# NOTTINGHAM CITY – CHILDREN'S INTEGRATED SERVICES

# NEGLECT TOOLKIT

**Acknowledgements:**

Nottingham City Children's Integrated Services have chosen to adopt the toolkit below to support the identification of neglect. This toolkit has been developed by the Nottinghamshire Safeguarding Children Partnership, who have adapted this toolkit which was initially developed by Jane Wiffin on behalf of Hounslow LSCB and then revised by North Somerset; to offer a 'Structured Judgement Approach' to the identification of child neglect and the tools for agencies to work in partnership with families to improve outcomes for the children and young people.

**Introduction:**

The child and young person's Neglect Toolkit is not a clinical tool to diagnose neglect but is designed to assist you in identifying and assessing children and young people who are at risk of and experiencing neglect. It is to be used when you are concerned that the quality of care of a child/young person you are working with suggests that their needs are being neglected. The toolkit can be used in a number of ways.

- Working in partnership with parents to assess levels of concerns and identify areas of strength
- Working with an adolescent to assist them in understanding their lived experience
- Identify priority areas for your intervention and areas of focus for change
- Used within Supervision to support and develop the practitioners assessment
- By using this toolkit in partnership with families it will support your practice and enable you to have honest conversations regarding levels of neglect and recognise strengths which can be extremely motivating for families when faced with professional worries.

This **tool** does not replace **assessments** such as the Early Help Assessments or Children's Assessments.

**Using the Neglect Toolkit**

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

Examples of how this template could be used:

- Completed as a 'baseline' with families – you can then revisit it to monitor progress and change.
- To present to Initial and Repeat Child Protection Conferences to highlight the extent of concerns and the impact on the child.
- To support a request to transfer the case to another team (e.g. step across to social work team)
- As evidence for PLO, LPM and Care Proceedings.

**Child and Young Person's Neglect Toolkit summary sheet.**

Child's name: A, B, C, D, E, F, G , H, I,J (Sibling Group of 10)

Practitioner: Click here to enter text.

Date: 10/05/2021

Agency: Click here to enter text.

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

Have you used the descriptors to inform your completion of the checklist? **YES**☒ / **NO**☐

| Areas of Need | Level of Concern | | | | Examples | Evidence of impact on the child/young person | Parents View |
|---|---|---|---|---|---|---|---|
| **AREA 1: PHYSICAL CARE** | **1** | **2** | **3** | **4** | | The children are living in unhygienic and chaotic home conditions that are likely to have an impact on their health and emotional well-being. In addition, there is a real concern that one of the children will be hurt due to the unsafe home conditions, for example, missing spindles/bannister rails.<br><br>It is also concerning for the children's emotional well-being in regards to the impact wearing ill-fitting clothes will have by setting them aside and | Mum disputes the concerns over the home conditions. She has stated that it is the children's fault and they are old enough to clean after themselves. Mum has stated the children do not know what good home conditions are and that Social Care should teach them. Mum also states if she does the cleaning for the children they will never learn how to do it for themselves.<br><br>Mum strongly disputes that the home conditions have deteriorated over the past few months and reports that nothing has changed and Social Care |
| Food | ☐ | ☒ | ☐ | ☐ | The family have never asked for support with food and reject offers of food bank vouchers. Although the options of food is often unhealthy (frozen pizza etc.) there is usually food available to the children or food deliveries. The children have also been observed to go to the local shop for essentials and treats. | | |
| Quality of housing | ☐ | ☐ | ☐ | ☒ | There are significant concerns in regards to the current home conditions. Although there have | | |

