



Safeguarding  
Children Partnership  
LEICESTERSHIRE & RUTLAND

Leicester  
**Safeguarding**  
Children Partnership Board

WORKING TOGETHER  
TO KEEP CHILDREN SAFE



# Leicester, Leicestershire & Rutland SCPs



Neglect Toolkit 2021

Revised July 2021

# 1.0 Leicester, Leicestershire & Rutland SCPs Neglect Toolkit

## 1.1 Introduction

The Neglect Toolkit was commissioned by Leicester, Leicestershire and Rutland SCPs and SABs in response to the agreed joint neglect priority and to offer guidance to practitioners in supporting their work with parents and families enabling sound analysis and judgements in relation to professional concerns.

Validating professional concerns about parental capacity is an essential duty for all practitioners who come into contact with families where worries have been made about parents' or carers ability to care for their children well.

In using this Toolkit, practitioners should always approach their work alongside families with transparency and fairness, together with demonstrable professional curiosity, seeking out ways to engage with families who may find themselves in challenging

or difficult situations that prevent them from providing the adequate and good care, every child should have. We know that many parents can find themselves in tough circumstances, whether it be environmentally, through family breakdown, health, education or housing inequalities. It is therefore important for practitioners to have awareness of their own values and principles that we all bring to this work together with identifying and seeking to remove any biases that could lead to unhelpful judgements. Using this professional charter, in conjunction with the Neglect Toolkit, will assist in the early identification of neglect or in co-ordinating support for families in need of additional help.

*Kay J. Whyte Bell, Independent Adviser, LLR SCPs  
19th April 2021*

## 1.2 LLR SCPs Vision Statement for tackling neglect

Identifying neglect earlier within families, supporting parents to enable change through partnership working, in order to reduce the impact of neglect on the emotional and physical wellbeing of children.

Throughout the document where the word "child" or "children" is mentioned, this relates to children under 18 years of age. If a young person has a disability, then this extends to the age of 25 years. Where the word "carer" is used it relates to parents, extended family members providing care, foster carers and other adults providing care to children and young people over time that would usually be provided by parents.

The 2019 Triennial review of serious case reviews has highlighted that there is insufficient understanding of adolescent neglect across the multi-agency network, including an understanding of the serious impact on the individual and its link with complex adolescent behaviour. This can result

in a fragmented and reactive response to different aspects of behaviour and leave young people at risk of harm. It is important to take a child developmental approach to neglect and think about the implications for the child's/young person's age and stage of development.

It is also important to remember that intra familiar neglect can lead to extra familiar risks for adolescents, where peer group, friendship network, environment and school can all play an important part in the understanding of neglect. These external contextual factors need to be part of our professionals' analysis of a young person's circumstances. For further information on contextual safeguarding, please see the following website: <https://contextualsafeguarding.org.uk/>

## 2.0 Defining Neglect

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 care-givers);
- Ensure access to appropriate medical care or treatment.

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

This definition has not always been applied to the needs and circumstances of adolescents and those in the transition to adulthood. It is important that adolescent neglect is defined as the “persistent and pervasive failure by a parent or parent figure to meet adolescents physical, emotional, educational, medical

and safety needs; causing harm to their health and development and increasing their vulnerability to all forms of exploitation, increasing possible engagement with risky behaviours such as substance misuse, sexually harmful behaviours, anti-social behaviour, county lines activities, gang membership and crime; thus increasing the likelihood of poor mental health and wellbeing” (drawn from Troubled Teens, Children society, 2018).

However we define neglect, what is clear is that ultimately it can lead to the death of the child/young person or have significant consequences on the child/young person’s development and their journey into adulthood. Solihull LSCB in their work explains:

“Neglect causes great distress to children and leads to poor outcomes in the short and long-term. Consequences can include an array of health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life. The degree to which children are affected during their childhood and later in adulthood depends on the type, severity and frequency of the maltreatment and on what support mechanisms and coping strategies were available to the child”.

## 2.1 The Criminal Law and Neglect

From 3rd May 2015, the Serious Crime Act 2015 amends s.1 Children and Young Persons Act of 1933 (Child Cruelty) regarding neglect to read:

“If any person who has attained the age of sixteen years and has responsibility for any Child or young person under that age, wilfully assaults, ill-treats (whether physically or otherwise), neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated (whether physically or otherwise), neglected, abandoned, or exposed, in a manner likely to cause him unnecessary suffering

or injury to health (whether the suffering or injury is of a physical or psychological nature), that person shall be guilty of a an offence.”

It is important that professionals are aware of the criminal law and use it to safeguard a child/young person.

## 3.0 Understanding Neglect

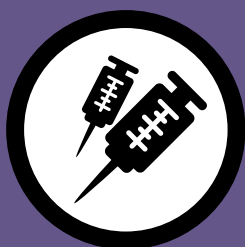
### 3.1 Persistence

Neglect is usually – but not always – something that is persistent, cumulative and occurs over time. It can continue without a critical event, or incidents may be widely spaced, but its effects are corrosive to children’s development. Its presentation as a “chronic condition” requires the collation and analysis of sometimes small and seemingly insignificant events that only when viewed together provide evidence that neglect is an issue of concern.

There is considerable evidence that adolescent difficulties have their roots in neglect which has pervaded their whole childhood and developmental trajectory. It is critical that professionals look beyond the troubled adolescent in front of them, the presenting issues they are labelled with, which can be individually problem focused, and see the long-

term cumulative impact of neglect which is likely to have brought them to this point. There is evidence from recent children’s case reviews that professionals can perceive adolescents as more adult than they actually are and respond to them as adults (see CSE/ Criminal exploitation/county lines).

