at risk.</p>

partner) works with professionals and follows advice to reduce the risk as far as possible.	Risks are reduced, but not as far as they could be.	
Mother (& partner) has good self-care and personal hygiene skills and cares for her/their own health. Understands and looks after her / their own emotional needs . This makes it likely she/they will be able to meet these needs for the baby.	Mother (& partner) does not always have good self-care and hygiene skills. Does not always look after her/their own health or emotional needs . This makes it more likely she/they will find it difficult to meet those needs for the baby .	Mother (& partner) has poor self-care and hygiene skills . She/they do not look after her/their own health or emotional needs . This makes it likely she/they will not be able to meet these needs for the baby .

***Points & Principles for Practice:**

A new baby is **very** vulnerable.

Whilst unborn, it is important to think about future risk. A pre-birth assessment should be made if there are concerns about care not being good enough (neglect), or about abuse.

Think - [passive-smoking-protect-your-family-and-friends/#children-and-passive-smoking](#)

Health & Wellbeing - Safe Sleeping Arrangements and Co-sleeping for Babies

Needs met	Needs sometimes met	Needs not met
<p>Carer has information on safe sleeping and follows the guidelines. There is suitable bedding and an awareness of the importance of the room temperature, sleeping position of baby and risk of smoke in household. Plans are made for sleeping when away from home.</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. Plans are not always made for sleeping when away from home.</p>	<p>Carer does not follow or understand or is 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. Plans are not made for sleeping when away from home.</p>
<p>Carer aware of guidance around co-sleeping and recognises the importance of the risk of alcohol and drugs for the baby when co-sleeping.</p>	<p>Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer on safe co-sleeping, but this is sometimes inconsistently observed.</p>	<p>Parent/Carer hostile to advice about safe sleeping and the impact of carer's drug and alcohol on safe co-sleeping for the baby.</p>
<p>Sleeping arrangements for children & young people are adequate taking into account their need for privacy.</p>	<p>Sleeping arrangements for children are not always suitable and carer is not aware of the impact of the lack of privacy. Carer not concerned about impact on child</p>	<p>Carer not concerned or aware of the impact on child or young person of such risks as witnessing adult sexual behaviour.</p>

*Points & Principles for Practice:

Failure to follow guidelines & safe sleeping raises the risk of Sudden Infant Death (SIDS). The.lullaby.trust.org.uk/safer-sleep-advice

Helpful range of information for teenage parents regarding safe sleeping - [The lullaby trust.org.uk young-parents project](http://The.lullaby.trust.org.uk/young-parents-project)
 Further understandings of risks and reducing risk evidence paper 2016. [Lullaby Trust summary paper safe sleeping and risk factors.](#)

Health & Wellbeing - Seeking Health Advice and Help

Needs met	Needs sometimes met	Needs not met
<p>Parent/carer monitors (checks and observes) child's health. If concerned, they seek and then follow advice, e.g. from GP or health visitor. They get urgent or emergency medical help (e.g. going to Accident & Emergency or calling ambulance).</p>	<p>Parent/carer does not always monitor the child's health and doesn't always notice problems or take advice /action as quickly as they should. Sometimes they make an appointment but don't take the child. Can lead to delays starting treatment. (Think - Was Not Brought).</p>	<p>Parent/carer does not monitor the child's health and doesn't notice problems. They never/ hardly ever ask for health advice. The child's health gets worse, when treatment straight away would probably have prevented this. (Think - Was Not Brought).</p>
<p>Child is registered with GP. Parent/carer makes and goes to recommended health checkups and appointments with child, including 6-week health review, 2-year check, immunisation appointments. <i>If appointments are not attended it is not often and for a good reason.</i></p>	<p>Child is registered with a GP but not straight away (e.g. after move). Recommended appointments e.g. 6-week/ 2-year health checks and immunisations not done on time but are finally completed. This may be after making and not going to several appointments. (Think - Was Not Brought).</p>	<p>Child not registered with a GP. Recommended appointments are very delayed or do not take place. Child's recommended health checks and immunisations are very delayed. Presents at A&E department instead of registering with GP.</p>
<p>Child is registered with a dentist and optician. Child has dental and sight checkups regularly. Parent/carer listens to dentist's and optician's advice and encourages child to follow</p>	<p>Parent/carer needed to be prompted to register child with optician and dentist. Child does not get to checkups regularly. Sometimes misses appointments. Parent/carer</p>	<p>Child is not registered with optician or dentist and does not go to checkups. Sight problems or tooth decay are not noticed. Parent/carer does not seek advice or treatment or does so very late. Child has to have teeth extractions.</p>

<p>this advice.</p>	<p>sometimes but not always listens to optician's/dentist's advice. Does not always encourage child to follow it. It takes time for parent/carer to notice sight problems/tooth decay. They do then seek advice and treatment.</p>	
<p>Skin problems including nappy rash are treated straight away. Head lice are found and treated. If the problem does not clear up, parent/carer seeks advice, e.g. from health visitor, pharmacist, GP. Prevention (e.g. nappy rash barrier cream) is used as advised.</p>	<p>Skin problems including nappy rash not always noticed/treated correctly straight away. Head lice not always noticed and treated correctly/straight away. If problem continues, advice only sometimes requested. Prevention advice not always followed.</p>	<p>Skin problems including nappy rash not treated. Head lice are not treated or, if they are treated, it is not enough to achieve complete success. Problems may continue or get worse and no advice is requested. Prevention advice is not asked for or followed.</p>
<p>Parent/carer allows recommended treatment and surgery.</p>	<p>Parent/carer may delay treatment or surgery so child's health needs are not met as quickly as they should be.</p>	<p>Parent/carer prevents treatment/does not allow surgery where advised. <i>Preventing treatment may be abuse.</i></p>
<p>Parent/carer understands the importance of meeting the child's health needs, and does so.</p>	<p>Parent/carer usually understands the need for advice/appointments, medication or treatment but does not always make sure they happen.</p>	<p>Parent/carer does not understand need for advice or treatment. Explaining risk of harm does not change their behaviour.</p>

***Points & Principles for Practice:**

Think - Was not brought LSCB policy- [Kingston and Richmond LSCB WAS Not Brought Policy 2018](#)

Registering with a GP creates an overview of health needs of a child or young person.

Tooth extraction for under 5's is a significant sign of neglect, as there is an available treatment unless there is an underlying medical condition.

Neglect of a child's health needs can result in long-term damage or can be fatal.

Some physical symptoms or emotional/mental health concerns in children can be a result of abuse.