Nottingham City Council

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | been short periods of improvement, these are rarely maintained and the current condition is unhygienic and at times, unsafe. Examples of this are particularly F's room, which has a very overwhelming smell of urine from F urinating on the carpet. This smell has been so overpowering that it has been difficult to enter the room. There is often food debris on all of the floors, rubbish from food and drinks, drawings on the walls, no bedding on the majority of the children's beds. There have also been concerns over safety of the children. For example, there have been spindles on the stairs missing and not replaced immediately and the children have been observed to play/dangle themselves through the gap over the stairs. | singling them out from their peers. This is likely to have been an embarrassing situation for the children.<br><br>The children have not had permanent housing for over a year with three house moves. This will create a great sense of insecurity and uncertainty about their future and where they will live/schools they will attend. Mum does not appear to understand this concern and has stated she won't get a council house anyway and therefore does not prioritise engaging with housing services until she is in crisis and has no alternative. | are visiting on the 'wrong days'.<br><br>Mum reports that she cleans the house daily despite the concerns being raised.<br><br>Mum did not believe that arranging a repayment plan for her rent arrears was a priority action and said she will call and do this when she has time. She does not agree that she should not be entitled to the full housing benefit due to their adult sister now residing in the property who is claiming benefits of her own.<br><br>Mum has reported that the children have plenty of clean clothes available to them. She also reports that the bedding is usually in the wash. |
| Stability of housing | ☐ | ☐ | ☐ | ☒ | The family are currently residing in temporary accommodation after being evicted in 2020 from their previous property. Unfortunately Mum has gotten into rent arrears again due to a shortfall in her housing benefits and has not prioritised arranging a payment plan. The family are unlikely to be offered a permanent property | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | while there are active rent arrears with no view of repayment. There are also concerns over damages in the house including broken items, drawing/paint on the walls and general poor home conditions. | | |
| Child's/young person's clothing/footwear | ☐ | ☒ | ☐ | ☐ | During home visits the children are often seen half-dressed or in poorly fitted clothing. Schools have raised concerns on a couple occasions due to ill-fitting shoes on E although this has not happened for a number of months. Concerns have also been raised about D's school uniform did not fit. C has also raised with her school that she only had one pair of jeans. | | |
| Animals | ☐ | ☐ | ☐ | ☐ | The family do not have any pets. | | |
| Hygiene | ☐ | ☐ | ☐ | ☒ | As previously stated, there are significant concerns over the home conditions. The home is in disarray and disrepair as well as very unhygienic. There is often food debris on the floor, multiple bags of rubbish and rubbish packets throughout the house. F's room in particular is of great concern. The room smells very strongly of urine. There have been | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | food bits all over the carpet, dirty and ripped mattresses.<br><br>The children often look grubby and unkempt with dirty hands, feet and faces, particularly the younger 3 children, who are reliant on their mothers care to ensure their hygiene needs are met. | |
| **AREA 2:HEALTH** | | | | | | The children's health is at risk due to the poor home conditions and lack of hygiene.<br><br>The children also have no space to relax or have privacy as their bedroom space is chaotic and often not equipped with the most basic items such as clean bedding. This is likely to impact on their emotional and physical development.<br><br>There are also concerns in regards to the impact the missed health appointments have had on all of the children. For example, C was discharged on multiple occasions from the paediatrician for an assessment of possible ASD. This has meant a huge delay in any potential assessments/diagnosis and possible support. Furthermore, F 's missed |
| Safe sleeping arrangements | ☐ | ☐ | ☐ | ☒ | The children's bedrooms are in a state of disrepair. They are unclean and chaotic. They rarely have adequate bedding and often provided with excuses that it is in the wash. F and D are currently sleeping in a room that has an overwhelming smell of urine. | Mum will tell us that some of her children do not like sleeping with sheets or duvet covers on their mattresses. She will also report that the bedding is in the wash on almost every visit.<br><br>Mum will also state that the children's rooms are in such bad condition because they have not cleaned it themselves. When raised with Mum that she needs to ensure the children are sleeping in hygienic conditions she will often repeat if she does this the children will never learn.<br><br>Mum is often defensive and will often blame involved professionals, stating she did not get letters or text messages. When offered support, Mum will become defensive stating she is capable of doing the tasks herself and does not require any such support. However, when challenged when the task has not |
| Seeking advice and intervention | ☐ | ☐ | ☐ | ☒ | There are concerns in regards to Mum's engagement with services. She has often missed health appointments, which has led to the children being discharged on multiple occasions from services. For example, missing C's Paediatric appointments and F's continence clinic appointment. Furthermore, when challenged on not accessing specific services such as housing, she often makes excuses for not completing specific actions but refuses to accept help until in crisis. | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Disability | ☐ | ☐ | ☐ | ☒ | B and D both have diagnosis of ASD. There are concerns that C and F may have additional needs due to some of the behaviours they are displaying. It is a concern that Mum has missed appointments for the children and this has led to them being discharged from the services on multiple occasions. For example, F and the incontinence team, C and the Paediatrician. | appointments with the continence team and being discharged has meant there is still uncertainty around a possible diagnosis and this has also meant issues around F urinating on the floor in his bedroom has continued and allowing the children to continue to live in a home/bedrooms with strong smells of urine and unhygienic home conditions. This will also have an impact on his emotional well-being. | been carried out, Mum will then say she does not receive any support from professionals and is expected to do everything herself.<br><br>Mum has also raised concerns that she believes Christopher has ASD and requested an assessment. |
| **AREA 3: SAFETY & SUPERVISION** | | | | | | The risk to the children's safety due to Mum's actions or lack of is evident. Although up until now the children have been incredibly lucky not to be seriously injured. There are multiple risks throughout the home in which Mum has not addressed such as the missing spindles that were replaced due to a home check by housing. J was seen on several occasions to swing through the gap which was over the drop of the stairs. If she had fallen she would have been seriously injured, as would any of the children. There are also concerns about the youngest children opening | Mum will constantly tell Social Care that she is prioritising safety aspects in her home such as having the spindles repaired and the bannister put back on but housing have confirmed there have been no such reports. These were only picked up by housing due to a home check and emergency repairs were completed within 48 hours due to the safety issues.<br><br>Mum has been advised to keep the front door locked on many occasion but Mum will state the children can get items to stand on and unlock the door. A key lock was installed by housing when this was raised due to |
| Safety awareness & prevention of harm | ☐ | ☐ | ☒ | ☐ | There have been concerns over the children's safety within the home. For example, often the very young children, including J, I and H will open the door to professionals and be left alone for a significant period of time with no suitable adult around. The door is often left unlocked and this is onto a main road. The children are often partially dressed when doing this.<br><br>There have also been some general safety issues including broken spindles on the stairs bannister where the children have | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | been seen swinging through the large gap.<br><br>C and A have both reported to self-harm. No support has been sought for this<br><br>A further example where Mum has failed to protect the children includes a recent incident involving a local unknown young male who has made significant threats towards a number of the children and Mum has refused and been avoidant of reporting this to the police, leaving no alternative than for Social Care to do this on her behalf. | the door to strangers and the potential risks that pose with this. Furthermore, the children could have easily gone out without being noticed and the home is on a main busy road. This could result in a number of scenarios including injury from cars on the road or even being taken by a stranger.<br><br>Mum did not inform the police of the threats being made by the young male towards her children despite these being extremely concerning, for example – threatening Adult Sister with a knife, sexually and physically assaulting her, harassing and throwing things at B and generally being verbally and abusive and intimidating. This places all of the children's safety at risk of physical harm.<br><br>Further to this, Mum's failure to protect the children and speak to the police about the issues reinforces the children's belief that involving professionals will not help and they should put up with being abused and not seek help or support.<br><br>Caring for the younger children puts a lot of pressure on the | Social Care raising concerns during a core group however Mum has shared she often loses the key or F hides it and therefore Mum does not use this lock.<br><br>Mum disputes the concerns over A and C 's emotional well-being. She will deny that C is depressed or low in mood and despite A telling Social Care she has self-harmed due to the home volatile situation, Mum will state that this is not the case and A only self-harms when she falls out with her friends or adult sister, Adult Sister. Mum fails to access support for either child.<br><br>Despite the young male being reported to have made significant threats towards a number of the children and assaulted B and the adult sister, she refuses to seek the police's help, as she says this will put her home at further risk. Mum believes she is protecting the children by doing this despite the threats being on-going and Mum doing nothing to deter them.<br><br>Mum disputes the concerns and states she does know where all the children are and the younger ones would never leave the house without her or an older sibling. Mum also |
| Supervision of the child/young person | ☐ | ☐ | ☒ | ☐ | The younger children are often cared for by the older children. For example, D will support and collect F from school. They have then been known to wait outside Claremont for over an hour until their mum arrives to collect G and H.<br><br>Again, as stated, the youngest children are often observed unsupervised and answering the front door to strangers.<br><br>Mum is not always aware where each child is within the home. This is even the case for the youngest children. It would not | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | be unreasonable to say if a child left through the front door, she would not be aware. | older ones. D has been described almost like F's carer which is of high concern, especially when considering D's own additional needs. It has been raised by school that D seems down, is now missing a lot of his education and is gradually his emotional presentation is declining.<br><br>Mum appears to be dismissive and uninterested in respect of the emotional health of the adolescents in the home. Furthermore, she does not appear to give them any positive guidance around risky behaviours and in contrast minimises the concerns in turn, increasing the risk. | disputes the concerns of her children being young carers and often states they have no responsibilities.<br><br>Mum will say the children have nothing to be sad about and it is nothing to do with home conditions/situation. She reports she has told A to get help. Mum states she does not allow B to bring cannabis into the home and he must have been around someone who smoked it. |
| Handling of baby/response to baby | ☐ | ☐ | ☐ | ☐ | N/A | | |
| Care by others | ☐ | ☒ | ☐ | ☐ | D provides care for F, for example, taking and collecting from school. We are aware that F presents with challenging behaviours and has limited understanding of risk. In addition, D has his own additional needs with a diagnosis of ASD. We know at times he becomes very frustrated with F and his behaviour appears to cause D anxiety. Historically there were also concerns of D being physically abusive towards F.<br><br>At times the adult sister and A have been left to care for the younger children. Although this may not necessarily be an issue as a one off, they have disclosed completing many of the caring tasks for the younger children even when Mum is present in the home. Through our limited observation of the care provided to the younger children it has been seen as 'good enough'. It is still unclear how much care the adult sister and A provide to the younger children as they report | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | they do most of the care yet this is contradicted by Mum. | | |
| Responding to adolescents | ☐ | ☐ | ☐ | ☒ | Mum disputes that C is depressed or low in mood reporting she has nothing to feel depressed about despite reports of self-harm. The adult sister and A have also raised concerns about C's mental health and emotional wellbeing in regards to poor sleeping and eating habits. She is also reported to isolate herself within the home.<br><br>Mum also neglects Diane's emotional well-being. A has reported self-harm due to the difficult situation at home and her fluctuating relationship with her mother. Mum dismisses this reasoning stating she harms herself when she falls out with friends or her sister, Adult Sister. Mum does not support or encourage A to seek help.<br><br>Despite A still seemingly having contact with the young male who has made threats towards them, Mum did not seek to protect her children by reporting this to the police.<br><br>Concerns have been raised | | |