Neglect can also occur as a one-off event e.g. where there is a family crisis, or a parent is under the influence of drink/drugs. It is possible that one-off incidents are part of a wider background of the neglect of the child, thus any incident-based reports need to be assessed to identify whether there are patterns, however widely spaced. The case study below illustrates how one-off events can impact upon the child, in this case the family dynamics have changed and this has impacted on the oldest child.



Ardo’s partner Anwar has just started a two-year sentence in prison for possession and dealing of class A drugs. Ardo lives on her own with her four children aged 11, 9, 5 and 2. Ardo has become socially isolated from the Somali community and as a result has become depressed. Anwar before entering prison provided stability and was very active in their community which ensured the children had opportunities to socialise. The school where 11-year-old Abroon attends have noted he has been getting into fights and has recently been excluded. Abroon in the past has had behaviour difficulties when his father was estranged from the family.

Using the neglect toolkit, it is possible to construct a baseline of what is happening in Ardo’s family and then review progress or lack of progress against this baseline. The toolkit gives the practitioner a mechanism to capture the here and now and the development of neglect over time.

## 3.2 Acts of omission or neglect

Neglect is abuse and the definition from Working Together 2018 refers to 'failures' to undertake important parenting tasks, what is often referred to as 'acts of omission'.

The neglect of children and young people may also be an act of commission. That is the neglect is deliberate. There are times when parenting is harsh and cruel, with the particular scapegoating of one child. Some parents have found it hard to build an attachment relationship with their children and over time come to believe that these children, or the young people they have become, do not deserve to be cared for, and the lack of care is blamed on the perceived deficiencies, problems or unlikableness. Child and young person blame and continual negative attitudes

are key indicators of acts of commission. Recognizing this is important because the nature of the problem is likely to be the relationship between the child/ young person and there is also a lack of recognition by parents of their responsibilities and difficulties; they blame the child or young person rather than themselves. This has implications for the take up and use of support meant to address the neglect.

It is not always easy to distinguish between acts of omission and acts of commission and both can occur simultaneously. For example, a parent leaving a child in the supervision of an unsuitable person involves both an omission to provide appropriate supervision and intent in leaving the child with someone unsuitable.



Samantha and Jack have three children under the age of five years; they regularly leave the children in the care of Jack's uncle. Jack's uncle Clive was convicted of a sexual offence against a child; this is known to both Samantha and Jack. Both parents now consider that Clive doesn't pose a risk to their children however they have no objective evidence to confirm this. The oldest child is noted by the nursery to be demonstrating sexualised behaviour inappropriate to a four-year old's developmental stage. Both Samantha and Jack have failed to take account of the risk that Clive poses to their children this is both an act of omission and commission.



### 3.3 Neglect often co-exists with other forms of abuse

Certainly emotional abuse is a fundamental aspect of children's experiences of neglect. However other forms of harm such as physical abuse, sexual abuse, harm from exposure to domestic abuse, child sexual exploitation can and do co-exist with neglect and are at times enabled by neglectful parenting. The existence of neglect should alert practitioners to exploring if children are being exposed to other forms of harm. Please see the case study below and think about what other forms of abuse as well as potential neglect that Jason may be exposed to.

There is no simplistic causal relationship between neglect and sexual abuse. However, there is "enough evidence for us to be certain that neglect and IFCSA (intrafamilial child sexual abuse) do co-occur".

Although the reasons for this co-occurrence are not yet fully understood, the same research suggests that it may be linked to the quality of the parent-child relationship. 'D. Allnock 2106 Exploring the relationship between neglect and adult perpetrated intra familiar child sexual abuse.

The nursery could share their concerns sensitively with Anne through use of an Early Help Assessment. This may identify the issues of domestic abuse and the possibility that Anne may be suffering with a reactive depression. Early Help from domestic abuse services and wellbeing services to address mental health concerns would reduce the chance of neglect becoming a consistent feature in Jason's life.



Genia is 14. She lived with her mother until she was 9. There were considerable concerns about her physical presentation, her hunger and lack of supervision. Her mother was often angry with her, and was very negative about her. Genia has moved to live with her father and his new male partner because of conflict and Genia's unmanageable behaviour. This behaviour includes being out all night. Genia's father thinks she is difficult and out of control and so let's her get on with it. There are concerns at school about sexualized behaviour and possible exploitation.

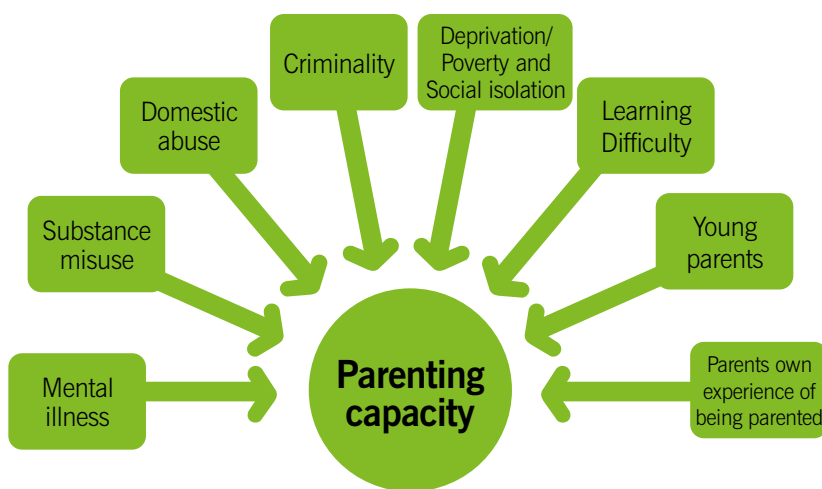


Jason is 3 years old; his mother Anne has had two partners in the last year and both have been domestically abusive to her. Jason's birth father no longer has contact with Jason. The nursery has noted that Jason is often tired and is clingy with staff. When Anne fetches him from nursery she often looks tired and is not very communicative. The staff feel she is not really interested in what Jason has been doing.

