Portsmouth Neglect Practice Guidance

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Introduction

The experience of neglect during childhood can have significant, long-lasting and pervasive consequences, affecting all aspects of a child's development and their lives into adulthood. It is the most common type of abuse experienced by children. Early identification of neglect, recognition of its consequences and intervention may prevent more serious problems arising.

Working Together 2018 defines neglect as:

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'

Recognising and responding to neglect is the responsibility of all of us. Therefore, this Practice Guidance is for everyone in Portsmouth working with children and families and those who work with adults, who may be parents or carers.

Whilst the statutory definition refers to 'persistent failure to meet needs', neglect can be episodic or cumulative. Neglect is an act of omission and can be difficult to identify. There is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

Neglect can also be intentional or unintentional and is often complex and cumulative in nature. This is important as we need to work to address neglect before a child experiences significant harm as a result.

Types of neglect

As well as the statutory definition, it is important to have regard to the specific needs of children that are often subsumed under the term 'failure to meet basic needs'. Professor Jan Horwath identified additional categories to consider. This breakdown is helpful for workers to begin considering where the child's needs may be being neglected.

Neglect type	Features associated with type of neglect
Educational neglect	Where a parent/carer fails to provide a stimulating environment or show an interest in the child's education at school. They may fail to respond to any special needs and fail to comply with state requirements about school attendance.
Emotional neglect	Where a parent/carer is unresponsive to a child's basic emotional needs. They may fail to interact or provide affection, undermining a child's self-esteem and sense of identity. (Most experts distinguish between emotional neglect and emotional abuse by intention; emotional abuse is intentionally inflicted, emotional neglect is an omission of care)
Medical neglect	Where a parent/carer minimises or denies a child's illness or health needs and/or fails to seek appropriate medical attention or administer medication and treatment
Nutritional neglect	Where a child does not receive adequate calories or nutritional intake for normal growth (also sometimes called 'failure to thrive'). At its most extreme, nutritional neglect can take the form of malnutrition.
Physical neglect	Where a parent/carer does not provide appropriate clothing, food, cleanliness and/or living conditions
Supervisory neglect	Where a parent/carer fails to provide an adequate level of supervision and guidance to ensure a child's safety and protection from harm. For example, a child may be left alone or with inappropriate carers, or appropriate boundaries about behaviours (for example, under-age sex or alcohol use) may not be applied.

The table included at appendix one gives examples of the impact on the child at different ages from these types of neglect, and aims to begin to describe what their lived experience might be.

A child's experience of neglect

This is what neglect felt like to children from their own experiences who participated in work for the Neglect Resource Pack (University of Sterling 2013, page 16)

What is neglect?	What neglect feels like
• Not enough love • Parents and step-parents not spending time with me • Parents and step-parents having no interest in me • Not being able to confide in my mum or dad • Having to look after brothers and sisters – you end up doing your parents' job, the responsibility is passed to you • Parents have no interest in school and not going to parent's nights; not helping with homework • Parents have no control • Parents neglect themselves • The parent can't care – they may be stressed from moving around a lot • Messy hair and clothes – you get judged for your appearance • It's one thing to say they love you but they have to do things to show it • There are no guidelines for parenting • Love is a doing word	• You have to put up a pretence – once in care you feel you are breaking through that barrier, you can be yourself and feel more confident, care makes you come out of your shell • You cover up your feelings • It's hard having no friends and other kids don't realise how difficult that is • Having friends helps but you don't like upsetting your friends when you talk about it so you try not to very much • You get the mickey taken out of you but you blame yourself, not your parents • At school, you can't concentrate on the subject because things are bad in your life and then you feel it's unfair because you get told off • At school a boy shouted at me that I was from a bad family, so then I didn't want people to know • Another girl told everyone and then I got the mickey taken out of me • Feeling it was too crowded in our house, too chaotic • Not enough money and like having two families my parents in one and me and my brother in the other • I didn't think about it much at the time, but when I look back I think it shouldn't have happened

Neglect can also have the following impacts:

- A negative effect on the relationship and attachment between the child and parent; a failure to interact with the child can cause attachment difficulties that may lead to behavioural issues later.
- Consequences such as poor physical health, slow growth, behavioural difficulties and withdrawn behaviour. Children may experience social isolation and poor self-esteem. All of which can affect the child's ability to learn.
- Persistent neglect over time can have a significant effect on the child's neuro-development which can affect their cognitive, social and emotional functioning.
- Older children may be more vulnerable to mental health difficulties, substance misuse, anti-social behaviour and sexual exploitation. Young people may disengage from school and this may be with parental complicity.
- Lack of supervision or boundaries can place children at risk of harm and/or accidents at home and in the community.
- Poor and unsanitary housing can pose a risk to the child's health and safety.
- Children's long-term health and development can be put at risk if routine health checks and treatment are not taken up.
- Nutritional neglect does not only result in children being under-weight. A persistently unhealthy diet and lack of exercise can result in obesity with associated adult health risks such as diabetes and heart disease.