| | | | | |
|---|---|---|---|---|
| | | continually that B's room smells strongly of cannabis. Mum has been argumentative that B has brought this into the house and has refused to challenge B and has been dismissive of the concerns allowing him to smoke in his bedroom. | | |
| **AREA 4: LOVE and CARE** | | | The older children's self-esteem is extremely low, particularly the girls (A and C) and they do self-harm.<br><br>Although there are no concerns about active exploitation at this time, we worry that the children appear very vulnerable to exploitation because of their low self-worth and the cycle will continue with the younger children as they get older.<br><br>A and the adult sister have become very distressed during a recent visit discussing their emotional difficulties and low mood. During this time they raised concerns about their younger siblings stating that Social Care have always been involved throughout their own lives and their younger siblings | Mum states she loves her children very much and that she loves and praises them regularly. Mum states A only raises these concerns when Social Care are there and when we are not there these are different. Mum believes that A puts on a show and is dramatic for Social Care to get attention.<br><br>Mum disagrees that anything has changed with the way she cleans the house. She feels we are visiting on the 'wrong days'. Mum will report to clean everyday but is not willing to clean the children's bedrooms daily as she feels this is their responsibility and they will not learn if she does it for them. This has resulted in the children sleeping and playing in rooms that are unhygienic and inhabitable. Mum has stated that her children do not know what good home conditions look like because |
| Parent/carer's response to the child/young person | ☐ ☒ ☐ ☐ | Mum has been observed to provide love and affection towards the younger children predominantly. We have observed Mum soothing them when hurt and speaks positively about the younger children. However, there are concerns about how Mum responds to the older children. For example, A self-harms and Mum dismisses this. Mum will often say A should leave if she does not like it in her house. She also tells A to go to her father's house when knowing the risks posed by him. A has stated 'why doesn't my mum love me'.<br><br>Mum is also dismissive of C's low moods, stating she has nothing to be sad about rather than exploring the possible issues.<br><br>Mum appears to understand how | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | to meet the children's emotional needs and the importance of praise, love and consistently, however, she appears unable to consistently provide this for the children. Mum does not necessarily recognise the importance of this for the older children. | were going to grow up 'messed up' or worse, like them. It is clear that the adult sister and A feel they had a negative upbringing and the chaotic lifestyle has had a negative impact on their emotional well-being/development.<br><br>The home is very chaotic for all of the children. It is clear they do not understand or respond positively to any boundaries or routines because they have not had them. The impact of this is the negative affect this has had on the children's behaviour and mood. The children struggle to concentrate at school (when they attend). Very poor school attendance is affecting the children's learning in all areas. They are living in very dirty and unhygienic conditions.<br><br>A lack of routine and boundaries is likely to have an on-going impact on their development and respect for authority. It increases the risk of the children getting into more concerning situations such as CCE. | they have never seen them and that we should be telling them and not her.<br><br>Mum also states she has got a routine and reports to have tea time, bath time and bedtime for all of the children.<br><br>Mum reports the older children only occasionally care for the younger children and this is not an issue. D taking F to school is relatively new and Mum believes D can do this effectively.<br><br>Mum agrees there are arguments in the home between herself, Adult Sister and Diane. She will however deny that this is within her control and feels she is the victim as they 'gang up' on her. Mum will say she is being abused by the adult sister and A and wants them to leave. Mum has told them to go to housing aid. When it is made clear to Mum that A is only 17, and therefore her responsibility to ensure she has somewhere to live, she will respond by saying she can go to her dads. |
| Boundaries and routines | ☐ | ☐ | ☐ | ☒ | Whilst we do not have concerns about Mum using physical chastisement to implement boundaries and routines within the home, we have significant concerns about the lack of routines and boundaries. The children appear to have no routine at all ranging from the youngest to the oldest. This includes non-attendance to school or very limited. When they do attend, they are usually 30 plus minutes late. The children are seen to sleep at random times of the day (C and B are usually asleep no matter what time the visits are undertaken). H has been reported to fall asleep at school. Usually after school visits are undertaken (4-6pm) and it is rare to see any meal prep or evidence of having eaten a meal. The children are often undressed or in pyjamas at all times of the day. There are no organised | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | activities for the children and generally they are left to their own devices to entertain themselves. Other than going to and from school, it is not clear when the children are going out of the house to the park.<br><br>Again, there are many concerns about Mum's inability to provide consistent boundaries. The children appear to sit and play on computes/tablets with no limits to this. When Mum has reported to removing items as a consequence these have then been seen with the children playing with them.<br><br>Mum reports to being unable to complete a large food shop due to the children eating it all in one go. Milk has been observed to be left out in the children's rooms. The children do not pick up after themselves and are observed to drop litter around the house and food with no obvious sign that they understand they are doing anything wrong.<br><br>During a difficult visit where the concerns about home conditions were raised, Mum acted inappropriately, swearing and shouting at the children about it | The concern for the older children caring for the younger children is the impact this is having on their daily lives and emotional well-being. This has affected many areas of their lives including their school attendance and own routines or lack of them.<br><br>The children are regularly exposed to arguments within the home between Mum and the adult sister. A is often involved in the arguments and has reported that this triggers her self-harm and low mood. The impact on all of the children is that they have normalised this level of conflict and they do not appear frightened or concerned about the arguments. Research suggests that children that are subject to domestic abuse and conflict within the home are more likely to be victims or perpetrators of domestic abuse themselves. Domestic abuse also impacts on the development of the children and their emotional well-being causing them to become withdrawn and have low self- | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | being their fault. This was shocking for us to witness and yet the children appeared completely unaffected or phased by this response of their mother, other than being annoyed at Social Care for 'setting her off'. Mum was told it was inappropriate to do this in front of her children. She did eventually calm down but her attitude towards us reinforced the children's negative responses. | esteem and not meet their potential. | |
| Young carers and household responsibilities | ☐ | ☐ | ☒ | ☐ | It is clear that the older children take on much of the responsibility to care for the younger children. This is specifically A. Their adult sister also supports and although she is not a young carer, she has been observed to care for the children on a number of occasions.<br><br>D has also been reported to care for F and school have raised their concerns about this and D's presentation when starting the school day. D has his own additional needs and we know F 's behaviour can be very challenging and historically there have been concerns that D has been physical towards F , which only heightens our concerns about D caring for F . D also cannot leave | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | for school without F being ready, which Mum has told us herself can be challenging. This has meant D has missed a lot of school. | | |
| Adult mental health | ☐ | ☐ | ☐ | ☐ | Mum does not report to have any mental health concerns. | | |
| Adult arguments and violence | ☐ | ☐ | ☒ | ☐ | There have been on going and regular concerns in regards to Adult Sister and Mum's relationship. Multiple visit have been undertaken where arguments have broken out between the adult sister and Mum. The relationship has been hostile and volatile for a number of years. Mum will report that she will want the adult sister out of the house and that the adult sister is causing disruption and blame the adult sister for many of the issues within the home. The adult sister has shared that she does the majority of the house work and cares for the children, she does not want to leave the home because she worries for her younger siblings if she was not there. She has also stated many times that her mother is letting her stay and has challenged Mum in front of Social Care saying 'why do you say this when they come. I thought you said I could stay'. We have | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | observed arguments in front of the children between Mum and the adult sister. | | |
| Adult substance misuse | ☐ | ☐ | ☐ | ☐ | N/A | | |
| Pre birth | ☐ | ☐ | ☐ | ☐ | N/A | | |
| **AREA 5: STIMULATION and EDUCATION** | | | | | All of the children have very poor attendance to school. Mum often blames this on the children, reporting the difficulties of getting them ready as well as losing her bank card and other excuses. Mum has been avoidant at working with schools to try and get the children in and often schools have reported Mum being abusive or ignoring staff that call by to complete safe and well checks on the specific child.<br><br>There children do not have any leisure interests or sports interest. They do not go to the park or appear to leave the house. | The primary school have raised that the children are being failed and it has significantly affected their education. For example, H is behind in all areas of his education.<br><br>The children missing such a significant amount of school is greatly impacting on their education and attainment levels and ultimately will mean they will not successfully complete school or meet their potential. This will impact carer opportunities and future choices.<br><br>By not attending school, this will also impact on their peer relationships and their ability to make and retain relationships with people outside of their family unit. | Mum states it is very difficult to get the children to school but does not want to move them until she has a permanent residence, which could be a long time.<br><br>Mum often provides excuses for not taking the children or will simply not respond/communicate with the schools. For example, Mum once told the school that the children could not go because her freezer had broken and she needed to cook the contents so it did not need to be thrown away and wasted. Mum did not appear to understand the importance of taking the children to school over this. |
| 0-2 years | ☐ | ☐ | ☐ | ☒ | | | |
| 2-5 years | ☐ | ☐ | ☐ | ☒ | | | |
| School | ☐ | ☐ | ☐ | ☒ | | | |
| Sport and Leisure | ☐ | ☐ | ☐ | ☒ | | | |
| Friendships | ☐ | ☐ | ☒ | ☐ | | | |
| Addressing bullying | ☐ | ☐ | ☐ | ☐ | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **CARER CAPACITY TO ACHIEVE CHANGE** | ☐ | ☐ | ☒ | ☐ | Mum has evidenced throughout the previous PLO agreement that she can improve and provide care to a 'good enough' standard for all of her children. However, our worry is that Mum is inconsistent with this and although at times she will be able to provide 'good enough' care, she appears unable or unwilling to maintain this consistently. Again, Mum is able to explain appropriate care for the children including physical and emotional needs but does not follow through with this.<br><br>We have previously had MST-Can involved with the family, who Mum did not engage well with. Although she made herself available for appointments with the worker, she often made excuses not to attend or to use any of the strategies. Mum would appear to comply with working with MST but this appeared to be to appease Social Care without fully engaging. There was no evidence that Mum would attempt to use the strategies suggested or even explore the concerns raised. When concerns are pressed with Mum, she would use high effort to address this but low commitment as it would not be maintained. For example, home conditions. They initially improved and we would often see evidence | The children have been living with poor home conditions, inconsistent parenting and chaotic lifestyles for many years. This is likely to have an immediate and lasting effect on their emotional and behavioural development. This also means they do not have a great sense of stability. The children's understanding and views are likely to be askew and not be in line with societal norms, singling them out from their peers. This prevents these children from thriving and meeting their full potential. This places the children at significant harm of neglect. | Mum disputes the concerns that have been raised, stating she has not changed anything in her care for the children throughout Social Care's involvement and therefore does not understand why we are more concerned at times over others.<br><br>When offered support, Mum will say she does not need this and she is more than capable of sorting things for herself, including finances, health appointments, school etc. but when challenged when these tasks have not been carried out, she states she has not had any support and she is having to do this all on her own. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | of her cleaning but this would not be maintained. Mum's compliance appears tokenistic. | | |
| **Total number of each e.g. how many 1's, 2's, 3's and 4's** | 0 | 4 | 6 | 12 | | | |