## 4.0 Parents and Carers with complex and multiple needs: understanding the causal factors behind neglect

A wide range of circumstances and stressors exist for parents whose children are neglected including poor housing, poverty and lack of capacity or knowledge about children's/young people's needs, disability, learning impairment, asylum or refugee status and other circumstances for example chaotic and/or transient lifestyles, which might weaken parental capacity.

The diagram below helps to illustrate some of the stressors that impact on a parent's capacity to parent.



Jamie experienced long term emotional neglect from her father, with her mother being domestically abused and unable to stand up for her. Jamie was 12 when her father decided that she was mentally ill and as he put it "damaged". He would ring professionals and say she was manipulative and crazy. He asked for her to go to CAMHS and a long period of assessment followed, with father making more and more extravagant claims about her behaviour and unpleasantness. This was all recorded as fact, and the issue of her emotional neglect lost.

Parents do need support to address their complex circumstances and needs so that they can parent their children effectively. Professionals may feel great empathy for parents and develop a tolerance for actions or inactions which are detrimental to the child. This is particularly apparent with adolescents where professionals may agree that the adolescent is being difficult. This type of a parent-centred approach invokes a risk that the focus on the child/young person, the actual or potential harm she/he experiences and the impact on the child's development become marginalized and they are seen as the problem to be fixed. This is true for all children and young people but is seen particularly in adolescence.

Keeping a focus on the child/young person has to be a priority. Recognising the above factors and how they affect the child's/young person's development are key to good assessment. It is important that professionals gently challenge negative attitudes to children/young people, keeping an open mind about what may be the causing this and attempt to build relationships of care. Professionals must never record in files these negative attitudes, such as damaged, difficult, manipulative, out of control, but should make clear they are a quote spoken by another.

Adults who need support should be signposted to relevant services and if it is felt that parents may be eligible for statutory health or care services, referrals should be made to those agencies. Please be aware that if the Adult has their own safeguarding issues due to their vulnerability, in that they are felt to be at risk of harm or abuse and unable to protect themselves from this, then contact with Adult Social Care must be considered. Please see the following links to LLR Safeguarding Adult Boards (SABs) about safeguarding adults and the process of raising an alert:

[www.llradultsafeguarding.co.uk/contents/#identifying](http://www.llradultsafeguarding.co.uk/contents/#identifying)

[www.llradultsafeguarding.co.uk/thresholds/](http://www.llradultsafeguarding.co.uk/thresholds/)

The SCPs have adopted a neglect toolkit that concentrates on the specific activities of parenting and helps you assess the level of neglect the child/young person is experiencing at the hands of its caregiver.

# 5.0 The Neglect Toolkit

## What is the LLR SCPs Neglect Toolkit?

Leicester, Leicestershire and Rutland SCPs have adapted this tool which was originally developed by Jane Wiffin on behalf of Hounslow LSCB, and has been further developed by Brent LSCB. The original concept came from Dr Leon Polnal and Dr O P Srivastava at Bedfordshire and Luton Community NHS Trust and Luton Borough Council.

Leicester, Leicestershire and Rutland Safeguarding Children Partnerships would like to thank Islington and Solihull LSCBs for allowing the use of their toolkits which have been adapted to the local context.

Practitioners using the Neglect Toolkit should be familiar with the LLR SCP Procedures for the management of Childhood Neglect.

The LLR SCPs Neglect Toolkit (referred to as the toolkit hereon) is designed to assist you in identifying and assessing children who are at risk of neglect or are being neglected. It will help you to reflect on the child's/young person's circumstances and will help you put your concerns into context as well as identify strengths and resources within the family.

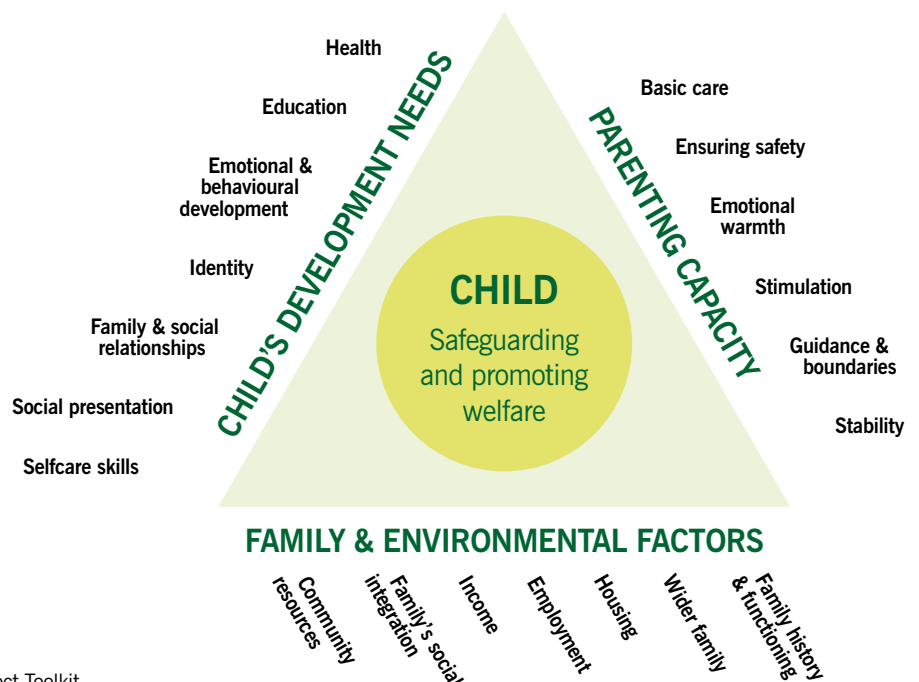
### Who is the toolkit for?