- Long-term, children who have experienced neglect are less resilient, have poorer outcomes and are more susceptible to poor physical and mental health issues, as well as social isolation and poor relationships.

Causes of neglect

It is not easy to say what causes a person to neglect someone. Most people do not set out to purposefully neglect another. Neglect rarely manifests in a crisis that demands immediate action, it commonly occurs alongside other forms of abuse. Child neglect can happen for a number of reasons. The vast majority of families care well for their children despite various difficulties, but a combination of the following can affect parenting and make it harder for parents and carers to meet their child's needs:

- **societal reasons** - such as poverty, poor housing, poor sanitation, and local family support services being difficult to access.
- **individual carers' personal circumstances** - for example mental health issues, substance misuse or living with domestic violence
- **family reasons** - for example parents or carers not being brought up in a positive way themselves and passing on these negative experiences to their children, lack of support from family, friends, neighbours or the wider community

Brandon et al (2020) in their detailed examination of reports relating to children experiencing neglect revealed the complex ways in which the links between domestic abuse, substance misuse and poverty are often inter-dependent, so that addressing a single issue does not deal with the underlying causes or other issues present. Complexity and cumulative harm was almost invariably a feature of families where children experience neglect. Therefore, by applying a Family Approach to understanding and recognising that the needs and desired outcomes of each person in the family and how they affect each other, we are more likely to support and enable sustainable change

Children are particularly vulnerable to cumulative harm in families with multiple and complex problems. However, this does not mean that the presence of these factors necessarily leads to child neglect.

Research by Action for Children (2011) shows that some groups of children may be at higher risk of suffering neglect, although this is clearly not to suggest that there is always a direct link – complex factors within these groups are likely to apply. The groups are:

- children born to mothers who misuse substances, have significant mental health difficulties or who suffer domestic abuse
- low birth weight babies, which can lead to early bonding problems
- children with disabilities
- children whose parents or carers find them hard to care for – perhaps if they are perceived as being overly demanding or withdrawn

Risk factors are **not** causes of child neglect, and the presence of one or more risk factors will not necessarily result in neglect, just as the presence of protective factors does not guarantee that children will be kept safe.

Child neglect occurs in a minority of families, and most people, even those experiencing many risk factors, do not abuse or neglect their children. Indeed, child neglect can also occur in families that experience none of the commonly associated risk factors (Ronan, Canoy, & Burke, 2009).

Distinction between poverty and neglect

The relationship between poverty and neglect is problematic. It is important to separate material impoverishment and emotional impoverishment. It may be difficult to distinguish between neglect and material poverty. However, when considering neglect we should do so with a 'poverty lens', understanding the context in which a family lives.

Care should be taken to balance recognition of the constraints of the parents' or carers' ability to meet their child's need for food, clothing and shelter with an appreciation of how people in similar circumstances have been able to meet those needs. Neglect can be viewed as a persistent failure to meet the essential needs of a child by omitting basic parenting tasks and responsibilities despite parents having the economic resources to meet the needs.

Identifying neglect

The first step for practitioners in working with neglect is identifying those children who may be at risk and being able to state the evidence base for this. Concerns at this stage may have arisen from a one-off event (e.g., a young child being left unsupervised); a change in behaviour or presentation of the child; or it may be that concerns have been building for some time.

The use of clear and straightforward language that properly and explicitly depicts issues in ways that do not dilute impact and harm, or the reality of life for the child, can help professionals to discuss and name difficult topics.

This said, situations of neglect can be heightened as a result of the parent / carer's response to those who recognise it, raise it with them and offer support. The way in which concerns about neglect are raised is vital. The term 'neglect' itself is not very restorative and when parent/ carers hear this, it may lead to them not wanting to work with the person raising concerns. When raising concerns, it is better to not use the term 'neglect' but to be specific and use language that directly describes what the practitioner has observed.

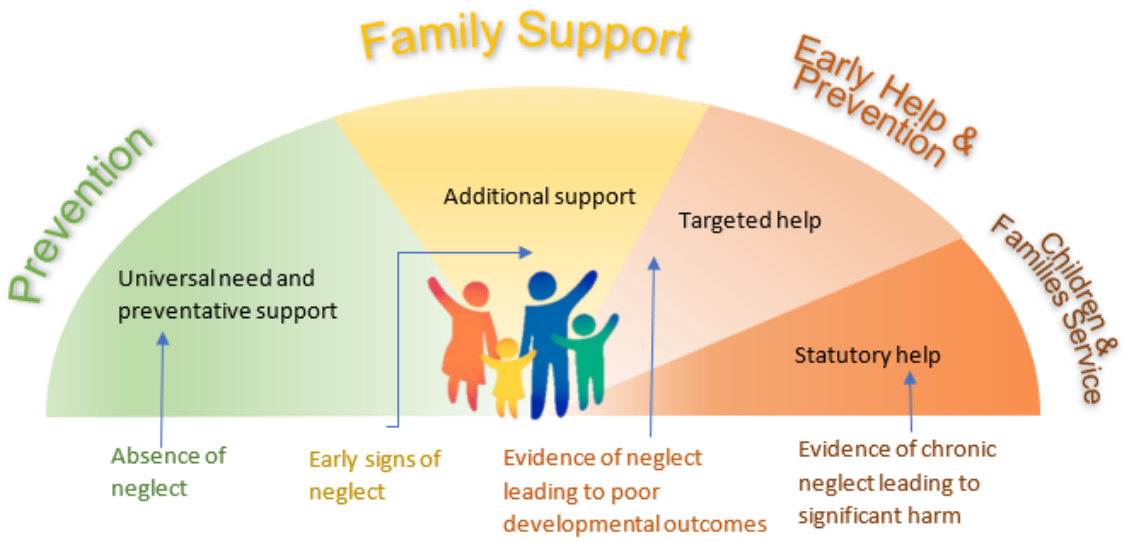
To be able to recognise neglect practitioners need to understand the daily lived experience of both the child and the family as a whole. Neglect rarely manifests in a crisis that demands immediate action. Circumstances causing neglect often take years to develop and commonly occurs alongside other forms of abuse.