Nottingham City Council

| What actions are to be taken as a result of completing this? | What are the goals that any action plan needs to achieve? |
|---|---|
| Legal planning meeting arranged | To seek legal advice on how to progress the case and consider issuing care proceedings, as the current Child Protection plan is not securing change and we feel the children are suffering significant harm. |
| Continuation of CP plan | To ensure the safety of the children, while legal advice is sought. |
| Regular home visits | To monitor home conditions and other concerns. To regularly see the children and to attempt to gather their wishes and feelings. It is not apparent what other direct work can be done to improve the situation, as the mother clearly has a good knowledge of how to care for the children, but does not do this consistently in practice and is hostile to advice. |
| Multiagency working | To ensure a full and informed holistic approach is continued and all agencies are aware of the current concerns and are working towards the same safety goals. |

| | | | |
|---|---|---|---|
| **PHYSICAL CARE** | | | |
| **1.1 Food** | | | |
| Child/young person is provided with appropriate quality and quantity of food and drink, which is appropriate to their age, stage of development, and ability.<br><br>Meals are organised and there is a routine which includes the family sometimes eating together and appropriate support for feeding.<br><br>Child/young person's special dietary requirements are always met.<br><br>Carer understands importance of a balanced diet. | Child/young person is provided with reasonable quality of food and drink and seems to receive an adequate quantity for their needs, but there is a lack of consistency in preparation and routine.<br><br>Child/young person's special dietary requirements are inconsistently met.<br><br>Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide. | Child/young person receives low quality and/or quantity food and drink, which is often not appropriate to their age and stage of development and there is a lack of preparation or routine.<br><br>Child/young person appears hungry.<br><br>Child/young person's special dietary requirements are rarely met.<br><br>The carer is indifferent to the importance of appropriate food for the child. | Child/young person does not receive an adequate quantity of food and is observed to be hungry.<br><br>Lack of patience at meal times/provision of support for feeding.<br><br>The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc.<br><br>Child/young person's special dietary requirements are never met and there is a lack of routine in preparation and times when food is available.<br><br>Carer hostile to advice about appropriate food and drink and the need for a routine. |

| | | | |
|---|---|---|---|
| **1.2 Quality of Housing** | | | |
| The accommodation is in a reasonable state of repair and decoration and has all essential amenities such as heating, washing facilities, cooking and food storage facilities, adequate beds and bedding and a toilet.<br>The accommodation is clean and tidy.<br><br>Carer understands the importance of the home conditions to child/young person's well-being.<br><br>Fire safety considerations in place; smoke alarms, clear exits etc.<br><br>Outside space (if available) is suitable for children | The accommodation is in need of decoration and requires repair. It has some essential amenities - including heating, washing facilities, cooking and food storage facilities, beds and bedding and a toilet,. Carers are aware of the issues, and have taken steps to address them<br><br>The accommodation is reasonably clean, but may be damp, but the carer addresses this.<br><br>Some fire safety considerations in place; smoke alarms, clear exits etc.<br><br>Carer recognises the importance of the home conditions to the child/young person's sense of well-being, but is hampered by personal circumstances.<br><br>Outside space (if available) is partially suitable for children | The accommodation is in a state of disrepair, carers are unmotivated or unable to address this and the child/young person has suffered or may suffer accidents and/or potentially poor health as a result.<br><br>The home appearance is bare and possibly dirty/smelly and there are inadequate or dirty amenities such as beds and bedding, toilet, clean washing facilities and cooking and food storage facilities. The whole environment is dirty and chaotic.<br><br>The accommodation smells of damp and there is evidence of mould.<br><br>Some fire safety considerations in place; smoke alarms, clear exits etc.<br><br>Carer recognises the importance of some of the home conditions to the Child/young person's sense of well-being, but is hampered by personal circumstances.<br><br>Outside space (if available) is unsuitable for children | The accommodation is in a dangerous state of disrepair and this has caused accidental injuries and/or poor health for the child/young person.<br><br>The home conditions are dirty and squalid and there is a lack of essential amenities such as a working toilet, washing facilities, inappropriate dirty bed and bedding and poor or dirty facilities for the preparation and storage of food.<br><br>Faeces, animals or harmful substances are visible and accessible by the child or young person,<br><br>The accommodation smells strongly of damp and there is extensive mould which is untreated and the carer is unwilling to take advice about the impact of the home circumstances on child/young person's wellbeing.<br><br>Fire safety risks not addressed (blocked exits, fire risks etc.)<br><br>Outside space is hazardous. |

| | | | |
|---|---|---|---|
| **1.3 Stability of Housing** | | | |
| Child/young person has stable home environment without too many moves (unless necessary).<br><br>Carer understands the importance of stability for child/young person. | Child/young person has a reasonably stable home environment, but has experienced house moves/ new adults in the family home.<br><br>Carer recognises that this could impact on child/young person, but the carer's personal circumstances occasionally impact on this. | Child/young person does not have a stable home environment, and has either experienced lots of moves and/or lots of adults coming in and out of the home for periods of time.<br><br>Carer does not accept the importance of stability for child. | Child/young person experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to children/young people sleeping in unsuitable circumstances).<br><br>The home has a number of adults coming and going.<br><br>Carer does not accept the importance of stability for child/impact of instability on the child.<br><br>Child/young person does not always know these adults who stay over. |

| | | | |
|---|---|---|---|
| **1.4 Child/young person's clothing/footwear** | | | |
| Child/young person has sufficient clothing/footwear which is clean and fits appropriately.<br><br>Child/young person is dressed appropriately for the weather and carers are aware of the importance of appropriate clothing/footwear for the child/young person. | Child/young person has clothing/footwear which is appropriate, but sometimes poorly fitting, unclean and crumpled.<br><br>The carer gives consideration to the appropriateness of clothing/footwear to meet the needs of the Child/young person, but their own personal circumstances can get in the way. | Child/young person has clothing/footwear which is dirty and crumpled, in a poor state of repair and not well fitting.<br><br>The child/young person lacks appropriate clothing for the weather and does not have sufficient clothing to allow for regular washing.<br><br>Carer(s) are indifferent to the importance of appropriate clothing/footwear for the child/young person. | Child/young person has clothing/footwear which is filthy, ill-fitting and smelly. The clothing/footwear is usually unsuitable for the weather.<br><br>Insufficient clothing/footwear.<br><br>Child/young person may sleep in day clothing and is not provided with clean clothing when they are soiled.<br><br>The carer is hostile to advice about the need for appropriate clothing/footwear for the wellbeing of the child/young person. |
| **1.5 Animals** | | | |
| Animals are well cared for and do not present a danger to children/young people or adults.<br><br>Children and young people are encouraged to behave appropriately towards animals. | Animals look reasonably well cared for, but contribute to a sense of chaos in the house.<br><br>Animals present no dangers to children, young people or adults and any mistreating of animals is addressed. | Animals not always well cared for or ailments treated.<br><br>Presence of faeces or urine from animals not treated appropriately and animals not well trained.<br><br>The mistreatment of animals by adults or children and young people is not addressed. | Animals not well cared for and presence of faeces and urine in living areas.<br><br>Animals dangerous and chaotically looked after.<br><br>Carers do not address the ill treatment of animals by adults or children and young people. |