All practitioners who come into contact with children/young people and their parents will find this toolkit useful as a guide to identifying parenting capacity and validating professional concerns.

However, this toolkit is designed for multi-agency managers and practitioners working with children/young people and their families, whether their principal focus is upon a child/young person or an adult within the home. The guidance is applicable to managers and practitioners from all agencies: it is only by working together and co-ordinating our activities that we can be effective in addressing concerns about neglect.

The Neglect Toolkit provides a range of suggestions for Education Staff to consider, particularly across Area 5: Stimulation and Education.

This toolkit can be used to inform decision-making, assessments, analysis and planning. It can also be used in one to ones with managers or in supervision. It is a tool that can be used with families both at the early help stage and during statutory assessments.







The Neglect Toolkit does not replace the requirement to assess the child's needs using the domains of the Framework for the Assessment of Children in Need and their Families (2000) (endorsed by Working Together 2018, Leicester, Leicestershire and Rutland SCPs' Child Safeguarding Procedures, LPT Health Visiting Standard Operating Procedure 2014).

The toolkit supports professional analysis of the capacity of parents to respond to a child's needs. This is assessed along a continuum from 1. Child focused care to 4. Where the child's needs are not considered.

### Working With Parents

Professionals can find it hard to talk about neglect with parents. This can be due to the fear of being judgemental. The toolkit can be used to support discussion with parents. It highlights where parents are managing good levels of care. It also supports professionals to articulate areas of concerns with parents; this enables parents to clearly understand exactly what the concerns are, and the areas in which they need to change. The toolkit also validates the professional judgement of parenting capacity.

Professionals and parents need to agree a timeframe in which change is required, and possible outcomes or consequences of parental ability to achieve improvement.

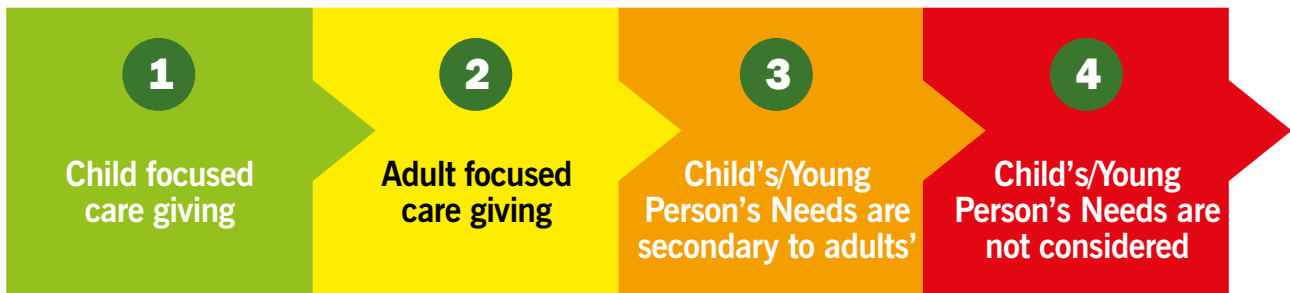
The toolkit should be used alongside the LLR SCPs multi-agency safeguarding procedures being aware at all times when issues with neglect cross into child in need or child at risk of significant harm.

Both will require an assessment involving Children's Social Care. The link to the Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland is:

<https://lrsb.org.uk/uploads/view-the-llr-scp-thresholds-for-access-to-services-for-children-and-families-in-leicester-leicestershire-rutland.pdf>

The toolkit can be used as a distanced travelled tool, i.e. baseline at beginning of assessment and intervention, repeat the assessment at key parts of the intervention. This could be as part of Early Help team around the family meetings or in preparation for a core group. The baseline and subsequent scores of the toolkit can inform the practitioner if enough progress is being made and whether the parents/carers have the capacity to maintain this change.

The toolkit focuses on five key areas of need and considers the extent to which children's/young people's needs are being neglected and/or the needs of their parents / carers are taking precedence.



The toolkit details indicators and possible impact on the child/young person with four specific ratings where 1 is child/young person focused care giving and 4 is child's/young person's needs are not considered.

By working through the toolkit and scoring individual sections you will be able to identify strengths as well as areas of concern that will underpin any full assessment you may use within your service. Where there are areas scored 3 and 4, these are cause for concern. The results of the scoring should be applied in relation to the context of the family and any additional concerns arising from the application of the Assessment Framework. If abuse, harm or a criminal offence is suspected, a referral must be made to the relevant Children's Social Care.

Practitioners may wish to discuss the results of the scoring with their safeguarding supervisor, Designated Safeguarding Lead (Education) or manager to inform decision making, assessment and planning. However, this should not result in a delayed referral to Children's Social Care where required.

The needs of children and young people and their families need to be considered on a case by case basis. Responses should be based on robust assessment, sound professional judgment and, where appropriate, statutory guidance. It is also incumbent on practitioners to take account of the available resources, local priorities and policy guidance.

Early Help services should be considered where appropriate, either as part of a statutory social care plan or as time limited piece of work to support a family to address presenting needs. Where immediate safeguarding concerns are identified, these should be reported to the relevant Social Care Duty and Advice Service. Refer to the LLR Thresholds procedures for guidance on different types of assessed need:

<https://lrsb.org.uk/uploads/view-the-llr-scp-thresholds-for-access-to-services-for-children-and-families-in-leicester-leicestershire-rutland.pdf>

The following sections will take each area of care and give examples of what would be seen within the child or young person's home and illustrate both strengths and weaknesses.