Response to neglect

Response to the recognition of neglect is no different to how any type of abuse should be responded to. We know the majority of parents can be supported to change their behaviour and improve the lives of their children.

Once concerns about neglect are identified practitioners need to make judgments about the level of intervention that is required and what should happen next. The practitioner or agency that has identified the concerns must evaluate the seriousness of their concerns and decide what the appropriate response should be using the **indicators of need for neglect** (appendix 2). It is important to note that thresholds operate on a continuum and it is important to provide the family with the right support at the right time.

As with all form of abuse and neglect, the Portsmouth Thresholds should be referred to, in order to reflect upon the appropriate response.



Local threshold	Neglect	Description	Response
Universal: needs are consistently met	No neglectful parenting	Consistent good quality parenting where the child's needs are always paramount/ a priority	Universal services offer with no additional input which offer preventive interventions
Preventative Support: emerging need that would benefit from signposting to extra help from universal services	Emerging neglect	Periodic incidents of carers struggling to provide care in one or two areas of basic needs that are having a minor impact on the child; most of the time a good quality of care is provided across the majority of the domains.	Universal services provide preventive interventions
Additional Support: coordinated support from universal services	Mild neglect	Periodic and sustained incidents of carers struggling to provide care in one or two areas of basic needs that are having a visible impact on some elements of a child's development and outcomes	Family Support Conversation and Plan to provide coordinated, multi-agency help
Targeted Help: complex needs for the child and their family	Moderate neglect	Periodic and sustained incidents of carers struggling to provide care across several areas, despite multi-agency support. There is a continuing impact on the child's development and outcomes	Contact to MASH for consideration of support from the Integrated Early Help & Prevention Service
Statutory Help: child in need or a child in need of protection	Severe neglect	Persistent and sustained incidents of carers not providing care across the majority of areas	Contact to MASH for consideration of support from the Family Safeguarding Service

Decisions following the identification of neglect may include:

- Talking about your concerns with the family and continuing to support and monitor the situation as a single agency
- Gaining consent from the family to start the Family Support Plan process
- Gaining consent from the family to contact MASH for consideration of additional support from the Integrated Early Help and Prevention Service
- Contact MASH for consideration of a statutory response from the Family Safeguarding Service

Making a decision not to contact MASH may be an appropriate response if there is felt to be the potential to effect positive change, and where the risks to the child are felt to be manageable. Within these situations it is also important that the parents have a level of understanding and acceptance of the practitioner concerns and the motivation to work with others to improve things.

Where a family or child is receiving additional support as a result of concerns about neglect, it is particularly important that the support is planned, monitored and reviewed regularly and that there is a good system for interagency liaison and coordination. It is always good practice to review this decision at regular intervals with your supervisor or line manager with the following considerations:

- Is the Family Support Plan working and is this making a difference for the child?
- In view of the signs, indicators and risk factors that originally caused concerned, has there been any change?
- Is there an indication that the child is at risk of significant harm and may be in need of protection?

Concerns that a child is experiencing significant harm will always need to be referred to MASH in order that a multi-agency assessment can be undertaken. As well as the factual information about the child, their family members, and the reasons for the contact, MASH will require the following information:

- What evidence is there of an impact on the health, safety and wellbeing of the children? (Draw upon facts and observations rather than feelings and assumptions)
- What changes have occurred in the family circumstances to require a referral?
- Why you think this has come about?
- What has already been done to try and improve the situation?
- Does the parent know they are being referred and what sort of help do they want or expect?
- How will you remain involved with the family?
- What would you like the Family Safeguarding Service to do?

Professionals who contact MASH should address the questions above when completing the Inter-Agency Contact Form.

Principles of Assessment

When working with children or adults, assessment is an integral part of a practitioner's day to day work. You assess a child (or a situation) every time there is a contact and make judgements as to how that child is presenting and if there are any concerns. The assessment of neglect is no different. However due to the complexity of neglect and the fact that it is often a cumulative effect, assessment of and responses to neglect need to be carefully considered and well structured.