| | | | |
|---|---|---|---|
| **1.6 Hygiene** | | | |
| The child/young person is clean and is either given a bath/washed daily or given encouragement appropriate to age and/or ability.<br><br>The child/young person is encouraged/supported to brush their teeth and head lice, skin complaints etc. are treated appropriately.<br><br>Nappy rash is treated appropriately.<br><br>Carers take an interest in the child/young person's appearance.<br><br>Access to appropriate hygiene/sanitary/continence products. | The child/young person is reasonably clean, but the carer does not bath/wash the child/young person regularly and/or the child/young person is not consistently given encouragement appropriate to age and/or ability.<br><br>The child/young person does not always clean their teeth, and head lice and skin conditions etc. are treated in an inconsistent way.<br><br>Nappy rash is a problem, but parent treats if given encouragement and advice. | The child/young person looks unclean and is only occasionally bathed/ washed and is not given encouragement appropriate to age and/or ability.<br><br>There is evidence that the child/young person does not brush their teeth, and that head lice and skin conditions etc. are not treated appropriately.<br><br>Carer does not address concerns about nappy rash and is indifferent to concerns expressed by others.<br><br>Carers do not take an interest in child/young person's appearance and do not acknowledge the importance of hygiene to the child/young person's wellbeing | The child/young person looks dirty, and is not bathed or washed or encouraged to do so.<br><br>The child/young person does not brush teeth or cannot do this independently and is not supported. Head lice and skin conditions are not treated and become chronic.<br><br>Carer does not address concerns about nappy rash and is hostile to concerns expressed by others.<br><br>The carer is resistant to concerns expressed by others about the child/young person's lack of hygiene.<br><br>Suitable hygiene/sanitary/continence products not available. |

| HEALTH | | | |
|---|---|---|---|
| **2.1 Safe sleeping arrangements** | | | |
| Carer has information on safe sleeping and follows the guidelines.<br><br>There is suitable bedding and carers having an awareness of the importance of the room temperature, sleeping position of the baby and carer does not smoke in household.<br><br>Carer aware of guidance around safe sleeping and recognises the importance of the impact of alcohol and drugs on co-sleeping.<br><br>There are appropriate sleeping arrangements for children and young people.<br><br>Suitable bed and specialist equipment in place (if needed) and maintained. | 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.<br><br>Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer on safe sleeping, but this is sometimes inconsistently observed.<br><br>Sleeping arrangements for children/young people can be a little chaotic. | Carer unaware of safe sleeping guidelines, even if they have been provided.<br><br>Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking.<br><br>Carer does not recognise the risk of co- sleeping or the impact of carer's alcohol/drug use on safety.<br><br>Sleeping arrangements for children are not suitable and carer is indifferent to advice regarding this.<br><br>Carer not concerned about impact on child/young person.<br><br>Poorly maintained bed and/or specialist equipment. | Carer indifferent about or resistant to 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.<br><br>Carer unwilling to follow advice about the impact of their drug and alcohol use on safe sleeping for the baby.<br><br>Sleeping arrangements for children/young people are not suitable and carer is resistant to advice regarding this.<br><br>Carer not concerned about impact on child/young person or risks associated with this, such as witnessing adult sexual behaviour.<br><br>Unsuitable bed and/or lack of necessary specialist equipment. |

| | | | |
|---|---|---|---|
| **2.2 Seeking advice and intervention** | | | |
| Advice sought from professionals/ experienced adults on matters of concern about child/young person's health.<br><br>Appointments are made and consistently brought to them.<br><br>Preventative care is carried out such as dental/optical and all immunisations are up to date.<br><br>Carer ensures child/young person completes any agreed programme of medication or treatment. | Advice is sought about injury/illnesses, but this is occasionally delayed or poorly managed as a result of carer difficulties.<br><br>Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments.<br><br>Immunisations are delayed, but eventually completed.<br><br>Carer is inconsistent about ensuring that the child/young person completes any agreed programme of medication or treatment, recognises the importance to the child/young person but personal circumstances can get in the way. | The carer does not routinely seek advice about childhood injury/illnesses but does when concerns are serious or when prompted by others.<br><br>Child not consistently brought to appointments such as health, dental and optical. Immunisations not up to date, even if a home appointment is offered.<br><br>Carer does not ensure the child/young person completes any agreed programme of medication or treatment and is indifferent to the impact on child/young person's wellbeing. | Carer does not attend to childhood illnesses/injury, unless severe or in an emergency.<br><br>Childhood illnesses allowed to deteriorate before advice/care is sought.<br><br>Carer resistant to taking advice from others (professionals and family members) to seek medical advice.<br><br>Child not brought to appointments such as health, dental and optical, immunisations not up to date, even if a home appointment is offered.<br><br>Carer does not ensure that the child/young person completes any agreed programme of medication or treatment and is resistant to advice about this from others, and does not recognise likely impact on child/young person. |

| | | | |
|---|---|---|---|
| **2.3 Disability** | | | |
| Carer positive about child/young person's identity and values him/her.<br><br>Carer meets needs relating to child/young person's disability.<br><br>Carer is proactive in seeking appointments and advice and advocating for the child/young person's well-being. | Carer does not always value child/young person and allows issues of disability to impact on feelings towards the child child/young person.<br><br>Carer is inconsistent in meeting the needs relating to child child/young person's disability, but does recognise the importance to the child/young person but personal circumstances get in the way.<br><br>Carer accepts advice and support but is not proactive in seeking advice and support around the child/young person's needs. | Carer shows anger and frustration at child/young person's disability. Often blaming the child and not recognising identity.<br><br>Carer does not ensure needs relating to child/young person's disability are being met, and there is significant minimisation of child child/young person's health needs.<br><br>The carer does not seek or accept advice and support around the child child/young person's needs, and is indifferent to the impact on the child/young person. | Carer does not recognise child/young person's identity and is negative about child/young person as a result of the disability.<br><br>Carer does not meet the needs relating to child/young person's disability, which leads to deterioration of the child/young person's well-being.<br><br>Carer refuses to follow instructions to seek help for the child/young person, and is resistant to any advice or support around child/young person's disability. |

| SAFETY & SUPERVISION | | | |
|---|---|---|---|
| | | | |
| **3.1 Safety awareness and prevention of harm (both in the home and outside)** | | | |
| Carer aware of safety issues and there is evidence of safety equipment use and maintenance. | Carer is aware of safety issues, but is inconsistent in use and maintenance of safety equipment, and allows personal circumstances to get in the way of consistency. | The carer does not recognise dangers to child/young person and there is a lack of safety equipment, and evidence of daily dangers to the child/young person.<br><br>Carer indifferent to advice about this and does not recognise or acknowledge the impact on the child/young person. | Carer does not recognise dangers to the child/young person's safety and is resistant to advice regarding this, does not recognise the importance to the child/young person, and can hold child/young person responsible for accidents and injuries. |
| **3.2 Supervision of the child/young person (including digital technology /exposure to appropriate material)** | | | |
| Appropriate supervision is provided in line with age and stage of development.<br><br>Carer recognises the importance of appropriate supervision to child/young person's well-being.<br><br>Parent/child/young person always aware of each other's whereabouts. | Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger.<br><br>Carer does not always know where child is and inconsistent awareness of safety issues when child/young person away from home.<br><br>Shows concern about when child/young person should be home.<br><br>Carer aware of the importance of supervision, but does allow personal circumstances to impact on consistency. | There is very little supervision indoors or outdoors and carer does not always respond after accidents.<br><br>There is a lack of concern about where child/young person is or who they are with and the carer is inconsistently concerned about lack of return home or late nights.<br><br>Carer indifferent to importance of supervision and to advice regarding this from others. | Complete lack of supervision.<br><br>Young children contained in car seats/pushchairs for long periods of time.<br><br>The carers are indifferent to whereabouts of child/young person, and often do not know where child/young person is or who they are with, and are oblivious to any dangers.<br><br>There are no boundaries about when to come home or late nights.<br><br>Carer resistant to advice from others regarding appropriate supervision and |