Health & Wellbeing - Disability, Health & Well Being

Needs met	Needs sometimes met	Needs not met
<p>If a child has a disability and/or health problems, parent/carer makes sure they understand their likely development and how to support their progress.</p>	<p>Parent/carer has some knowledge or understanding of their child's particular issues and likely development, but not enough to fully support this.</p>	<p>Parent/carer does not understand how their child is likely to develop and what their related needs will be.</p>
<p>Parent/carer seeks and listens to advice about the child's needs. They go to appointments and follow recommended programmes* that will help the child to develop, learn and achieve (e.g. Occupational Therapy, Speech and Language Therapy programmes).</p>	<p>Parent/carer sometimes but not always listens to advice about the child's needs. They miss some appointments. They do follow recommended programmes* that will help the child to develop, learn and achieve - but not often enough or intensively enough to fully meet the child's needs. It slows their progress.</p>	<p>Parent/carer doesn't/often doesn't listen to advice, or does not follow advice. They miss appointments. They do not follow recommended programmes* that will help the child to develop, learn and achieve. This prevents or slows the child's progress. Think – Was Not Brought.</p>
<p>Parent/carer communicates with the child, using communication aids* to help if needed. Parent/carer takes child's views and wishes into account. Parent/carer advocates* for the child to ensure they get support and services</p>	<p>Parent/carer communicates with the child but does not always take the time needed and only sometimes uses communication aids*. They sometimes, but not always, take the child's views and wishes into account,</p>	<p>Parent/carer does not communicate with the child, or not enough. Do not use (and may not allow) recommended communication aids*. They do not take the child's views and wishes into account. They do not advocate* for the child and the child's voice is not heard.</p>

and their voice is heard.	including when they act as the child's advocate*.	
Parent/carer does everything they can to get equipment and adaptations* in the home as soon as possible.	Parent/carer agrees to have equipment and adaptations* to the home, but does not take action to get these quickly. They are not provided as soon as possible.	Parent/carer does not allow recommended equipment and adaptations* to the home. They may not allow a wheelchair or other equipment or adaptations in the home.
Although it may take time for parents to accept a diagnosis* , they do so and work with professionals to support the child.	Parents take a long time to accept a diagnosis*, and this prevents the child getting all the care and support they need quickly. They do work with professionals but not always. They follow advice not to try to "cure" the child.	Parents are not able or not willing to accept a diagnosis* . They may believe a disability can be cured . They may give the child medicine to "cure" them or do other things which they think will cure the child. <i>Doing this is likely to be emotional or physical abuse.</i>

***Points & Principles for Practice:**

Disabled children are 3.4 times more likely to be abused and 3.8 times more likely to be neglected than non-disabled children (Sullivan and Knutson, 2000).

AREA 3

SAFETY & SUPERVISION

Safety awareness & equipment (younger children)

Supervising the child

Keeping teenagers safe - (Appendix 2)

SAFETY & SUPERVISION - Safety Awareness and Equipment (Younger Children)

Needs met	Needs sometimes met	Needs not met
Where there are young children there is awareness of safety issues and evidence of safety equipment use and maintenance that helps prevent accidents (e.g. stair gates and safety plug covers).	Parent/carer puts away dangerous items, e.g. knives There is some safety equipment in the home but it is not always used - inconsistent (e.g. a stair gate not always closed).	Parent/carer not always notices and removes dangerous objects. Parent/carer does not have safety equipment in the home, or does not use it. They do not/often do not put away dangerous objects . Can hold child responsible for accidents and injuries.
If travelling by car, a child is always strapped in/uses a seatbelt, and if under 12* uses a car seat correct for their age and size.	A child is strapped in and if under 12* usually uses a car seat , but sometimes sits on an adult's lap or wears an adult belt if a car seat is not available. <i>Whenever this happens, the child is at risk.</i>	The parent/carer does not use a car seat , or not the right one for the age and size of the child. They may not use a seat belt for the child.
Child is strapped into pram/pushchair, and baby chair/seat.	Child is usually strapped into pram/pushchair, and baby chair/ seat, but not always .	Child is often not strapped into pram/pushchair or in a baby chair/seat. <i>Whenever this happens, the child is at risk.</i>
Parent/carer teaches traffic awareness skills at the right level for the child's	Child is given some guidance about traffic skills but it is not regular and	Child is not taught traffic awareness skills. The adult is not aware of the dangers. The parent/carer does not supervise

<p>age and understanding. Parent/carer always holds a young child's hand/reins, and supervises the child closely. They direct them (telling them when to wait and cross) until they are old enough to cross alone and have learnt to do so safely.</p>	<p>not always clear. Parent/carer sometimes but not always holds hand/reins of young child. Child may not be close enough to adult even though in sight and call distance. Parent/carer may not always direct the child, telling them when to wait and when to cross. Older child may be allowed to cross alone without having learnt traffic safety skills well enough.</p>	<p>the child near the road. A young child's hand is not held. Young children may be allowed to run ahead out of sight. Older and younger children may be allowed to cross alone without having been taught traffic skills.</p>
<p>Parent/carer is aware and thinks about preventing accidents. They think about what will be the changing risks as the child grows, develops and explores. They ask for and follow advice about accident risks. Parent/carer teaches child about risk of accidents and safety skills.</p>	<p>Parent/carer is aware of some/most risks but does not always do everything they could to prevent accidents. They don't think enough about new risks. They usually listen to and follow advice when offered, but not always. Parent/carer sometimes talks to child about risk of accidents and teaches some safety skills.</p>	<p>Parent/carer does not think about risk of accidents. They do not follow advice. Parent/carer does not teach child about accident risks or safety skills. They may feel the child is responsible for accidents and injuries. Child is likely to have had a number of accidental injuries.</p>

SAFETY & SUPERVISION - Supervision of the Child

Needs met	Needs sometimes met	Needs not met
<p>The amount of supervision provided is what is needed to keep the child safe, taking into account age, stage of development and own particular needs - indoors and outside. Carer understands and takes extra care at times of high risk such as when the child is near or in water (e.g. bath time, in/near paddling pool), or near or in traffic.</p>	<p>The amount of supervision is mostly right to keep the child safe, taking into account age, stage of development and own particular needs. Parent/carer understands where there is high risk. They do not always supervise carefully enough, but are usually nearby. A child may have had an accident in the past or have wandered off.</p>	<p>The amount of supervision is not what is needed to keep the child safe. It does not fit their age, stage of development and needs. A child may be left alone when too young. The child may have had a number of accidents, opened the front door or wandered off.</p>
<p>Primary school age child is not left at home alone.</p> <p>Child is not left in the care of another child who is under secondary school</p>		<p>Primary school age child is left at home alone.</p> <p>Child is left in the care of another child who is under secondary school age.</p>