In addition, we have added in practice points to guide your assessment and where appropriate we have highlighted where neglect may be impacting on the adults within the family.



## 6.0 Physical Care Section

Child/Young Person is provided with appropriate quality of food and drink, which is appropriate to their age and stage of development.

Meals are organised and there is a routine which includes the family sometimes eating together.

Child's/Young Person's special dietary requirements are always met.

Carers understand importance of food.

The adolescent is encouraged to eat regularly, healthily and with the family.

Child/Young Person is provided with reasonable quality of food and drink and seems to receive adequate quantity for their needs, but there is a lack of consistency in preparation and routine.

Child's/Young Person's special dietary requirements are inconsistently met.

Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on the ability to provide.

The adolescent does not always get reminded of the importance of eating healthily, and is left out of family routine.

### Physical Care: Food

Child's/Young Person's needs are secondary to Adults'.

Child/Young Person receives low quality food and drink, which is often not appropriate to their age and stage of development and there is lack of preparation or routine.

Child/Young Person appears hungry.

Child's/Young Person's special dietary requirements are rarely met.

The carer is indifferent to the importance of appropriate food for the child/young person.

Parents decline care support which would enable children/young people to have appropriate food on a regular basis.

The lack of attention to food leaves the adolescent with potential eating disorder, obesity or lacking the nutrition required for full development.

Child's/Young Person's needs are not considered.

Child/Young Person does not receive an adequate quantity of food and is observed to be hungry.

The food provided is consistently low quality with predominance of sugar, sweets, chips etc.

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.

Carer hostile to advice about appropriate food and drink and the need for a routine.

Adolescent development impacted by poor quality of food, lack of routine and lack of attention to food related issues leaving them at risk of harm like eating disorders and obesity which goes unaddressed.

## Practice points and adult perspective

- When assessing nutrition within the family context, be mindful of the family income. If the family are deprived, assistance in assessing whether they are receiving all benefits they are entitled to would be advisable.
- Consider whether any of the adults have difficulties around food e.g. anorexia, bulimia or obesity. If this issue is identified, consider encouraging the adults to access help from their GP to get their eating disorder assessed. Adult eating disorders can impact upon children/young people and their relationship to food and therefore early identification and early help can limit the potential impact on the children/young people. This is critical for adolescents who can form unhealthy eating habits and disorders which they take into adulthood. Eating disorders and obesity are critical issues which need addressing.

## For advice for practitioners on what constitutes a healthy diet please refer to the following websites:

[www.food.gov.uk/business-guidance/nutrient-profiling-model-for-children](http://www.food.gov.uk/business-guidance/nutrient-profiling-model-for-children)

[www.gov.uk/school-meals-healthy-eating-standards](http://www.gov.uk/school-meals-healthy-eating-standards)

[www.nutritionist-resource.org.uk/articles/infants-preschool.html](http://www.nutritionist-resource.org.uk/articles/infants-preschool.html)

- There are different nutrition guidelines for early years to school aged children:

[www.nutrition.org.uk/nutritionscience/life/school-children.html](http://www.nutrition.org.uk/nutritionscience/life/school-children.html)

- Advice about the critical nutritional needs of adolescents can be found here:

[www.nutrition.org.uk/nutritionscience/life/teenagers.html](http://www.nutrition.org.uk/nutritionscience/life/teenagers.html)

[www.nhs.uk/live-well/eat-well/healthy-eating-for-teens/](http://www.nhs.uk/live-well/eat-well/healthy-eating-for-teens/)

The accommodation has all essential amenities such as heating, shower, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration.

Carer understands the importance of the home conditions to child's/young person's well-being.

Adolescent has some space and privacy and this is recognized as important.

The accommodation has some essential amenities, but is in need of decoration and requires repair. Carers are aware of this, and have taken steps to address these issues.

The accommodation is reasonably clean, but may be damp, but the carer addresses this.

Carer recognises the importance of the home conditions to the child's/young person's sense of well-being, but is hampered by personal circumstances.

Adolescent has some space and privacy, but this is taken away if an adult needs it.

## Physical Care: Quality of Housing

The accommodation is in a state of disrepair. Carers are unmotivated to address this and the child/young person has suffered accidents and potentially poor health as a result.

The look is bare and possibly unhygienic and there is offensive odor. There are inadequate amenities such as beds and bedding, unhygienic toilet, lack of clean washing facilities and the whole environment is chaotic.

The accommodation smells of damp and there is evidence of mould.

Carer does not recognize the impact on adolescent of no space or privacy and leads to adolescent being away from home.

The accommodation is in a dangerous state of disrepair and this has caused a number of accidental injuries and poor health for the child/young person.

The property is very unclean and there is a lack of essential amenities such as a working toilet, showering/bathing facilities, inappropriate and soiled bed and bedding and poor facilities for the preparation of food.

Faeces or other harmful substances are visible, and house smells.

The accommodation smells strongly of damp and there is extensive mould which is untreated and the carer is hostile to advice about the impact of the home circumstances on child's/young person's well being.

Adolescent not provided with space or privacy and is encouraged to be out of the home. Carer does not recognize impact of living conditions.

### Practice Points and adult perspective in relation to quality of housing

- Consider whether the adults in the household have learning difficulty or learning disability. If this is present, then the parents' ability to discuss issues with their landlord may be limited. Your assessment may indicate that the adults require assistance in accessing support; consider referral to housing office or housing agency for support.