| | | | |
|---|---|---|---|
| | Parents unsure of child/young person's whereabouts. | | does not recognise the potential impact on children's wellbeing. |
| | | | |
| **3.3 Handling of baby / response to baby** | | | |
| Carer responds appropriately to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended.<br><br>Carer spends time with baby, cooing and smiling, holding and behaving warmly. | The carer is not always consistent in their responses to the baby's needs, because their own circumstances get in the way. Carer does not always handle the baby securely and is inconsistent in supervision.<br><br>Carer spends some time with the baby, cooing and smiling, but is led by baby's moods, and so responds negatively if baby unresponsive. | Carer does not recognise the importance of responding consistently to the needs of the baby.<br><br>Continues to handle the baby insecurely even after advice has been provided. Baby is left unattended (e.g. bottle left in the mouth).<br><br>Carer does not spend time with baby, cooing or smiling, and does not recognise importance of comforting baby when distressed. | Carer does not respond to the needs of the baby and only addresses issues when carer chooses to do so.<br><br>There is dangerous handling and the baby is left dangerously unattended.<br><br>The baby is strapped into a car seat or some other piece of equipment for long periods and lacks adult attention and contact.<br><br>Carer resistant to advice to pick baby up, and provide comfort and attention. Carer does not recognise importance to baby. |

| | | | |
|---|---|---|---|
| **3.4 Care by others** | | | |
| Carer ensures that Child / young person has suitable levels of supervision for their age, need and ability.<br><br>Carer allows Child / young person age and developmentally appropriate opportunities and encouragement to learn independence skills (i.e. Use public transport, walk to school, visit friends or relatives alone). | Baby, toddler or young child is occasionally in the care of an older child who has the necessary maturity and responsibility.<br><br>Carer inconsistent in raising the importance of a child/young person keeping themselves safe from others and provides some advice and support.<br><br>Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstance. | Baby toddler or young child is left in the care of another child who does not have necessary maturity or responsibility.<br><br>Baby toddler or young child is left in the care of an unsuitable and / or dangerous adult.<br><br>Child / young person is left in the care of someone they do not know.<br><br>Child/young person found wandering and/or locked out.<br><br>Carer does not raise awareness of the importance of child/young person keeping themselves safe from others and provides no advice and support.<br><br>Carer is indifferent to the importance of safe care of the child/young person and leaves the child/young person with unsuitable or potentially harmful adults and does not recognise the potential risks to the child/young person. | Carer leaves baby toddler or young child with no supervision.<br><br>Child / young person who isn't able to look after themselves, is left on their own.<br><br>Child under 16 years old is left alone overnight.<br><br>Child /young person often found wandering and/or locked out.<br><br>Carer does not provide any advice about keeping safe, and may put adult dangers in the way of the child/young person.<br><br>Carer resistant to advice or professional challenge about giving safe care and impact of children/young people being left with unsuitable and/or unsuitable or dangerous adults.<br><br>Carer does not let child / young person know how long they will be out.<br><br>Carer does not give consideration to the age, developmental maturity or the wishes and feeling of the child / young person (i.e. young person who is frightened of being in the house alone |

| | | | |
|---|---|---|---|
| | | | continues to be left) |
| | | | |
| **3.5 Responding to adolescents** | | | |
| The adolescent's needs are fully considered with appropriate adult care.<br><br>Where risky behaviour occurs it is identified and responded to appropriately by the carer. | The carer is aware of the adolescent's needs but is inconsistent in responding to them.<br><br>The carer is aware that the adolescent needs appropriate care but is inconsistent in providing it.<br><br>Where risky behaviour occurs the carer responds inconsistently to it. | The carer does not consistently respond to the adolescent's needs.<br><br>Carer recognises risky behaviour but does not always respond appropriately. | The adolescent's needs are not considered and there is not enough appropriate adult care.<br><br>The carer does not recognise that the adolescent is still in need of guidance with protection from risky behaviour i.e. lack of awareness of the adolescent's whereabouts for long periods of time or seeking to address either directly or by seeking support of risky and challenging behaviour.<br><br>The carer does not have the capacity to be alert to and monitor the adolescent moods for example recognising depression which could lead to self-harm. |

| LOVE AND CARE | | | |
|---|---|---|---|
| **4.1 Parent/carer's response to the child** | | | |
| Carer talks warmly about the child/young person and is able to praise and give appropriate emotional reward.<br><br>The carer values the child/young person's identity and seeks to ensure child/young person develops a positive sense of self.<br><br>Carer responds appropriately to child's needs for physical care and positive interaction.<br><br>The emotional response of the carer is one of warmth.<br><br>Child/young person is listened to and carer responds appropriately.<br><br>Child/young person is happy to seek physical contact and care.<br><br>Carer responds appropriately if child distressed or hurt.<br><br>Carer understands the importance of consistent demonstrations of love and care. | Carer talks kindly about the child/young person and is positive about achievements most of the time but allows their own difficulties to impact.<br><br>Carer recognises that praise and reward are important but is inconsistent in this.<br><br>Carer recognises child/young person's identity and is aware of the importance of ensuring child/young person develops a positive sense of self, but sometimes allows personal circumstances to impact on this.<br><br>Child/young person is main initiator of physical interaction with carer who responds inconsistently or passively to these overtures.<br><br>Child/young person not always listened to and carer angry if child seeks comfort through negative emotions such as crying.<br>Does not always respond appropriately if child/young person distressed or hurt.<br><br>Carer understands the importance of demonstrations of love and care, but own circumstances and difficulties sometimes get in the way. | Carer does not speak warmly about the child/young person and is indifferent to the child/young person's achievements.<br><br>Carer does not provide praise or reward and is dismissive of praise from others.<br><br>Carer does not recognise the child/young person's identity and is indifferent to the importance of ensuring that the child/young person develops a positive sense of self<br><br>Carer seldom initiates interactions with the child/young person and carer is indifferent if child/young person attempts to engage for pleasure, or seek physical closeness.<br><br>Emotional response is sometimes brisk or flat and lacks warmth.<br><br>Can respond aggressively or dismissively if child distressed or hurt.<br><br>Carer indifferent to advice about the importance of love and care to the child/young person. | Carer speaks coldly and harshly about child/young person and does not provide any reward or praise and is ridiculing of the child/young person when others praise.<br><br>Carer is resistant to advice about the importance of praise and reward to the child/young person.<br><br>Carer hostile to the child/young person's identity and to the importance of ensuring that the child develops a positive sense of self.<br><br>Carer does not show any warmth or physical affection to the child/young person and responds negatively to overtures for warmth and care.<br><br>Responds aggressively or dismissively if child/young person distressed or hurt.<br><br>Carers will respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.<br><br>The emotional response of carers is harsh, critical and lacking in any warmth.<br><br>Carer hostile to advice about the importance of responding appropriately to the child/young person. |

| | | | |
|---|---|---|---|
| **4.2 Boundaries and routines** | | | |
| Carer provides consistent boundaries and ensures child/young person understands how to behave and to understand the importance of set limits.<br><br>Child/young person is disciplined appropriately with the intention of teaching proactively. | Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions.<br><br>The carer recognises the importance of setting boundaries for the child/young person, but is inconsistent because of own personal circumstances or difficulties. | Carer provides few boundaries, and is harsh and critical when responding to the child/young person's behaviour and uses physical sanctions and severe other sanctions.<br><br>Carer can hold child responsible for their behaviour.<br><br>Carer indifferent to advice about the need for more appropriate methods of disciplining. | Carer provides no boundaries for the child and treats the child/young person harshly and cruelly, when responding to their behaviour.<br><br>Carer uses physical chastisement and harsh other methods of discipline.<br><br>Carer hostile to advice about appropriate methods of disciplining. |
| **4.3 Young carers and household responsibilities** | | | |
| Child/young person contributes to household tasks as would be expected for age and stage of development.<br><br>Does not take on additional caring responsibilities.<br><br>Carer recognises the importance of appropriateness regarding caring responsibilities. | Child/young person has some additional responsibilities within household. These are manageable for age and stage of development and do not interfere with child/young person's education and interfere minimally with leisure opportunities. | Child/young person has onerous caring responsibilities that interfere with education/leisure opportunities.<br><br>Carer indifferent to impact on child/young person. | Child/young person has caring responsibilities which are inappropriate and significantly impact on child/young person's education/leisure opportunities.<br><br>This may include age inappropriate tasks, and /or intimate care.<br><br>The impact on the child/young person's well-being is not understood or acknowledged.<br><br>Carer is resistant to advice about the inappropriateness of caring responsibilities. |