<p>age.</p> <p>Child is only left in the care of an older child or adult who is responsible enough and knows what to do in emergency.</p> <p>Child is only asked to care for other children when old enough and able to understand and meet their needs, and to take emergency action.</p>		<p>Child is left in care of older child or adult who is not responsible enough and/or does not know what to do in an emergency.</p> <p>Child who is not old enough is asked to care for other children - or although old enough, is not able to understand or meet their needs, or take emergency action.</p>
<p>Appropriate supervision and recognises the importance of appropriate supervision to child's well-being.</p>	<p>There is very little supervision in the home or outside areas, and carer does not always respond after accidents.</p>	<p>Complete lack of supervision. Hostile about advice from others regarding appropriate supervision and does not recognise the potential impact on children's wellbeing.</p>
<p>Parent/carer only leaves child in the care of an adult or older young person if they believe they are reliable and safe. They have made all reasonable checks to allow them to feel confident about this.</p>	<p>Parent/carer has sometimes left child in care of adult or older young person, who they do not know is reliable and do not know is not a risk. They have not made all reasonable checks about them.</p>	<p>Parent/carer has left child in the care of an adult or older young person, who they know is unreliable or a risk</p>

SAFETY & SUPERVISION - Keeping Teenagers Safe

Needs met	Needs sometimes met	Needs not met
<p>When the young person goes out, there are clearly agreed return times. Parent/carer knows where the young person is and with whom, and how to make contact. If they don't return as agreed and are uncontactable, or can't be confirmed to be safe, parent/carer calls police. Backup/ safety plans* are made with the young person.</p>	<p>Return times are usually set by parent/carer. They sometimes, but don't always, know where the young person is, and who with and how to make contact. They don't always try to find the young person if they are late. Hardly ever make backup/safety plans* with the young person. Does call police if young person is missing overnight.</p>	<p>There are no agreed return times. Parent/carer does not know where the young person is, or who with. They do not try to get in touch. There are no backup/safety plans* made with the young person. Parent/carer does not report them missing to police, even if gone overnight.</p>
<p>If the young person is at risk related to: - Child sexual exploitation (CSE), or other abuse or exploitation by peers**,</p>	<p>If the young person is at risk [see left hand column], the parent/carer notices some of the signs of this. They</p>	<p>If the young person is at risk [see left hand column], parent/carer does not notice all or some of the signs of this. They do not seek help, follow advice or use services, or they</p>

<p>adults, groups or gangs (including online)</p> <ul style="list-style-type: none"> - Drinking, smoking, drug taking, sex - Criminal activity - Youth violence, gang involvement, <p>the parent/carer notices where there are signs of this, and asks for and uses advice, support and services, including Children’s Services and police.</p>	<p>ask for professional advice, support and services. However, they do not always follow advice or do not use recommended support/services.</p>	<p>stop doing so before the young person is safe.</p>
<p>Parent/carer is aware of the young person’s mood and emotional needs. They recognise risks <i>e.g. if the young person has mood swings, seems depressed, self-harms or might self harm</i>. They ask for professional help and support.</p>	<p>Parent/carer has some sense of the mood and emotional needs of the young person but may not always respond. They sometimes recognise risks [<i>see left hand column</i>]. They may feel mental distress is part of growing up. They may not react quickly enough to the young person’s needs. Sometimes ask professional advice.</p>	<p>Parent/carer does not show interest in the young person’s mood and emotional needs. They do not see the risks to the young person [see left hand column]. They do not seek professional advice for the young person, or they do so very late.</p>

***Points & Principles for Practice:**

Review of research on identification, assessment & intervention Children's society.org.uk - understanding-adolescent-neglect Report April 2018

Effective practice to address teenage neglect - agencies need to work together to identify neglect of teenagers.

Sarah- Jayne Blakemore (2012) the mysterious working of the adolescent brain. A brief lecture, clearly explains how the structure of the brain changes in adolescence, this affects their mood and behaviour.

ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain#t-184295

AREA 4

STABILITY THROUGH LOVE AND CARE

Parent/carers attitude to child – warmth and emotional care

Behaviour & boundaries

Daily routines

Housing Mobility & who lives at home

Youth Violence

Young Carers

Stability through Love and Care - Parent/Carer's Attitude to Child, Warmth and Emotional Care

Needs met	Needs sometimes met	Needs not met
<p>Parent/Carer talks warmly about the child and is able to praise and give appropriate emotional reward. Responding appropriately to child's needs for physical care and positive interaction.</p>	<p>Parent/Carer does not speak warmly about the child and is indifferent to the child's achievements Often does not provide praise or reward and is dismissive of praise from others.</p>	<p>Parent/Carer speaks coldly and harshly about child and does not provide any reward or praise and is ridiculing of the child when others praise. The emotional response of parent/carers is critical and lacking in any Parent/Carer is hostile to advice about the importance of praise and reward to the child.</p>
<p>The parent/carer values the child's cultural identity and seeks to ensure child develops a positive sense of self.</p>	<p>Parent/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.</p>	<p>Parent/Carer refuses to acknowledge the child's cultural identity and to the importance of ensuring that the child develops a positive sense of self.</p>
<p>Child is happy to seek physical contact and care.</p>	<p>Child is main initiator of physical interaction with carer who responds</p>	<p>Carer does not show any warmth or physical affection to the child and responds negatively to overtures for warmth and</p>

	inconsistently or passively to these overtures.	care.
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Stability through Love and Care - Behaviour & Boundaries

Needs met	Needs sometimes met	Needs not met
The child is told what is expected about behaviour. Boundaries* and limits are clear . Parent/carer responds consistently (i.e. in the same way) to similar events. Clear reasonable rewards and sanctions* are given.	The child is quite often told what is expected about their behaviour, and about boundaries* and limits. Parent/carer does not always respond consistently to similar events. Child is sometimes but not always rewarded or given sanctions* .	The child has not been told what behaviour is expected . There are no clear boundaries* which the child understands they should not cross. Parent/carer's response is unclear and variable so the child does not know how they will react. Rewards and sanctions* are never or hardly ever given. They do not help the child to understand how they should behave.
Parent/carer thinks about how to manage challenges and conflict as the child grows older. They make step-by-step changes to give more	Parent/carer usually thinks about challenges and conflict at the moment they take place. They do not always make changes as the child	The parent/carer does not think about how to manage challenges and conflict. They do not make changes as the child grows to give more independence within safe boundaries* . They do not think about whether the young

<p>independence as the child/young person learns to stay within agreed boundaries*. They challenge the child/young person if they believe they are unsafe. They take advice.</p>	<p>grows. They can give mixed messages about boundaries* and independence. They sometimes but not always challenge the young person, if they believe they are unsafe.</p>	<p>person is unsafe, and if so challenge them. They do not take advice.</p>
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Stability through Love and Care - Daily Routines

Needs met	Needs sometimes met	Needs not met
<p>There are regular routines* on week days which everyone in the family knows about (they are more flexible at weekends). They include bedtimes, mealtimes, going to school every weekday and homework.</p>	<p>Family members know what the household and school routines* should be, but only some of these are followed regularly.</p>	<p>There are no household/school routines* and daily events happen at very different times each day.</p>
<p>Child goes to bed at a regular time, in a quiet room where the light is off or a nightlight is on. They are in the same bed and bedroom each night (if <i>separated parents have shared care</i>,</p>	<p>Child does have a set time for bed, but they are quite often late. They may not get enough sleep and so are tired, or get up late and so are late to school. They usually sleep in the same</p>	<p>Child has no set bedtime. They are put to bed late or go on their own at any time. They sleep in a noisy room (others in it may be awake). Light is left on until late or all night. They may sleep in different beds/rooms on different nights, without having a bed which is "theirs". They may sleep on a</p>