It should also be remembered that identification of neglect usually never starts with an allegation from a child; invariably they are from an observation by a professional, or concerns raised by a relative or a member of the community.

Assessment of neglect should be multi-agency, identify strengths as well as difficulties and include direct observation of children and parents as self–reports are not always accurate.

It is important to assess the experience of each child within the family unit as a unique individual and their experience, relationship, and reliance on their parent. Not all children in a family will be treated the same or have the same roles or significance within a family. For example, there may be a child who is perceived to be different, perhaps due to an association by the parent(s) with a difficult birth, the loss of a partner, the child's age or needs, an unplanned child, a stepchild or change in life circumstance. Negative feelings may be projected onto one child but not others in the family

Practitioners should discuss concerns with safeguarding leads if they are unsure about what they are identifying.

Day in my life tools

Whilst the Family Support Conversation or Initial Assessment can help identify the presence of neglect and some potential contributing factors, they may not always give sufficient detail of the impact upon the child.

We need to be able to think from a child's perspective and understand their daily lived experience, to consider our professional concerns in terms of what they may mean to that particular child. What is the impact on them and what effect will it have on their developmental needs both at present and into the future?

Day in My Life Tools provide a reference point to assist professionals thinking when exploring neglect with children and their families/carers. Each tool reflects a different group of children and young people and identifies particular issues professionals may want to consider. For example, the signs of neglect of older children may be more difficult to identify than signs of neglect in younger children, and older children may present with different risks. For example, older children may want to spend more time away from a neglectful home and, given their experience of neglect, they may be more vulnerable to risks such as going missing, offending behaviour or exploitation.

These tools can be used to guide conversations, contribute to assessments of need and support identification of thresholds. The Day in the Life Tools and Guide can be downloaded and printed, (see appendix 3).

Parenting capacity

When thinking about parental neglect of a child we are trying to establish whether or not the parents meet the child's individual needs, and if not what might be contributing to this.

There may be underlying issues that diminish the parental capacity, either on a temporary or more permanent (chronic) basis. In identifying neglect, practitioners might also consider how parents interact with support services, whether they are open to advice and guidance and able to act upon it, or whether there is an apparent lack of motivation or even a level of hostility. If support has been attempted in the past, did it work or not? Why was this?

The behaviour of seriously neglectful parents is frequently characterised by care which lacks consistency and continuity. There may be brief intervals when care is marginally improved. This may raise the hopes of those providing services, but improvements are usually short-lived and can create a sense of hopelessness for those supporting the family. This is why good chronologies and a sound knowledge of the family history, including previous service interventions, are vital to any assessment of the neglect.

Relational practice

Figure 1 The model is taken from the Scottish Trauma Model 'Transforming Psychological Trauma'

The Neglect Literature Rapid Review on Interventions (Scott, J and Daniel B, Stirling University 2018) highlighted and summarised a number of principles when working with families and children around neglect, including the importance of building relationships:

- The important role of relationships between the parent and child, family and worker, and family with the community for sustaining change cannot be underestimated. Relationships need to be collaborative and authentic.
- Effective engagement is essential for interventions to have the greatest impact. Early engagement is critical to establishing a relationship and the actions of professionals at this early stage are critical.
- Parental anger, ambivalence and testing of relationships may be part of a process of building trust, and a worker's action to find solutions to immediate difficulties may be the building blocks for tackling more entrenched behaviours.
- Trust is practical as well as emotional.
- Parental resistance to support initially could be a protective response rather than an unwillingness to engage.
- Balancing child-centred monitoring with efforts to socialise parenting and maintain strong connections to parents is challenging.

The use of chronologies

Due to the pervasive nature of neglect, the importance of collating seemingly small, un-dramatic pieces of factual information in order to present an overall picture of the child/young person cannot be understated.

A chronology seeks to provide a clear account of all significant events in a child's life to date. This brief and summarised account of events provides the opportunity to identify and respond to patterns of concern as well as emerging need and risks and can be used to inform decisions on support and safeguarding services required to promote a child's welfare.

Chronologies are particularly important when working with neglect where there may be fewer critical incidents, but where children live in families where they are exposed to chronic and long-term harm. Chronologies can help identify these patterns of harm. Chronologies are also particularly useful in instances of medical neglect and essential in relation to concerns around perplexing presentations/ fabricated or induced illness.

Chronologies help to make links between the past and the present, helping to understand the importance of historic information upon what is happening in a child's life now. A good chronology can draw attention to seemingly unrelated events or information and assist the process of assessment and care planning.

Chronologies do not replace routine recording but offer a concise summary view of events and interventions in a child's life in date order and over time. These should include:

- changes in the family composition (new adults in the home), address and educational establishments.
- any periods of school exclusion or non-attendance, any injuries, periods of hospitalisation, changes to health including weight loss/gain.
- any domestic abuse or parental substance misuse, any missing episodes or attempts to self-injure as well as any discussions with other practitioners where information is shared.