### Practice points when assessing level of household hygiene

When assessing the level of hygiene, it is really important that practitioners clearly describe what they see. Stating the kitchen was dirty is not enough. The detail to evidence a dirty description could include:

- Ingrained food residue on work surfaces and cookers
- The floor has ingrained dirt and does not appear to have been cleaned in a long time
- The bin is overflowing with food waste and/or discarded nappies

- There is evidence of fly/maggot infestation around discarded foods
- There is an offensive smell which could include the smell of urine, faeces, tobacco smoke, cooking fat or a mixture of these elements

It is important to make clear, sensitively, that these issues can impact on a child or young person's health, ability to bring friends home and self-esteem. Emphasise this is a demonstration of love and care.

The practitioner is looking for evidence to support their assessment. The practitioner should be mindful not to apply their own standards of hygiene rather they should ask themselves what is it like to be a child/young person in this household and would it impact on the child's/young person's welfare and their sense of self. Consider is it possible for an adolescent to have enough space and privacy to develop appropriately, or do they need to be away from home with all potential risks this brings.

Child/Young Person has stable home environment without too many moves (unless necessary).

Carer understands the importance of stability for child/young person.

Adolescents need stability and this is recognized.

Child/Young Person has a reasonably stable home environment, but has experienced house moves / new adults in the family home.

Carer recognises that this could impact on child/young person, but the carer's personal circumstances occasionally impact on this.

Adolescents need stability and this is recognized, unless there are other adult priorities.

## Physical Care: Stability of Housing

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.

Carer does not accept the importance of stability for child/young person.

This instability may have led to adolescent spending more time out of the home and this is not understood or addressed.

Child/Young Person experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to children sleeping in unsuitable circumstances).

The home has a number of adults coming and going.

Child/Young Person does not always know these adults who stay over. Carer is hostile about being told about the impact on child/young person of instability.

Carer does not notice or care that adolescent out of home due to instability.



## Practice points when assessing stability of home environment:

Children and young people experience their world through their relationships with parents and other caregivers. Safe, stable, nurturing relationships and environments between children/young people and their caregivers provide a buffer against the effects of potential stressors that can impact on the parental capacity to provide care. Stability of housing is key to a child's/young person's emotional wellbeing and development. A transient lifestyle (moving frequently, including between different Local Authority boundaries) can impact on the child's/young person's ability to form consistent relationships with friends. Frequent moves of school will also affect the child's/young person's ability to form and maintain friendships.

The risks for adolescents are great, with instability causing them to be away from home and forming connections with potentially unsuitable adults and groups in order to create feelings of stability.

Consistency of who visits the family home is also important; children/young people need predictability to feel safe. Children and young people need to be protected from adults that may pose a risk to them. Households where there is a lack of supervision by

carers or visitors can lead to children/young people being put at risk of significant harm, particularly sexual abuse, sexual and criminal exploitation. Adults who wish to sexually abuse children and young people look for vulnerabilities to exploit.

Safety, stability, and nurturing are three critical qualities of relationships that make a difference for children/young people as they grow and develop; they are equally important to adolescents, though this can be underestimated.

They can be defined as follows:

- **Safety:** The extent to which a child/young person is free from fear and secure from physical or psychological harm within their social and physical environment.
- **Stability:** The degree of predictability and consistency in a child's/young person's social, emotional, and physical environment.
- **Nurturing:** The extent to which a parent or caregiver is available and able to sensitively and consistently respond to and meet the needs of their child/young person and to allow space for adolescents to develop from this safe space.

Child/Young Person has clothing which is clean and fits appropriately.

Child/Young Person is dressed appropriately for the weather and carers are aware of the importance of appropriate clothes for the child/young person in an age appropriate way.

Adolescents are allowed to develop their own independent style, with appropriate adult support and oversight. Their identity needs are met.

Child/Young Person has clothes which are appropriate, but are sometimes poorly fitting, unclean and crumpled.

The carer gives consideration to the appropriateness of clothes to meet the needs of the child/young person in an age appropriate way, but their own personal circumstances can get in the way.

Adolescents are allowed to develop their own independent style, but with a lack of adult support and oversight.

Carer understands the potential for bullying and social isolation but is inconsistent in taking action to address this.

## Physical Care: Child/Young Person's clothing

Child/Young Person does not have a stable home environment, and child/young person has clothing which is dirty and crumpled, in a poor state of repair and not well fitting. The child/young person lacks appropriate clothes for the weather and does not have sufficient clothing to allow for regular washing.

Carer(s) are indifferent to the importance of appropriate clothes for the child/young person in an age appropriate way.

Child/Young Person has clothes which are ill fitting and smelly. There is evidence that the clothes are not being washed. The clothes are usually unsuitable for the weather.

Child/Young Person may sleep in day clothes and is not provided with clean clothes when they are soiled.

The carer is hostile to advice about the need for appropriate clothes for the well being of the child/young person.

## **Practice points in relation to Physical Care: Child/Young Person's clothing**

- Be mindful that there may be deprivation within the family so assess if family are getting all benefits they are entitled to.
- Are the adults in the family also neglecting their physical appearance i.e. ill-fitting clothes or unhygienic clothes? This could indicate that the adults have low self-esteem and may be struggling with their mental health. Asking how they feel in themselves will enable the practitioner to explore emotional well-being and mental health. If issues are identified, referral to emotional well-being services and the GP may improve overall family well-being
- Help carers deal with adolescent's individuality around expression of identity through clothing, and remind of the need for adult oversight and support.

Animals are well cared for and do not present a danger to children, young people or adults.

Children/Young People are encouraged to behave appropriately towards animals.

Young children are not left unsupervised with animals.

Animals look reasonably well cared for, but contribute to a sense of chaos in the house.

Animals present no dangers to children, young people or adults and any mistreating of animals is addressed.