<p><i>child will have a usual bed/bedroom in each home</i>). They get enough sleep for their age so they are not tired during the day. There will be no inappropriate use of social media. The parents will be able to establish appropriate boundaries. <i>Sleep time for older children likely to be more flexible at weekends.</i></p>	<p>bed/room each night. A teenager may regularly go to bed very late and wake up late/be very tired. Parent/carer tries to change this, but is not often successful. Sometimes, the young person will be using social media at night.</p>	<p>sofa or on the floor. A teenager may stay up most of the night and sleep during the day, so they don't go to school. Parent/carer does not try to change this. There will be no attempt to control social media use at night time.</p>
<p>Parent/carer makes sure child is up, washed, brushes their teeth, has breakfast and gets out of the house so they get to school on time and every day. Young children are given help to do this, and older children given encouragement. Collects child from school on time.</p>	<p>Parent/carer sometimes but not always makes sure child is up, washed, brushed their teeth, had breakfast and gets to school on time. They do not get to school every day.</p>	<p>Child gets themselves up, or parent/carer may get them up, but late. They are not helped or encouraged to wash, brush their teeth or have breakfast. They often leave home late and get to school late, or do not get to school.</p>
<p>Parent/carer understands importance of routines* to make child emotionally secure as well as healthy.</p>	<p>Parent/carer understands routines* are important. But they find it difficult to keep routines in place and follow them every day.</p>	<p>Parent/carer does not understand and importance of routines*, and this leaves the child insecure and affects health and learning.</p>

Stability through Love and Care – Housing Mobility & Who Lives at Home

Needs met	Needs sometimes met	Needs not met
<p>Child has not moved often. They have been in this home for enough time to feel settled. This means they are attending school locally, have made local friendships and are connected to local services e.g. GP.</p>	<p>Child has made a number of moves. They may have had to resettle in school and make new friendships. Registering with and using some new services has sometimes taken too long.</p>	<p>Child has moved home many times. This may be to somewhere unsuitable or overcrowded. They may stay with friends or relatives at short notice. They may have moved into and out of a number of local authorities. Local connections (e.g. school, friends, GP, services) are not made in good time to meet the child’s needs. There may be concerns re eviction and rent-arrears.</p>
<p>Parent/carer understands the importance for a child of a settled</p>	<p>Parent/carer usually recognises the importance of stability for the child</p>	<p>Parent/carer does not understand, or does not see as important, the fact that moving around affects the child</p>

home. If a move has to happen, the parent/carer understands and takes action to reduce the impact on the child (emotional and practical), helping them to settle.	but does not always make this a priority. They sometimes but not always take action to reduce the impact (emotional and practical) on the child.	emotionally and practically. They do not take this into account when they move.
Child lives with known family/ household members. Where new household members are introduced to the child, the impact (practical and emotional) is thought about and managed well by parent/carer. They also consider the child's privacy and safety.	Where new adult visitors or household members are introduced to the child, the practical and emotional impact of this is sometimes, but not always understood or managed well. Privacy and safety is sometimes but not always thought about.	A number of known and/or new adults visit and/or stay in the home. The child does not know who the new adults are. The parent/ carer does not recognise that this may affect how the child feels, their daily life, and their privacy and that it could be a risk to the child's safety

Stability through Love and Care- Youth Violence

Needs met	Needs sometimes met	Needs not met
Care offers good advice, discussed with child, supports and guides.	Inconsistent with advice or time to discuss any concerns the child may bring to them. Does not acknowledge there is any issues and underestimates the concerns the child may have. Fails to act on or seek assistance form external agencies.	Carer does not respond in any way to the needs of the child related to any forms of youth violence crime or gang culture. Does not see the risk.

Points of Practice:

Some housing issues may be beyond the parent/carer’s control (e.g. they may have a mobile job, insecure housing or be moved for benefits reasons). What is important is what the adult can do to improve the situation, and whether they are taking or have taken these steps.

Where there are concerns about mobile families, including about them moving from one area to another, it is important these are passed on to the new Local Authority.

Some families are in Temporary housing - if the access is **considered dangerous or children at risk** - then this should be **escalated** to the relevant housing organisation by the parent/carer and the professional make a **referral to SPA**.

Stability through Love and Care - Young Carers

Needs met	Needs sometimes met	Needs not met
Child contributes to households tasks as would be expected for age and stage of development. Parent/Carer recognises the importance of appropriateness regarding caring responsibilities.	Child has some additional responsibilities within household, but these are manageable for age and stage of development and do not interfere with child’s education and interfere minimally with leisure/sporting activities.	Child has caring responsibilities which are inappropriate and interfere directly with child’s education/leisure opportunities. This may include age inappropriate tasks, and /or intimate care.

Does not take on additional caring responsibilities.	Carer recognises that the child should not be engaged in inappropriate caring responsibilities, but is inconsistent in their response.	The impact on the child's wellbeing is not understood or acknowledged . Parent/Carer is hostile to advice about the inappropriateness of caring responsibilities.
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***Points of Practice:**

Please remember to refer or contact Kingston Young carers if you need advice or assistance Kingston carers.org.uk young-carers

Please remember to refer or contact Richmond carers if you need advice or assistance Richmond carers.org services-for-young-carers

AREA 5

ADULT ISSUES AFFECTING CARE

Mental health issues

Arguments, domestic abuse

Alcohol & drug use

Adult motivation to make changes

Finances

Adult Issues Affecting Care - Mental Health Issues

Needs met	Needs sometimes met	Needs not met
Parent/carer has knowledge, understanding and awareness of their own needs (insight). They understand how their own poor mental health could affect care of their child.	Either Parent/carer has some but not full enough knowledge, understanding and awareness of their own needs (insight). They do not fully understand how their own poor mental health is	Parent/carer has no knowledge , understanding and awareness of own needs (insight). They do not understand how their own poor mental health is affecting their care of the child. There are no contingency plans and often caring crises.

Parent/carer takes care of their own mental and physical health. A contingency plan is in place.	affecting their child's care. Or level of insight goes up and down depending on current mental health. Sometimes there are contingency plans for care.	
Parent/carer notices when they are becoming unwell. They make plans in advance so if they become unwell, their own and the child's practical and emotional needs will be met.	Parent/carer does not always notice when they are becoming unwell, but sometimes does. They do listen to people who know them when they tell them they notice a change. They are aware it is important to make advance plans - and sometimes do so, but not always.	Parent/carer doesn't notice when they are becoming unwell. They don't listen to other people who see a change in them. They don't make plans to make sure their own and the child's needs will be met if they become unwell.
Parent/carer asks for and accepts mental health support and services (including medication) as often as they need it.	Parent/carer sometimes asks for and accepts mental health support and services but not always . They sometimes don't take prescribed medication.	Parent/carer does not ask for and accept mental health support and services even when asked to do so.