| | | | |
|---|---|---|---|
| **4.4 Adult behaviour** | | | |
| **Adult mental health** | | | |
| Carer able to meet the practical and emotional needs of the child or young person.<br><br>Carer aware of impact of parental mental distress on parenting role and child/young person and is able to mitigate risks when experiencing mental distress.<br><br>Age appropriate discussions take place around mental health and wellbeing.<br><br>Social activities meet the needs of the child or young person.<br><br>The carer carries out all domestic tasks within the home. Child or young person contributes to domestic tasks in a manner appropriate to their age and development.<br><br>Carer does not experience unusual beliefs around the child or young person.<br><br>Carer seeks emotional support from other adults.<br><br>Carer collaborates with the relevant | Carer generally able to meet the practical and emotional needs of the child or young person. Makes alternative arrangements with trusted person if unable to meet needs of child or young person.<br><br>Carer generally able to mitigate risks to child or young person when experiencing mental distress.<br><br>Age appropriate discussions generally take place around mental health and wellbeing.<br><br>Social activities generally meet the needs of the child or young person.<br><br>The carer carries out most domestic tasks within the home. Child or young person contributes to domestic tasks in a manner appropriate to their age and development.<br><br>Carer does not experience unusual beliefs around the child or young person or sometimes experiences unusual beliefs about the child or young person but is able to mitigate any risks to the child or young person. | Carer often unable to meet the practical and emotional needs of the child or young person due to their mental distress.<br><br>Carer unaware of impact of parental mental distress on parenting role and child and unable to mitigate risks when experiencing mental distress.<br><br>Carer unable to mitigate risks to child or young person when experiencing mental distress.<br><br>Discussions take place around mental distress and mental health that are inappropriate to child or young persons' age and understanding or cause the child/young person to be afraid.<br><br>Carer sometimes seeks emotional support from the child or young person.<br><br>Social activities are mostly focused on the needs of the adult.<br><br>Carer experiences unusual beliefs | Carer unable to meet the practical and emotional needs of the child or young person due to their mental distress.<br><br>Carer unaware of impact of parental mental distress on parenting role and child and unwilling to mitigate risks when experiencing mental distress.<br><br>Carer unwilling to mitigate risks to child or young person when experiencing mental distress.<br><br>Discussions take place around mental distress and mental health that are inappropriate to child or young persons' age and understanding or cause the child/young person to be afraid.<br><br>Carer seeks emotional support from the child or young person.<br><br>Social activities are focused on the needs of the adult.<br><br>The carer carries out little or no domestic tasks within the home. Child or young person routinely contributes to household domestic tasks in a manner inappropriate to their age and |

| | | | |
|---|---|---|---|
| health and wellbeing services. | Carer seeks emotional support from other adults.<br><br>Carer generally collaborates with relevant health and wellbeing services. | around the child or young person and sometimes unable to mitigate any risks to the child or young person.<br><br>The carer carries out some domestic tasks within the home. Child or young person contributes to domestic tasks in a manner inappropriate to their age and development.<br><br>Carer unwilling or unable to collaborate with relevant health and wellbeing services. | development.<br><br>Carer experiences unusual beliefs around the child or young person and unwilling to mitigate any risks to the child or young person.<br><br>Carer unwilling to collaborate with relevant health and wellbeing services. |
| | | | |
| **Adult arguments and violence** | | | |
| Carers do not argue aggressively and are not physically abusive in front of the children/young people.<br><br>Carer has a good understanding of the impact of arguments and anger on children/young people and is sensitive to this. | Carers sometimes argue aggressively in front of children/young people, but there is no physical abuse of either party.<br><br>Carer recognises the impact of severe arguments on the child/young person's wellbeing but personal circumstances sometimes get in the way. | Carers frequently argue aggressively in front of children/young people and this leads to violence.<br><br>There is a lack of awareness and understanding of the impact of the violence on children/young people and carers are indifferent to advice regarding this. | Carers argue aggressively frequently in front of the children/young people and this leads to frequent physical violence.<br><br>There is indifference to the impact of the violence on children/young people and carers are hostile to advice about the impact on children/young people. |
| | | | |
| **Adult substance misuse** | | | |

| | | | |
|---|---|---|---|
| Alcohol and drugs are stored safely within the home.<br><br>The carer models low consumption or does not drink alcohol or use substances in front of the child/young person.<br><br>Carer engages with relevant health and wellbeing services to ensure their wellbeing.<br><br>The carer is able to respond to emergency situations should they arise.<br><br>The carer discusses safe and legal use of substances, being aware of the child/young person's development, age and understanding.<br><br>The carer recognises and responds to the child/young person's concerns and worries.<br><br>Substance use does not impact on the family finances.<br><br>There is a consistent network of family and supportive others.<br><br>Adult visitors to the home are vetted by carer in best interests of child or young person. | Alcohol and drugs are generally stored safely. Carer responds to advice relating to safe storage.<br><br>The carer sometimes drinks to excess or uses substances. Carer aware of impact of using substances to excess in front of child or young person and makes safe arrangements for child or young person when using substances.<br><br>Carer generally engages with relevant health and wellbeing services to ensure their wellbeing.<br><br>The carer is generally able to respond to emergency situations should they arise or makes other safe arrangements for the child or young person.<br><br>The carer generally discusses safe and legal use of substances, being aware of the child/young person's development, age and understanding.<br><br>Carer generally emotionally available and consistent in their ability to care for child or young person. If using substances makes other safe arrangements for child or young person. | Alcohol and drugs (and/or drug use equipment) are not always stored safely in the home. Carer sometimes responds to advice relating to safe storage.<br><br>The carer often drinks alcohol to excess or uses substances in front of the child/young person. The carer lacks awareness of the impact substance use in front of child/young person.<br><br>Carer inconsistent in engagement with relevant health and wellbeing services.<br><br>The carer is unable to respond to emergency situations should they arise.<br><br>The carer discusses and uses substances in presence of child/young person and does not consider child or young person's development, age and understanding.<br><br>Carer emotionally unavailable and inconsistent in their ability to care for child or young person as a result of substance use.<br><br>Sometimes makes other safe arrangements for the child or young | Alcohol and drugs (and/or drug use equipment) never stored safely, and the carer unwilling to advice relating to safe storage.<br><br>The carer drinks alcohol to excess or uses substances in front of the child/young person. The carer unwilling to acknowledge the impact their substance use has on their child/young person.<br><br>Carer does not engage with relevant health and wellbeing services.<br><br>The carer is unwilling to acknowledge substance use means they are unable to respond to emergency situations should they arise.<br><br>The carer discusses and uses substances in presence of child/young person and does not consider child or young person's development, age and understanding.<br><br>Substance use regularly impacts on the family finances but carer unwilling to minimise impact of this on child or young person.<br><br>Carer unwilling to engage with supportive networks when using substances. Carer denies value of |

| | | | |
|---|---|---|---|
| Social activities the needs of the child or young person. | Substance use occasionally impacts on the family finances but carer seeks to minimise impact on child or young person.<br><br>The child/young person's needs are generally met and a network of family and supportive others are involved.<br><br>There is a network of family and supportive others. This can fluctuate at times due to carers use.<br><br>Adult visitors to the home are generally vetted by carer in best interests of child or young person.<br><br>The carer generally recognises and responds to the child/young person's concerns and worries.<br><br>Social activities generally meet the needs of the child or young person. | person when under the influence of substances.<br><br>Substance use regularly impacts on the family finances and carer unable to minimise impact of this on child or young person.<br><br>Carer inconsistent in engagement with supportive networks. This often fluctuates to carer's substance use.<br><br>Carer's substance use sometimes causes parent or carer's behaviour to be erratic and frightening to child or young person.<br><br>Carer sometimes endorses and glamourizes substance use to child or young person and is unable to acknowledge the impact of this on the child or young person.<br><br>Adult visitors to the home are not vetted by carer in the best interests of child or young person.<br><br>The carer does not always recognise and respond to the child/young person's concerns and worries about the carer's circumstances.<br><br>Social activities are mostly focused on the needs of the adult. | consistent supportive networks for child or young person.<br><br>The carer involves the child/young person in their using behaviour (i.e. asking the child to get the substances or prepare the substances).<br><br>Carer substance use consistently causes parent or carer's behaviour to be erratic and frightening to child or young person.<br><br>Carer unwilling to make other safe arrangements for the child or young person when under the influence of substances.<br><br>Carer endorses and glamourizes substance use to child or young person and is unwilling to acknowledge the impact of this on the child or young person.<br><br>Adult visitors to the home are not vetted by carer in the best interests of child or young person. Carer<br><br>The carer significantly minimises and is resistant to advice around their use or refuses to acknowledge concerns.<br><br>There is an absence of supportive family members or a social network. |