The chronology is not a life story book and should not duplicate or replace the child's record. The primary function of a chronology is to record factual information. It should not contain contentious material, opinion or judgement. The chronology is used to inform an assessment and analysis, but this should be recorded separately.

It should be used by practitioners as an analytical tool to help them to understand the impact, both immediate and cumulative, of events and changes in the child or young person's developmental progress. When carried out consistently across agencies, good chronologies can improve the sharing, and understanding of the impact of information about a child's life. Chronologies are also helpful in supporting reflective supervision and future decision-making for a child.

Purpose of supervision

Good supervision is central to the management and oversight of working with families where there are concerns about child neglect. In working with neglectful families, the following are specific considerations to make:

Serious neglect poses worrying problems for practice. It raises anxiety but also can create a kind of numbed despair. Working with chaotic families can equally be reflected in a sense of hopelessness. Part of the supervisory process should be to identify these feelings and work on ways of minimizing the effects

Lack of direction and drift have been characteristics of a number of instances where neglect has resulted in tragic deaths. Therefore, a key component of effective supervision should be to give focus and purpose to the work

Supervision must always review the state of the children at that time and consider risk in a holistic sense (e.g., Implications of missed medical appointments etc). Supervision should involve a dialogue about outcomes sought for the child

Since inter-agency and inter-professional work is essential for these supporting these families, supervision in the conventional sense can usefully be widened, and can on occasion (for example) involve managers and workers from other agencies in a case discussion.

Supervision should support practitioners to be open and honest with parents about the ways in which their care falls short of meeting their children's needs, and what should be done, not only about immediate safety, but about the conditions for their child's healthy development

Useful links

- Protecting children from neglect *(Source: NSPCC, 2021)*
- Growing Up neglected: a multiagency response to older children JTAI report *(Source: OFSTED, CQC, HMICFRS, HMIP, 2018)*
- Noticing and helping the neglected child: Summary of a systematic literature review *(Source: Taylor & Scott, 2010)*

Appendix One - Experiences of Neglect by Horwath's Classifications

Age Group	Medical	Nutritional	Emotional	Educational	Physical	Lack of Supervision
Infancy: 0-2 years	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult.	Some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Pre-school: 2-4 years	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200 – 1500 calories per day, and/or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development, e.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices, e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Primary: 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention, e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
Adolescent: 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour, e.g. in sexual activity	Adolescents may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury

Appendix Two: A guide to recognising the severity of neglect in children

Development and Education				
	Tier 1 - Universal	**Tier 2 - Additional**	**Tier 3 - Multiple & Complex Needs**	**Tier 4 - Requires a Statutory Response**
Pre-school specific check-list (aged 0-5 years)	• Child well stimulated, carer aware of importance of this • Carer takes child out to local parks/activities regularly	• Carer is aware of importance of stimulating child however sometimes inconsistent interaction due to personal circumstances • Carer takes child out to parks/activities - although sometimes struggles	• Carer provides inconsistent or limited stimulation, child is sometimes left alone unless making noisy demands • Child has limited opportunities for activities/outings	• Carer provides limited or no stimulation • Carer gets angry at demands made by child • Carer is hostile to professional advice • Child is restrained for the carer's convenience, such as in a pram • Few if any activities/ outings for the child. Child never has the opportunity to mix with peers.
School aged child specific check-list (aged 5-16 years)	• Child receives good level stimulation- carer talks to child in interactive way, reads stories, plays with child • Child has age appropriate toys	• Carer provides appropriate level of stimulation • Child has toys/games to support their development	• Carer provides inconsistent stimulation, does not appear to understand the importance for the child. • Child lacks age appropriate toys/ games (not due to finances)	• Little or no stimulation provided. • Carer provides few toys/games - usually from other sources - not well kept.
	• Carer takes child out to local parks/activities regularly	• Carer takes child out to parks/activities - although sometimes struggles	• Child has limited opportunities for activities/outings	• Few if any activities/ outings for the child • Child prevented from going on outings/trips (e.g. with schools or friends).
	• Carer takes active interest in child's schooling, attendance good, encourages child to see education as important. • Interested in school and homework.	• Carer understands importance of school • Provides appropriate level of support although sometimes personal • circumstances lead to inconsistency • Attendance generally good - can sometimes sanction days off where not necessary	• Carer makes limited effort to maintain schooling, lacks consistent engagement. • Carer does not actively support homework/ • attendance	• Carer makes little or no effort to support education/schooling. • Lack of engagement, no support for homework. • Does not regard attendance as a concern. • Does not encourage child to see any area of education as positive.
Friendships	• Carer supports friendship and understands importance to child	• Carer supports friendship, but does not always promote	• Child mainly finds own friendships, carer does not understand importance of friendships	• Carer hostile to friendships and shows no interest/support
Bullying	• Carer alert to child being bullied/bullying behaviour and addresses issues	• Carer aware of bullying and intervenes when child asks	• Carer has limited understanding of child being bullied/ bullying behaviour and does not intervene or appropriately support child	• Carer indifferent to child bullying or being bullied