***Points of Practice:**

Many people will face mental health issues at some point including anxiety, depression, bipolar disorder, eating disorders, OCD, schizophrenia, psychosis, post-traumatic stress (there are many others).

Very often mental health can go up and down, but there may be long periods of poor mental health

If a parent/carer's mental health needs **are not met**, it is likely to have an **effect on care** of children

Remember to specify which adults have mental health issues and what they are.

Adult Issues Affecting Care - Arguments & Domestic Abuse

Needs met	Needs sometimes met	Needs not met
All adults with caring responsibility understand the emotional impact on the child of witnessing arguments and domestic violence/abuse. They	Adults with caring responsibility do not fully understand the emotional impact on the child of witnessing arguments and domestic	None of the adults with caring responsibility understands or is concerned about the emotional impact on the child of witnessing arguments or domestic violence/ abuse, and the risks of them being hurt.

understand the child may also get caught up and hurt.	violence/abuse, and the risks of them being hurt.	
There is a history of one or more serious arguments, domestic violence and/or abuse, and one or both adults have taken actions to ensure these no longer take place. If there are circumstances beyond a parent/carer's control which mean there is still a risk, they have worked with advice and services to do everything they can to prevent this risk.	There is a history of one or more serious arguments, domestic violence and/or abuse, and one or both adults have taken some protective actions which may keep the children safe from significant harm. For example, they have called police, worked with recommended services, followed safety advice. However they may not always do this consistently or it may not yet have been tested enough.	There is a history of one or more serious arguments, domestic violence and/or abuse, and one or both adults do not (or often do not) take actions to keep the child safe from significant harm . For example, they do not call police or work with recommended services. The victim does not follow safety advice. Both adults minimise* the incidents or behaviour, and the impact on the child .
Adults resolve disagreements through discussion and are seen to be respectful of each others' points of view. There is not a concern at this point about serious arguments, domestic violence or abuse.	Adults sometimes or often resolve disagreements through discussion but there are still times when there are more disagreements and they may become more serious without the adults thinking about the impact on the child.	Adults are not able to resolve disagreements through discussion, and so disagreements happen more often and become more serious without the adults thinking about the impact on the child.

Points of Practice

Is there evidence of domestic abuse/ coercive control/ violence? This will have an **emotional impact** on the child and they may **get hurt**. Report - children living with domestic abuse September 2017.

www.rip.org.uk/news-and-views/latest-news/the-multi-agency-response-to-children-living-with-domestic-abuse-prevent-protect-and-repair/

Adult Issues Affecting Care - Alcohol & Drug Use

Needs met	Needs sometimes met	Needs not met
If parent/carer drinks alcohol while caring/supervising, they don't drink enough to affect their judgement or	Ordinary care may sometimes be less good because the parent/carer is under the influence of alcohol/drugs.	Judgement and abilities are affected by drinking alcohol or taking drugs when caring for the child. Parent/carer returns home whilst under the influence.

<p>abilities. If parent/ carer uses drugs, they only do so when they are not in sole care of or supervising a child. They do not care for a child while still under the influence (effects can last for different amounts of time). Parent/carers are able to provide ordinary care and also to deal with emergencies.</p>	<p>Their reactions may be slower and their mood and behaviour may be affected. This can leave the child anxious and confused. Parent/carers can still react and deal with emergencies.</p>	<p>The basic and regular needs of the child are not met and parent/carers are not capable of reacting and preventing accidents. They are often in bed with children left alone. Alcohol/drug use affects their moods and how they behave and act. This is likely to make the child anxious and worried.</p>
<p>All drugs including controlled drugs like methadone, street drugs like cannabis or heroin, prescribed drugs like paracetamol, and alcohol, are stored safely where children cannot get to them.</p>	<p>Substances (drugs/alcohol) normally not kept within reach of child but bottles/cans of alcohol may be left out or not cleared away.</p>	<p>Drugs and/or alcohol are left out and in reach of the child including paraphernalia (equipment/items), e.g. spliffs, needles, beer cans. Alcohol is hidden in other bottles e.g. for lucozade/water, stored in reach of the child so child may drink them.</p>
<p>Parent/carers keep drug/alcohol use separate from their life with the child and does not drink over healthy limits and does not use drugs with child there. They do not glamorise* drug/alcohol use.</p>	<p>Parent/carers try to separate their drug/alcohol use from their life with the child. Child has sometimes seen them drinking to excess, and is aware they use drugs. May give message to child that drug/alcohol use is exciting or desirable.</p>	<p>Parent/carers uses drugs/excessive alcohol with child present. They do not try to keep this separate. They glamorise* use as something exciting or desirable. Child may be involved by parent/carers, e.g. being sent to pick up drugs or given drugs/alcohol. Other adults may visit the home to deliver, buy or use substances.</p>
<p>Parent/carers asks for and accepts support from drug/ alcohol services to reduce and stop misuse.</p>	<p>Parent/carers sometimes asks for and accepts support from drug/alcohol services but not always. They may not always follow advice or use all the support recommended.</p>	<p>Parent/carers does not ask for and accept support from drug/alcohol services or they start but do not continue.</p>

***Points of practice:**

There are a lot of different drugs that can affect ability to care and make judgements, including heroin, crack, cocaine, cannabis, diazepam, speed, ketamine & khat.

Since the aim of the Toolkit is to think about the health and wellbeing of the child, it is important to be able **to talk openly about drug and alcohol** use.

Alcohol and drug misuse can be a **“trigger”** of domestic abuse.

Adult Issues Affecting Care - Adult Motivation to Make Change

Needs met	Needs sometimes met	Needs not met
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<p>Parent/carer puts the child's needs first and wants to do the best for them.</p>	<p>Parent/carer understands it is important to put the child's needs first, and may want to, but does not always manage this. They may sometimes feel motivated*, and sometimes not. This can mean changes happen, but do not last.</p>	<p>Child's needs are not put first. Parent/carer does not show knowledge, understanding or awareness that they should prioritise the child's care and wellbeing. They do not want to change.</p>
<p>Parent/carer asks for help if they feel they are not managing or that they need support to give a child the best possible care. They listen when professionals are concerned about the quality of the child's care, and try to understand the concerns. They work with services in order to make changes.</p>	<p>Parent/carer sometimes asks for help. They listen to concerns but do not always understand them, which means making changes is more difficult for them. They work with some services but not others. Or they work some of the time with services (e.g. attend some but not all of a parenting programme).</p>	<p>Parent/carer does not ask for help. They do not listen or understand when professionals are worried about poor care. They do not work with services to make changes so that care is better.</p>

Adult Issues Affecting Care - Finance

Needs met Adult Issues Affecting Care	Needs sometimes met	Needs not met
Parent/carer's priority is to pay for essential needs, e.g. food, clothes, electricity or rent.	Parent/carer knows essential needs should be paid for first but may not always do so. Their budgeting skills may not be good enough to make the best decisions with the money they have.	Parent/carer does not prioritise essential needs and may first spend money on other things e.g. drugs, alcohol or a gambling addiction. They are often difficulties with debt.