Animals occasionally left unsupervised with young children.

## Physical Care: Animals

Animals not always well cared for or ailments treated.

Presence of faeces or urine from animals not treated appropriately and animals not well trained.

The mistreatment of animals by adults, young people or children is not addressed.

Young children often left with animals unsupervised.

Animals not well cared for and presence of faeces and urine in living areas.

Animals dangerous and chaotically looked after.

Carers do not address the ill treatment of animals by adults, young people or children.

Parents do not accept they should supervise young children with animals and may blame the child for the animal's behaviour.

## Practice points when assessing physical care and animals

- Please note with animal care, if this is green but other physical care categories are amber or red, this would indicate that animals are prioritised over the children/young people.
- For a comprehensive summary of the research into the link between animal cruelty and domestic abuse please access the following link:

[www.communitycare.co.uk/2008/10/28/the-link-between-animal-cruelty-and-child-protection/](http://www.communitycare.co.uk/2008/10/28/the-link-between-animal-cruelty-and-child-protection/)

The child/young person is clean and is either given a bath / washed daily or encouraged to do so in an age appropriate way.

The child/young person is encouraged to brush their teeth and head lice, skin complaints etc. are treated appropriately.

Nappy rash is treated appropriately.

Carers take an interest in the child's/young person's appearance.

Adolescents have been taught to look after their own personal hygiene, dental, hair, nail needs and encouraged to maintain these.

The child/young person is reasonably clean, but the carer does not bath/wash the child/young person regularly and/or the child/young person is not consistently encouraged to do so in an age appropriate way.

The child/young person does not always clean their teeth, and head lice and skin conditions etc. are treated in an inconsistent way.

Nappy rash is a problem, but parent treats if given encouragement and advice.

Adolescents have been taught to look after their own personal hygiene, dental, hair, nail needs but this was inconsistently monitored and lack of full attention to how this is maintained.

## Physical Care: Hygiene

The child/young person looks unclean and is only occasionally bathed/washed or encouraged to do so in an age appropriate way.

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.

Carer does not address concerns about nappy rash and is indifferent to concerns expressed by others.

Carers do not take an interest in child's/young person's appearance and do not acknowledge the importance of hygiene to the child's/young person's wellbeing.

The adolescent looks unkempt, teeth are rotten and acnes/skin conditions/period needs are not encouraged or monitored.

The child/young person looks dirty, and is not bathed or washed or encouraged to do so.

The child/young person does not brush teeth. Head lice and skin conditions are not treated and become chronic.

Carer does not address concerns about nappy rash and is hostile to concerns expressed by others.

The carer is hostile to concerns expressed by others about the child's/young person's lack of hygiene.

The carer does not notice/care that the adolescent has poor personal hygiene, rotten teeth, skin conditions and period needs not addressed. Care blaming of adolescent.

## Practice points in relation to child's/young person's physical care and hygiene

- It is really important to describe what you see. The words dirty, grubby really do not describe adequately; therefore, when writing your observations or assessments, record what you actually see.

Here are some suggestions below:

- The child's/young person's skin was ingrained in dirt especially between the creases of the skin
- The baby has untreated nappy rash which has become infected; parents have sought medical advice but not followed it consistently or have not sought medical advice
- The child's/young person's hair is dull and greasy and there is evidence of headlice infestation which has not received the appropriate treatment
- The child's/young person's teeth are very neglected. There is evidence of untreated tooth decay; the child/young person has required multiple tooth extraction due to the level of untreated decay
- The child's/young person's self-esteem is being affected as peers at school refuse to sit next to them or call them names leading to risk of bullying
- The adolescent does not have any access to sanitary ware and consequently has stained clothes and infections
- The adolescent's teeth are very neglected and has poor breath, as a result impacting on friendships.

## Period Poverty resource

[www.gov.uk/government/publications/period-products-in-schools-and-colleges/period-product-scheme-for-schools-and-colleges-in-england](https://www.gov.uk/government/publications/period-products-in-schools-and-colleges/period-product-scheme-for-schools-and-colleges-in-england)

## Dental resources: CITY

Healthy Teeth, Happy Smiles! is Leicester's programme that aims to improve the oral health of children and adults in Leicester, and reduce tooth decay and associated health issues.

Their services include:

- Free toothbrushes and toothpaste for children in oral health packs. All children in the city will receive five oral health care packs by the time they are five, which contain a toothbrush, fluoride toothpaste and oral health information
- Free baby bottle swaps in all Leicester children, young people and families centres
- Supervised tooth brushing: many of the Leicester early years settings (aged 0-5) take part in a free supervised tooth brushing programme where children will learn how to brush their teeth properly every day.

To find out how to access these services, contact:

[HealthyTeethHappySmiles@leicester.gov.uk](mailto:HealthyTeethHappySmiles@leicester.gov.uk)

There are a number of simple steps parents can take:

- take their child to see the dentist before they are one and go regularly
- brush their child's teeth as soon as the first tooth appears
- brush at least twice a day
- don't rinse after brushing just spit the toothpaste out
- use a fluoride toothpaste
- ask their dentist about fluoride varnish
- limit sugary drinks and snacks to meal times only.

To access and download free oral health leaflets, go to: <https://www.leicester.gov.uk/health-and-social-care/public-health/get-oral-health-advice/>

## Dental resources: COUNTY

The Leicestershire Oral Health Promotion team is commissioned by Leicestershire County Council to deliver oral health messages to key groups such as children, vulnerable adults and older people, particularly in localities where there is the greatest need:

[www.leicestershirehealthytots.org.uk/oral-health](http://www.leicestershirehealthytots.org.uk/oral-health)

Activities are designed to improve oral health outcomes by establishing good habits and encouraging tooth-friendly environments. This is partly achieved through training Health and non-Health professionals, which includes voluntary sector organisations. Additionally, the team lead on organising local events which are underpinned by national campaigns with key professionals and communities.