Healthcare				
	Tier 1 - Universal	**Tier 2 - Additional**	**Tier 3 - Multiple & Complex Needs**	**Tier 4 - Requires a Statutory Response**
Safe infant care and health care for unborn baby	• Carers make infant focused care decisions. • Carers follow safe sleep guidance for infants and recognise impact of alcohol or drugs on safe sleeping. • Avoids smoking in the household.	• Carer less infant focused, aware of safe sleep advice but follows advice chaotically. • Aware of impact of alcohol, drugs and smoking on safe sleeping but follows inconsistently.	• Infants needs secondary to carers needs. Carers unaware of safe sleep guidance even when provided. • Ignores or is resistant to advice on sleep position. • Carer does not recognise impact of alcohol, drugs and smoking on safe sleeping of infant.	• Infants' needs not considered. • Carer indifferent or hostile to safe sleep advice, views advice as interference. • Carer hostile to advice about impact of drugs, alcohol and smoking on safe sleeping.
Advice and intervention	• Advice sought from health professionals and/or experienced friends and family.	• Advice is sought, but inconsistently followed because of carers own needs.	• Carer does not routinely seek health advice, but will when there are serious health concerns for the child or when prompted by others.	• Carer only seeks health advice in an emergency. • Allows child's health to deteriorate before seeking help. • Hostile to advice to seek medical help.
	• Health appointments attended, preventative health care accessed (immunisations, dental care).	• Understands the need for preventative health care but is inconsistent in taking child to dental and immunisation appointments.	• Does not routinely attend preventative care appointments but does allow access to home visits.	• Preventative health appointments not attended, even if home appointment arranged.
	• Health appointments attended, preventative health care accessed (immunisations, dental care).	• Understands the need for preventative health care but is inconsistent in taking child to dental and immunisation appointments.	• Does not routinely attend preventative care appointments but does allow access to home visits.	• Preventative health appointments not attended, even if home appointment arranged.
Disability, chronic health conditions and illness	• Carer is positive about child with disability or health condition.	• Child and issues of disability and health need impact on the carers feelings for the child.	• Carer shows anger or frustration at child's disability or health condition.	• Carer does not recognise the identity of a child with a disability or chronic health condition, and as a result is negative about child.
	• Carer is active in seeking advice, accessing appointments and advocating for the child's wellbeing.	• Carer is not pro-active in seeking advice and support on child's health needs but accepts it when offered.	• Carer does not accept advice and support on the child's health needs and is indifferent to the impact on the child's disability or health condition.	• Carer is hostile when asked to seek help for the child and is hostile to any advice or support around the child's disability or health condition.

Appearance				
	Tier 1 - Universal	**Tier 2 - Additional**	**Tier 3 - Multiple & Complex Needs**	**Tier 4 - Requires a Statutory Response**
Clothing	• Child has clean clothes that fit. • Dressed for weather and carers aware • of the need for age appropriate clothes	• Clothes sometimes unclean, crumpled, poorly fitted. • Carer considers clothing to meet needs of child but personal circumstances can get in the way.	• Clothes dirty, poor state of repair and not fitted. • Not appropriate for weather, and insufficient items to allow for washing. • Carer indifferent to importance of clothing.	• Clothes filthy, ill-fitting and smell. Unsuitable for weather. • Child may sleep in day clothes, not replaced with clean clothes even when soiled. • Carer hostile to advice about need for appropriate clothing for child.
Hygiene	• Child is cleaned, washed daily and encouraged to do so age appropriately.	• Child reasonably clean, but carer does not regularly wash or encourage the child to wash.	• Child unclean, only occasionally bathed or encouraged to.	• Child looks dirty, and is not bathed. • Teeth not brushed and lice and skin conditions become chronic.
	• Child encouraged to brush teeth. Lice and skin conditions treated. Nappy rash treated. • Carer takes an interest in child's appearance	• Teeth inconsistently cleaned and lice and skin conditions inconsistently treated. • Nappy rash a problem, but carer treats following advice.	• Poor dental hygiene. • Carer indifferent to nappy rash despite advice. • Carer does not take interest in child's appearance and does not acknowledge importance of hygiene.	• Teeth not brushed, lice and skin ailments not treated. • Carer hostile to nappy rash advice and does not treat. • Carer hostile to concerns raised about child's lack of hygiene.
Feeding and Eating				
Food	• Appropriate quality food and drink for age/ development of child. • Meal routines include family eating together. • Special dietary requirements always met and carer understands the importance of food.	• Reasonable quality of food and drink in adequate quantity, lack of consistency in preparation and routines. • Special dietary requirements inconsistently met. • Carer understands importance of food but sometimes circumstances impacts on ability to provide.	• Low quality food, often inappropriate for age/ development, lack of preparation and routine. • Child hungry. • Special dietary requirements rarely met. • Carer indifferent to importance of food for the child.	• Child receives inadequate quantity of food and observed to be hungry. • Low quality of food, predominance of sweets or 'junk' food. • Special dietary requirements never met. • Carer hostile to advice about food