Points for Practice:

Parents/carers may face financial problems. What is important is what they can do to **improve the situation**, and whether they have taken these steps.

Needs met	Needs sometimes met	Needs not met
<p>Parent/carer speaks in a positive way about the child. They praise them and encourage them. They criticise the behaviour they are unhappy with, instead of being negative about the child themselves.</p>	<p>Parent/carer sometimes speaks positively about the child and them. But sometimes they speak negatively about them. They sometimes make the child feel it is the child who is “bad” rather than their behaviour.</p>	<p>Parent/carer speaks negatively about the child and hardly ever or never praises what they do or encourages them. They see the child as the problem, rather than the child’s behaviour as the problem.</p>
<p>Parent/carer talks to the child, them and shows they have a sense of their views, wishes & needs.</p>	<p>Parent/carer only sometimes picks up on or listens to how the child is feeling, or talks to the child.</p>	<p>Parent/carer hardly ever picks up on child’s feelings and doesn’t often talk to or listen to them.</p>
<p>Parent/carer values the child’s cultural, racial and sexual identity, and any disability. Parent/carer encourages child to make their own choices as long as they are safe, and challenges them if not.</p>	<p>Parent/carer sometimes tries to value the child’s cultural, racial and sexual identity or disability, but also expresses negative views. This may be because the parent/carer’s identity is different from their child’s, or to do with the opinions and beliefs which were part of their own upbringing. Parent/carer may believe the child’s disability or sexuality is a punishment. They do not always support the child to make their own choices and decisions where safe. They do not always challenge them if they are unsafe.</p>	<p>Parent/carer does not value the child’s cultural, racial and sexual identity or disability. They may express negative/racist/homophobic* views about the child. This may be because the parent/carer’s identity is different from their child’s, or to do with strong opinions and prejudices which were part of their own upbringing. Parent/carer may believe the child’s disability or sexuality is a punishment. They don’t support the child’s choices and decisions. They don’t challenge them if not safe</p>
<p>The emotional response of the parent/carer warm.</p>	<p>Emotional response is sometimes brisk/flat and lacks warmth.</p>	<p>Emotional response is lacking, parent/carer responds aggressively and or dismissively.</p>

VALUING THE CHILD AND THEIR IDENTITY - Values & Guidance

Needs met	Needs sometimes met	Needs not met
<p>Parent/carer encourages child to understand right from wrong, and to be respectful and kind to others. They demonstrate this in their own behaviour.</p>	<p>Parent/carer usually encourages the child to understand right from wrong and be respectful and kind to others. They do not always demonstrate this in their own behaviour and this can be confusing.</p>	<p>Parent/carer does not explain right from wrong and show children how to be kind and respectful to others. They may demonstrate anger and aggression to the child, who is likely to copy this behaviour.</p>
<p>Parent/carer guides child and gives them thoughtful advice as they grow and change, e.g. about, puberty, drugs and alcohol, smoking, sex, healthy relationships, sexual harassment, social media, pornography. They make sure they find out information and advice to help the child.</p>	<p>Parent/carer understands the importance of giving advice and guidance, e.g. about, puberty, drugs and alcohol, smoking, sex, healthy relationships, sexual harassment, social media, pornography. They sometimes give this advice and guidance. But they may not make enough time to talk as the child grows older. They may not find out information and advice when this would help the child. They may not feel able to talk about all these areas.</p>	<p>Parent/carer does not give guidance or advice as children grow and change, e.g. about, puberty, drugs and alcohol, smoking, sex, healthy relationships, sexual harassment, social media, pornography. They may not understand risks. They may not make time to talk or feel able to talk about these areas. They may encourage behaviour which will result in the child's being at risk. They may share drugs, alcohol or pornography (this is abusive to the child)</p>
<p>Watching /streaming films or programmes, playing games or using sites/apps/social media: Parent/carer ensures as far as possible that the child does not access unsuitable content when too young or not aware about staying safe (<i>including using parental controls/blocks</i>). Parent/carer discusses risks and keeping safe with child. They talk to them about what is legal and illegal. They discuss the risks of sharing images of themselves or others. They make it clear the child can come to them</p>	<p>Watching /streaming films or programmes, playing games or using sites/apps/social media: Parent/carer knows there are risks if child accesses unsuitable content when too young or not aware about staying safe. But they may not understand or monitor this well. Parent/carer has sometimes talked about risks and keeping safe with the child, including what is legal/illegal and risks of sharing images - but not enough. The child may not feel the parent/carer is available or able to solve problems.</p>	<p>Watching /streaming films or programmes, playing games or using sites/apps/social media: Parent/carer allows the child to access unsuitable content/does not monitor what the child is watching and using. They do not discuss risks and keeping safe with the child. They do not understand or talk to them about what is legal/illegal, or the risks of sharing images. They do not make themselves available to deal with problems the child may be facing.</p>

with a problem.

VALUING THE CHILD AND THEIR IDENTITY - Voice of the Child

Needs met	Needs sometimes met	Needs not met
Parent/carer listens & speaks to the child in a positive caring manner. Parent makes time to have conversations with their child and understands the importance of talking with their child.	Parent/carer sometimes listens & speaks to the child. Some conversations are positive at times, but can also be negative . Knows why they should speak to their child but does not make time to do this.	Parent/carer does not listen to the child at all, speaks over them, gives instructions and does not have time to have conversations with their child. Parent/carer fails to understand why there is a need to talk to the child. Most communications are of a negative manner.
Child is confident .	Child can appear confident some of the time and at times be unsure of themselves .	Child can present withdrawn and silent/watchful or unruly and loud- seeking attention .

Points for practice:

Remember to **always** capture the child's "**lived experiences**" and voice in assessments and chronologies.