| | | | |
|---|---|---|---|
| | | | The carer does not recognise and respond to the child/young person's concerns and worries about the carer's circumstances.<br><br>Social activities are focused on the needs of the adult. |

| | | | |
|---|---|---|---|
| **Pre birth** | | | |
| The mother acknowledges the pregG and seeks care as soon as the pregG is confirmed.<br><br>The mother attends all her antenatal appointments and seeks medical advice if there is a perceived problem. She prepares for the birth of the baby and has the appropriate clothing, equipment and cot in time. | The mother attends antenatal clinic and prepares for the birth of her baby, but she is acutely aware of her mental health or substance misuse problems which could negatively impact on her unborn baby. | The mother is unaware of the impact her mental health and/or substance misuse problems on the unborn child. | The mother does not attend any antenatal clinic appointments; she ignores medical advice during the pregG .<br><br>She has nothing prepared for the birth of her baby.<br><br>She engages in activities that could hinder the development, safety and welfare of the unborn. |

| | | | |
|---|---|---|---|
| **STIMULATION & EDUCATION:** | | | |
| **5.1 0 – 2 Years** | | | |
| The child is well stimulated and the carer is aware of the importance of this. | There is inadequate stimulation and the child is left alone at times because of carer's personal circumstances and this leads to inconsistent interaction.<br><br>Carer is aware of the importance of stimulation, but is inconsistent in response. | The carer provides the child with little stimulation and the child is left alone unless making serious and noisy demands. | The carer does not provide stimulation and the child's mobility is restricted (confined in chair/pram).<br><br>Carer gets angry at the demands made by the child.<br><br>Carer hostile to advice about the importance of stimulation and paying attention to the child's needs for attention and physical care. |
| **5.2 2 – 5 Years** | | | |
| The child receives appropriate stimulation such as carer talking to the child in an interactive way, as well as reading stories and the carer playing with the child/young person.<br><br>Carer provides all toys that are necessary. Finds a way even if things are unaffordable (uniform, sports equipment, books etc.).<br><br>Outings: Carer takes child/young person to child centered places locally such as park, or encourages child in an age appropriate way to make use of local resources, | The carer provides adequate stimulation. Carer's own circumstances sometimes get in the way because there are many other demands made on the carer's time and there is a struggle to prioritise. However, the carer does understand the importance of stimulation for the child/young person's well-being.<br><br>The child has essential toys and the carer makes an effort to ensure appropriate access to toys even if things are unaffordable, but sometimes struggles.<br><br>Outings: child accompanies carer | The carer provides little stimulation and does not see the importance of this for the child/young person.<br><br>The child lacks essential toys, and this is not because of financial issues, but a lack of interest or recognition of the need.<br><br>Carer allows presents for the child/young person but the child is not encouraged to care for toys.<br><br>Child may go on adult oriented trips, but these are not child centered or child/young person left to make their own arrangements to plays outdoors in | No stimulation is provided and carer hostile to child needs or advice from others about the importance of stimulation.<br><br>The child has no toys and carer may believe that child does not deserve presents. No toys, unless provided by other sources, gifts or grants and these are not well kept.<br><br>No outings for the child, may play in the street but carer goes out locally e.g. to pub with friends.<br>Child/young person prevented from going on outings with friends or school |

| | | | |
|---|---|---|---|
| | wherever carer decides, usually child friendly places, but sometimes child time taken up with adult outings because of carers needs. | neighbourhood.<br><br>Child has responsibilities in the house that prevents opportunities for outings. | |
| | | | |
| **5.3 School** | | | |
| Carer takes an active interest in schooling and support at home, attendance is regular.<br><br>Carer engages well with school or nursery and does not sanction missed days unless necessary.<br><br>Carer encourages child/young person to see school as important.<br><br>Interested in school and support for homework | Carer maintains schooling but there is not always support at home.<br><br>Carer struggles to link with school, and their own difficulties and circumstances can get in the way.<br><br>Carer occasionally sanctions days off where not necessary.<br><br>Carer understands the importance of school, but is inconsistent with this and there is also<br><br>inconsistency in support for homework | Carer makes little effort to maintain schooling.<br><br>There is a lack of engagement with school. No interest in school or homework.<br><br>Carer often sanctions days off where not necessary<br><br>Carer does not recognise child/young person's need for<br><br>education and is collusive about child/young person not seeing it as important | Carer hostile about education, and provides no support and does not encourage child/young person to see any aspect positively.<br><br>Total lack of engagement and no support for any aspect of school such as homework, outings etc. |
| | | | |
| **5.4 Sport and Leisure** | | | |
| Carer encourages child/young person to engage in sports and leisure, if affordable.<br><br>Equipment provided where affordable, or negotiated with agencies/school on behalf of child/young person.<br><br>Carer understands the importance of this for child/young person's wellbeing. | Carer understands that after school activities and engaging in sports or child/young person's interests is important, but is inconsistent in supporting this, because own circumstances get in the way.<br><br>Does recognise what child/young person is good at, but is inconsistent in promoting a positive approach | Child/young person makes use of sport through own effort, carer not motivated and not interested in ensuring child/young person has equipment where affordable.<br><br>Does not recognise the value of this to the child/young person and is indifferent to wishes of child/young person or advice from others about the importance of sports/leisure | Carer does not encourage child/young person to take part in activities, and may be active in preventing this.<br><br>Does not prevent child/young person from being engaged in unsafe/unhealthy pursuits.<br><br>Carer hostile to child/young person's desire to take part or advice from |

| | | | |
|---|---|---|---|
| Recognises when child/young person good at something and ensures they are able to pursue it | | activities, even if child/young person is good at it | others about the importance of sports/leisure activities, even if child/young person is good at it |
| | | | |
| **1.5 Friendships** | | | |
| This is supported and carer is aware of who child/young person is friends with.<br><br>Fully aware of the importance of friendships for the child/young person. | Carer aware of need for friends, does not always promote, but ensures friends are maintained and supported through opportunities for play etc.<br><br>Aware of importance to child/young person. | Child/young person finds own friendships, no help from carer unless reported to be bullied.<br><br>Does not understand importance of friendships | Carer hostile to friendships and shows no interest or support.<br><br>Does not understand importance to child/young person. |
| **5.6 Addressing Bullying** | | | |
| Carer alert to child/young person being bullied and addresses immediately. | Carer aware of likelihood of bullying and does intervene when child/young person asks. | Carer unaware of child/young person being bullied and does not intervene. | Carer indifferent to child/young person being bullied. |

| | | | |
|---|---|---|---|
| **CARER CAPACITY TO ACHIEVE CHANGE** | | | |
| High effort and high commitment to change – Genuine commitment<br><br>Carers genuinely say and do the 'right things' for the 'right reasons', regardless of whether professional is watching and identifying their own solutions. | Low effort and high commitment - seeking approval<br><br>Carers agree wholeheartedly with professional input and may be show their praise and gratitude to professionals.<br><br>Report they have tried everything but no change is evidenced. | High effort and low commitment – tokenistic compliance<br><br>Carers seem to comply, but not for the right reasons and without engaging e.g. attend parenting groups to 'get workers off their back' but don't attempt the techniques suggested. | Low commitment and low effort – showing dissent or avoidance.<br><br>Carers are overtly hostile, or actively disengage or block professional involvement e.g. will not answer the door or are hostile in interactions. |