Attachment and Care				
	Tier 1 - Universal	**Tier 2 - Additional**	**Tier 3 - Multiple & Complex Needs**	**Tier 4 - Requires a Statutory Response**
Parental motivation for change	• Carer is determined to act in child's best interests	• Carer seems concerned with child's welfare • Carer wants to meet their needs but has problems with their own pressing needs.	• Carer is not concerned enough about child to address competing needs and this leads to some of child's needs not being met • Carer does not respond to the child's cues	• Carer rejects the parenting role and takes a hostile attitude to child care responsibilities
	• Carer is concerned about child's welfare and wants to meet the child's physical, social and emotional needs to the extent they understand them	• Professed concerns are often not translated into actions, and carer regrets their own difficulties are dominating. • Would like to change but finds it hard.	• Carer does not have the right priorities and may take an indifferent attitude	• Carer does not see that they have a • responsibility to the child and believe the child • is totally responsible for themselves, or the child deserves hostile parenting
	• Carer is realistic and confident about the problems to overcome and is willing to make sacrifices for the child.	• Disorganised, pays insufficient time to children or misreads signals.	• Lack of interest in and understanding of the child's welfare and development	• May seek to give up responsibility for the child
Environmental Factors				
Housing	• Accommodation has all essentials for cooking, heating, bathroom and all in reasonable repair. • Stable home without unnecessary moves. • Carer understands the importance of stability and home conditions for the child. • Animals are appropriately cared for and do not present a risk to the child.	• Accommodation has some essentials but requires repair/decoration. Reasonably clean, may be damp. • Carer taking steps to address this. • Reasonably stable, but child has experience some moves/new adults in home. • Carer recognises importance of stability and home conditions but personal circumstances hamper this. • Concern about welfare of animals in the home	• Accommodation in disrepair, carers unmotivated to address resulting in accidents and potentially poor health for child. • Home looks bare, possibly smelly, lack of clean washing facilities whole environment chaotic. • Child has experienced lots of moves and lots of adults coming in and out of home for periods. • Carer does not accept importance of home conditions and stability for child. • Issues of hygiene an safety due to animals in the home	• Accommodation in dangerous disrepair and has caused number of accidents and poor health for child. • Home squalid, lacks essentials of working toilet, bath facilities, bedding, food preparation facilities. • Smells. • Faeces or harmful substances visible. • Child has experienced numerous moves often at short notice, overcrowding. • Animals pose a risk to children in the home.

Emotion and Behaviour				
	Tier 1 - Universal	**Tier 2 - Additional**	**Tier 3 - Multiple & Complex Needs**	**Tier 4 - Requires a Statutory Response**
Warmth and Care	• Carer provides emotional warmth, responds appropriately to physical needs. • Carer understands importance of consistent demonstration of love and care.	• Carer mostly provides emotional warmth, talks kindly about child and is positive about their achievements. • Sometimes carers own circumstances get in the way of demonstrating love and care.	• Carer inconsistent in providing emotional warmth, does not praise or reward. • Carer can sometimes respond verbally aggressively if child distressed or hurt. • Carers can be indifferent to advice about importance of love and care to their child.	• Carer does not show emotional warmth to child, emotional response tends to be harsh/critical and unkind. • Hostility to advice and support. • Carers do not provide any reward or praise and can ridicule child if others praise.
Young caring	• Child contributes appropriately to household tasks.	• Child has some additional responsibilities within the home but these are age and stage appropriate, carer recognises that child should not be engaged in inappropriate caring/responsibilities however sometimes personal circumstances get in the way.	• Child has some caring responsibilities that are having an impact on education and leisure activities.	• Child has caring responsibilities which are inappropriate and impact on their educational and leisure opportunities. • Impact is not well understood by carer. • Carer hostile to advice and support.
Boundaries	• Carer provides consistent boundaries, provides appropriate discipline.	• Carer recognises importance of boundaries and appropriate discipline but sometimes struggles to implement.	• Carer provides inconsistent boundaries, sometimes uses inappropriate sanctions, can hold child entirely responsible for their behaviour. Lack of boundaries could cause potential harm.	• Carer provides few or no boundaries, treats child harshly when responding to their behaviour. • Physical chastisement used and other harsh methods of discipline. • Carer hostile to advice about appropriate boundaries/methods of discipline. Permissive parenting
Adult arguments	• Carers do not argue aggressively in front of the children - sensitive to impact on children.	• Carers sometimes argue in front of the children, no domestic abuse between parents. • Carers recognise impact of their behaviour on child.	• Carers frequently argue aggressively in front of the children, sometimes this leads to domestic abuse. • Lack of understanding of impact on and harm to child.	• Carers frequently argue in front of children and there is domestic abuse. • Indifference to the impact on child, inability to put their needs first. Child at risk of direct/indirect harm.