Stimulation, Learning & Development - Unborn

Needs met		Needs not met
<p>The mother acknowledges the pregnancy and seeks care as soon as the pregnancy is confirmed.</p> <p>The mother attends all her antenatal appointments and seeks medical advice if there is a perceived problem.</p>	<p>The mother acknowledges the pregnancy is unsure of her feelings towards the pregnancy. Delays to seeks care as soon as the pregnancy is confirmed</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 prepares for the birth of the baby and has the appropriate clothing, equipment and cot in time.</p>	<p>She has erratic attendance at antenatal appointments.</p>	<p>She engages in activities (<i>e.g., substance misuse</i>) that could hinder /harm the development, safety and welfare of the unborn.</p>

Stimulation, Learning & Development - Age 0 -12 Months

Needs met		Needs not met
Parent/carer takes regular time with the baby (as much as needed for their age and stage of development and particular needs), focusing on them, speaking to them, smiling at them, holding them, making eye contact and responding with words, looks and cuddles.	Parent/carer sometimes focuses on the baby but not as much as needed for their age, stage of development and particular needs. Interacts and responds with words, sounds, looks, smiles, cuddles but needs to do so more.	Parent/carer does not focus on the baby. Does not respond to them except occasionally. No eye contact given & Parent on their mobile phone all the time
Care from one or more regular carers (parents/family members), so the baby makes a bond and safe attachment* .	A number of different carers , some for a very short time. This means there may be difficulties in bonding and safe attachment* .	The baby is left alone too much. Different carers to whom the baby is not attached* are asked to care for the baby. Carers are not experienced and may not be safe .
The baby is stimulated by activities and playing with safe objects/toys, which are right for the baby's age and stage of development and particular needs. Parent/carer plays with the baby. Encouraged to explore and move around within a safe environment . Regular time spent playing and being with other children <i>e.g. siblings, relatives, at baby and toddler groups</i> .	Parent/carer is aware of importance of activities , and of the baby playing with safe objects/toys Parent/carer knows they should play with the baby. But they do not provide or do these things enough. The baby may not be encouraged enough to explore and move around. Some time is spent playing and being with other children every week, but not each day.	The baby is not stimulated with activities and through playing with objects/toys. Parent/carer does not often play with them . The baby is not encouraged to explore and move around and may be strapped into chair or pushchair or left in cot for long periods (<i>the worker should see the baby out of their cot, pushchair or chair</i>). Does not often meet and spend time playing with other children.
Parent/carer alert to the baby's signals* (including burbling, crying, body language). Responds/ in tune to them and meets their needs .	Parent/carer does not always understand the baby's signals* (<i>including burbling, crying, body language</i>) or meet the baby's needs. Parent/carer may not feel confident in understanding what they need. The baby does not get a consistent response , which will affect their emotional wellbeing .	Parent/carer does not listen to or respond to the baby's signals* (<i>including burbling, crying, body language</i>) unless they make very noisy demands. This has become the baby's way of getting attention . The parent/carer may become angry when the baby cries or

		demands attention.
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Points for practice:

Think - attachment theory*.

A new baby is physically **very vulnerable**. **Any risk** is of great concern.

If a carer focuses on phones/screens for a lot of the time when they are caring for a young child, they **won't provide the interaction** the child needs to **grow and develop** as well as possible.

Stimulation, learning & Development - Age 1 - School Age

Needs met		Needs not met
Parent/carer spends regular time with the child, focusing on them as much as needed for their age and stage of development and particular needs. They talk to them, smile and make eye contact , and offer them affection and physical warmth . They respond to what the child says and does, and when they call them.	Parent/carer sometimes pays direct attention to child but not as much as needed for their age, stage of development and particular needs. They sometimes provide words, looks, smiles and physical warmth , but not always, and need to do so more. They do not always respond to the child. There may be other demands on parent/carer's time which mean they do not give enough time to child.	Parent/carer pays little/no direct attention to child. Does not or does not often smile, make eye contact, speak to the child or provide physical warmth . They often do not respond to them, and their response may be angry . Parent/carer constantly on their mobile phone .
Care from one or more regular carers , so child makes a bond and safe attachment *. <i>The number of carers which is reasonable will depend on the child's age and stage of development, and will later include nursery or class teachers.</i> <i>Parent/carer Begins the process for child to</i>	A number of different carers, some for a very short time. This risks difficulties in bonding and safe attachment *. Taken up the child's 2 or 3 year old Early Education funding* place at an early years setting but does not have regular attendance.	Child is left alone too much . Different carers to whom the child is not attached *, who are not experienced or who may not be safe are asked to care for them. Has not taken up the child's 2 or 3 year old Early Education funding* place at an early years setting- no stimulation or interaction

<i>attend early years setting in the correct timescale - 2yr or 3yr old Early Education Funding *.</i>		with peer.
Child is stimulated by activities and playing with safe objects/toys, right for the child's age and stage of development and particular. Parent/carer plays with the child . Encouraged to explore and run around within a safe environment. Child has some time outside during the week.	Parent/carer aware of importance of stimulation, but does not provide enough activities and play with safe objects/toys. Parent/carer sometimes has time to play with child but often says no . Child may not be encouraged enough to explore and run around. Time spent outside is often due to parent/carer's needs (<i>e.g. child has to sit and wait</i>), but sometimes it meets child's needs (<i>e.g. going to the park</i>)	Child is not stimulated with activities and playing with objects/toys, and what they do play with may be unsafe for their age. Adult does not or hardly ever plays with child. Not encouraged to move around and may be strapped into chair or pushchair or left in cot for long periods (<i>the worker should see child out of cot, pushchair or chair</i>) Time outside is usually for adult outings , to meet adult needs.
Regular time spent with other children e.g. siblings, relatives, at toddler groups.	Under 3, some time spent playing and being with other children but not each day.	Does not often meet and spend time playing with other children.

Points for practice:

Think attachment*

Think - Attendance at Early Years setting is a protective factor

If a carer focuses on phones/screens for a lot of the time when they are caring for a young child, they **won't provide the interaction** the child needs to **grow and develop** as well as possible.

Good attendance will make an **impact on the child's learning & Development**. Poor attendance should be **challenged**.

NB-Some 2yr olds may be entitled to 15 hrs of Free Early Education if they meet the criteria.

All 3yr olds are entitled to 15hrs of Free Early Education

Stimulation, Learning & Development - School Age

Needs met	Needs sometimes met	Needs not met
<p>Starts Reception at the right age. Parent/carer makes sure child gets to school on time every day unless they are ill, and collects on time (until child comes home independently). Parent/carer attends parent teacher meetings. They help/support child to do home school tasks (homework). Parent/carer reads to child of primary school age.</p>	<p>Child may have been registered for school late and started Reception late. Child is often late to school. Sometimes does not go to school although not ill. May be collected late. Parent/carer has some contact with school, but misses some parent-teacher meetings. Does not always help or support child's home-school tasks (homework). Does not often read to primary age child.</p>	<p>Child may not be registered for school. Does not attend school or has very low attendance. Parent/carer has little or no contact with school and hardly ever comes to meetings. Parent/carer does not help with home-school tasks (homework) or read to primary age child.</p>
<p>If home schooled, parent/carer has a plan for the child's education and follows it. This meets learning needs for a child at their age/stage of development. They also make sure the child socialises with children their own age.</p>	<p>Parent/carer may have taken child out of school because they thought it would solve a problem (e.g. bullying). But they are not able to provide a good enough level of home education for the child's age/stage of development, or enough stimulation or social contact with other children.</p>	<p>Parent/carer may say child is home schooled, but they do not have an education plan, or it is not good enough to meet educational needs, or they do not follow it. The child may not be stimulated and have little or no contact with children of their age.</p>
<p>If a child will not go to school, or has behaviour difficulties at school, or is bullied, parent/carer works with school (and other advice, support and services) to solve this.</p>	<p>If a child will not go to school, or has behaviour difficulties in school, or is bullied, parent/carer sometimes but not always works with school (and other advice, support and services). They do some of but not all of what has been planned to solve the</p>	<p>If there are problems for the child such as not going to school, behaviour difficulties or bullying, parent/carer does not work with school or other services to solve these.</p>

	problem.	
Parent/carer encourages child to see school and education as important. Child & parent/carers actively involved & engaged in the school and its activities.	Parent/carer tries to be positive about school and education , but may have had a bad experience themselves. They may give the child a sense school is not very important .	Parent/carer does not see school or education as important. They do not help the child value these.