	Tier 1 - Universal	Tier 2 - Additional	Tier 3 - Multiple & Complex Needs	Tier 4 - Requires a Statutory Response
Values	• Carers encourages child to have positive values and understands importance of child's development.	• Carer sometimes encourages child to have positive values.	• Carer inconsistent in providing child to have positive values.	• Carer actively encourages negative attitudes in child, at times condones anti-social behaviour.
	• Carers provide advice and support.	• Awareness of importance of child development but not always able to support and advise child.	• Provides little advice or guidance and does not monitor child's use of inappropriate materials/ playing inappropriate games.	• Indifferent to smoking/under-age drinking, no advice provided. • Allows child to watch/play inappropriate material or games
	• Carer does not talk about feelings of depression/ • Low mood in front of the children - aware of impact on child.	• Carer does discuss some feelings of low mood in front of child - aware of the impact on the child.	• Carer talks about depression in front of the child, limited insight into impact on child.	• Carer frequently talks about depression/suicide in front of the child - may have attempted suicide in front of child. Carer can hold child responsible for feelings/depression. • Carer will not engage in support and can be hostile to advice.
	• Carer does not misuse alcohol or drugs. • Carer able to respond if emergency situation occurs.	• Minimal use of substances - not in front of child. Understanding of impact of substance misuse on child. • Arranges additional support when unable to provide fully for child.	• Misuse of drugs and alcohol sometimes in front of child. Lack of awareness of impact of substance use on child. • Use leads to inconsistent parenting. • Finances are affected.	• Significant misuse of substances. Carer significantly minimises use and is hostile to advice, support - refuses to engage. • Carer cannot respond to child's needs. Absence of supportive network. • Child exposed to abusive/frightening behaviour of carer or other adults.

Safety and Supervision				
	Tier 1 - Universal	**Tier 2 - Additional**	**Tier 3 - Multiple & Complex Needs**	**Tier 4 - Requires a Statutory Response**
Safety awareness	• Carer aware of safety issues uses safety equipment. • Child taught traffic skills.	• Carer aware of safety issues but inconsistent in use and maintenance of safety equipment. • Child given some guidance about traffic skills.	• Carer does not recognise dangers to child, lack of safety equipment- carer indifferent to advice. • Child given insufficient guidance about traffic skills.	• Carer does not recognise dangers to child's safety, can be hostile to advice • Lack of supervision around traffic and an unconcerned attitude.
Supervision	• Appropriate supervision provided in line with age/level of development.	• Variable supervision provided, but carer does intervene where there is imminent danger. • Carer does not always know were child is.	• Little supervision, carer does not always respond after accidents, lack of concern about where child is, inconsistency • is concerned about lack of return home/late nights.	• Lack of supervision, child contained in car seats/ pushchairs for long periods of time. • Carers indifferent to whereabouts of child, no boundaries, carer hostile to advice, lack recognition of impact on child's wellbeing.
Handling of baby	• Carer responds appropriately to needs of baby.	• Carer not always consistent in responses to baby's needs-can be precarious in handling and inconsistent in supervision.	• Carer does not recognise importance of responding consistently to baby's needs. • Handling precarious and baby left unattended at times. • Carers does not spend time with baby cooing/smiling - lacks recognition of importance of comforting baby when distressed.	• Carer does not respond to the needs of the baby, dangerous handling / baby left unattended. • Baby lacks adult attention and contact. • Carers hostile to advice and lacks insight to impact of their behaviours on the child.
Care by other adults	• Child is left in care of trusted/vetted adult. • Carer/child always knows each other's whereabouts.	• Child (0-9yrs) sometimes left with a child (10-13yrs) or a person who may be unsuitable. • Carer/child sometimes unaware of each other's whereabouts. • Carer aware of importance of safe care but sometimes inconsistent due to own circumstances.	• Child (0-7yrs) left with child (8-10yrs) or an unsuitable person. • Carer/child often unaware of each other's whereabouts. • Child sometimes found wandering/locked out • Carer does not raise importance of child keeping themselves safe,no advice/support.	• Child (0-7yrs) left alone, in company of young child or unsuitable person. • Child often found wandering/ locked out. • Carer hostile/unable to talk on board advice and guidance about giving safe care. • Child exposed to multiple carers.

	Tier 1 - Universal	Tier 2 - Additional	Tier 3 - Multiple & Complex Needs	Tier 4 - Requires a Statutory Response
Responding to Adolescents	• The child's needs are fully considered with appropriate adult care. • Parent responds appropriately to risky behaviour.	• Carer aware of child's needs but inconsistent in providing for them, responds inconsistently to risky behaviour.	• Carer does not consistently respond to child's needs, recognises risky behaviour but does not always respond appropriately.	• Career indifferent to whereabouts of child and child's whereabouts often unknown. Child frequently going missing. No appropriate supervision of child's access to social media. • No guidance or boundaries about safe relationships including appropriate friendships and sexual relationships. Relationships are not age appropriate. • Child's needs are not met, lack of recognition by carer that child requires guidance and protection, does not recognise or address risky behaviour.

Appendix three: A Day in the Life Guide and Tools

A Day in the Life Guide

Day in the Life - Unborn baby

Day in the Life - Baby

Day in the Life - Pre-school child

Day in the Life - Primary school aged child

Day in the Life - Adolescent

Day in the Life - Child with disabilities