Points for practice:

Very low attendance causing concern is defined as under 90% (equal to one day missed every 2 weeks). Children might get to school far less than this. Think - School is a protective factor.

If a carer focuses on phones/screens for a lot of the time when they are caring for a young child, they **won't provide the interaction** the child needs to **grow and develop** as well as possible.

Stimulation, Learning & Development - Activities, Friendships

Needs met	Needs sometimes met	Needs not met
Child encouraged to take part in sport and activities. Parent/carer supports child to do activities, helping them to get there, collecting them and including these in budgeting as far as possible.	Parents allows child to go to some sport and activities, but only sometimes offers support to get there or to pay for these. Child attends some of the school activities- fetes, afterschool clubs.	Child is not encouraged or may not be allowed to take part in after- school or out-of-school sport or activities. Family do not engage with the school activities.
Parent/carer understands importance of friendships for child and encourages this. This may include the child having friends round or going to friends' houses.	Parent/carer seems to understand the importance of friendships for the child, but does not often prioritise these. They sometimes but not often allow the child to have friends round or go to friends' houses.	Parent/carer does not encourage or may not allow friendships. They may not allow the child to have friends round or go to friends' houses. Alternatively, they may allow this all the time, without considering risks or setting limits.

<p>Parent/carer talks to the child about safe friendships and helps them to solve friendship problems. They are supportive and take reasonable actions if a child is bullied or harmed in any way (e.g. if necessary contacting school, police or Children’s Services).</p>	<p>Parent/carer sometimes talks to the child about safe friendships and friendship problems but not often. They sometimes take reasonable actions if they find out a child is bullied or has been harmed. But they may not find out this is happening, and if they do, they may not contact the right professionals for help (e.g. school, police, Children’s Services), who can help solve the problem.</p>	<p>Parent/carer doesn’t talk to the child about friendships and friendship problems. Does not prevent child from being engaged in unsafe/unhealthy activities. If a child is being bullied or harmed they may take no action, or actions in anger which are unreasonable (e.g. threats to another child). They do not contact professionals for help (e.g. school, police or Children’s Services).</p>
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Points for Practice:

Some families may have financial difficulties - unable to pay for clubs.

Stimulation, Learning & Development - Addressing Bullying

Needs met	Needs sometimes met	Needs not met
<p>Parent/carer responds to any form of bullying and addresses it immediately with assistance from school.</p>	<p>Parent/carer seems concerned about child and aware of possible bullying but sometimes responds in angry manner and does not resolve the situation.</p>	<p>Parent/carer indifferent to the child being bullied.</p>

Acknowledgements

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Appendices

Appendix 1 - Attachment Relationships

Persistent, severe neglect indicates a breakdown or a failure in the relationship between parent and child. This may be reflected in maladaptive attachment patterns; for example, *neglected children are as likely as children maltreated in other ways to develop disorganised attachment styles*.

However, they differ from other maltreated children in that they show more evidence of delayed cognitive development, poor language skills, and poor social skills and coping abilities (Hildyard and Wolfe, 2002).

They may also present as dependant and unhappy, and display a range of pathological behaviours (see Egeland et al, 1983; Ward, Brown and Westlake, 2012). Children who are neglected from early infancy may find that as their need for nurturing or responsive relationships goes ignored, they withdraw from relationships, feel a greater sense of failure and may even blame themselves for the neglect they experience (Manly et al, 2001).

Type of Attachment	Indicators
Secure attachment	Child has strong feelings of self-confidence and self-worth
Avoidant attachment	Child does not seek out physical contact Child is generally wary Child’s play is inhibited Child is indiscriminate regarding who they interact with Parent/carer fails to recognise or are indifferent to child’s signals and needs
	Child seeks contact, but does not settle when he/she receives it

Ambivalent attachment	Child resists attempts at pacification Child demands parental attention, but angrily resists it Child nervous of new situations This behaviour often reflects parents/carer behaviour that is inconsistent and insensitive, rather than hostile and rejecting
Disorganised attachment	Child is confused and has difficulty in controlling feelings of aggression Child has no impulse control Child experiences parents/carers as frightening and/or frightened and not as a source of safety and comfort

Appendix 2 - Teenage Neglect

Research shows that neglect at home during teenage years can be as damaging as neglect during early years. The Children’s Society conducted research with 1000 adolescents in 2016 which found 8% of teenagers experienced some form of neglect, with lack of supervision being the most common (58%). More young people age 14 and 15 years (3 times as many) than 12 and 13 years reported that their parents hardly ever or never helped them if they had a problem or provided emotional support. This may indicate that as children get older parents think they need less of this kind of support.

Research shows a strong correlation between young people’s **risk taking** behaviour and their not being **emotionally supported at home**. There is also a very strong correlation between young people experiencing very poor health and being exposed to neglectful parenting. Young people that experience neglect report low levels of general competence, feel that no one cares for them, are negative about their future, have difficulty in engaging in education and are generally unhappy with their lives overall.

If the young person experienced different forms of neglect then their emotional wellbeing deteriorated with an increase in externalising behaviours e.g. *drinking alcohol and truanting from school* and internalising behaviours (*depression, anxiety and post-traumatic stress disorder*). Maltreatment that begins during adolescence is more damaging than neglect that starts and finishes during childhood as it causes problems during late adolescence and early adulthood including involvement in criminal behaviours, substance misuse, health-risking sexual behaviours and suicidal thoughts (Thornberry et al 2010).

[The children's society what-we-do/research/troubled-teens-understanding-adolescent-neglect](https://www.childrens-society.org.uk/what-we-do/research/troubled-teens-understanding-adolescent-neglect)

Age of Concern, Ofsted found that SCRs of teenagers showed practice focused on a young person's challenging behaviour rather than the causes of this behaviour and that young people were being treated as adults rather than as children. [Ages of concern learning lessons from serious case reviews.pdf](#)

Appendix 3 - LSCB Neglect Tools

<http://kingstonandrichmondscb.org.uk/practitioners/what-is-child-abuse-and-neglect-113/neglect-128.php>