Supervised tooth brushing programmes are designed to support the Healthy Tots accreditation programme, involving training and the provision of resources to ensure a consistent and evidence-based approach so that children have Healthy Teeth Happy Smiles.

The team work with partners to promote oral health and dental services in residential homes, workplaces and with the general public at higher risk of poor oral health.

The service has a tried and tested Resource Centre that provides free and appropriate resources to front line partners. Many items can be borrowed e.g. the dental role-play resources, while leaflets and posters are provided to spread oral health messages.





# 7.0 Health Section

Advice sought from professionals / experienced adults on matters of concern about child's/young person's health.

Appointments are made and consistently attended.

Preventative care is carried out such as dental / optical and all immunisations are up to date.

Carer ensures child/young person completes any agreed programme of medication or treatment.

Adolescents are supported to look after their health, make GP and hospital appointments and supported where necessary to attend.

Advice is sought about illnesses, but this is occasionally delayed or poorly managed as a result of carer difficulties.

Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments.

Immunisations are delayed, but eventually completed.

Carer is inconsistent about ensuring that the child/young person completes any agreed programme of medication or treatment, but does recognise the importance to the child/young person, but personal circumstances can get in the way.

Carers are inconsistent in encouraging adolescents to look after their routine health needs, seek health advice and support in attendance.

## Health: Seeking advice and intervention

The carer does not routinely seek advice about childhood illnesses but does when concerns are serious or when prompted by others.

Dental care and optical care are not routinely attended to. Immunisations are not up to date, but carer will allow access to children/young people if home visits are carried out.

Carer does not ensure the child/young person completes any agreed programme of medication or treatment and is indifferent to the impact on child's/young person's wellbeing.

Carer does not encourage adolescents to look after their routine health needs, or to seek advice about chronic concerns and indifferent to non-attendance at appointments. STIs/pregnancy not addressed.

Carer does not attend to childhood illnesses, unless severe or in an emergency.

Childhood illnesses allowed to deteriorate before advice / care is sought.

Carer hostile to advice from others (professionals and family members) to seek medical advice.

Routine appointments such as dental and optical not attended to; immunisations not up to date, even if a home appointment is offered.

Carer does not ensure that the child/young person completes any agreed programme of medication or treatment and is hostile to advice about this from others, and does not recognise likely impact on child/young person.

Carer does not notice whether routine health needs are addressed for adolescents / hostile to their needs and dismissive of attendance at appointments and deteriorating health. Does not respond to advice. STIs/pregnancy not addressed.

### Practice points in relation to Health: Seeking advice and intervention

- GPs, Dentists, Health Visitors and A&E practitioners need to be alert to late presentation for injuries; this is one of the factors that may indicate a non-accidental injury. Careful examination of the carers explanation for the injury should be made,
  - does the story change,
  - is it age appropriate,
  - was the child/young person adequately supervised?
- Any concerns in this area could indicate either non-accidental injury (physical abuse) or poor supervision (neglect).
- Professionals need to be aware of their organisation's 'Was Not Brought' policy/guidance and the significance of 'Was Not Brought' as opposed to 'Did Not Attend': <https://lrsb.org.uk/was-not-brought-video1>
- The health needs of adolescents are as important as all children. They can be left to manage routine health needs without having the maturity and emotional well being to do so. Acute illnesses and needs, including STIs/pregnancy/sexual assault, drug and alcohol related health concerns and self-harm injuries can all be left untreated. It is important that professionals have oversight of these concerns.

Carer has information on safe sleeping and follows the guidelines.

There is suitable bedding and carers have an awareness of the importance of the room temperature, sleeping position of the baby and carer does not smoke in household.

Carer aware of guidance around safe co-sleeping and recognises the importance of the impact of alcohol and drugs on safe co-sleeping.

There are appropriate sleeping arrangements for children/young people.

Carer has information on safe sleeping, but does not always follow guidelines, so bedding, temperature or smoking may be a little chaotic and carer may not be aware of sleeping position of the baby. (Be aware this raises risk of cot death).

Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol use by the carer on safe co-sleeping, but this is sometimes inconsistently observed.

Sleeping arrangements for children/young people can be a little chaotic.

Carers open to advice about baby factors which increase risk of SIDS including intrauterine growth restriction, prematurity and low birth weight.

Adolescent may be left to sofa surf/stay with friends.

## Health: Safe sleeping arrangements and co-sleeping with babies

Carer unaware of safe sleeping guidelines, even if they have been provided.

Carer ignores advice about beds and bedding, room temperature, sleeping position of the baby and smoking. (Be aware this raises risk of cot death).

Carer does not recognise the importance of safe co-sleeping or the impact of carer's alcohol / drug use on safety.

Sleeping arrangements for children/young people are not suitable and carer is indifferent to advice regarding this.

Carer not concerned about impact on child/young person.

Carer indifferent to advice about baby factors which increase risk of SIDS including intrauterine growth restriction, prematurity and low birth weight.

Adolescent left in unsafe/vulnerable sleeping arrangements.

Carer indifferent or hostile about safe sleeping guidance. Sees it as interference and does not take account of beds and bedding, room temperature, sleeping position of the baby and adults smoking in the household. (Be aware this raises risk of cot death).

Carer hostile to advice about safe sleeping and the impact of carer's drug and alcohol use on safe co-sleeping for the baby.

Sleeping arrangements for children/young people are not suitable and carer is hostile to advice regarding this.

Carers are hostile to a focus on, and advice about, factors which increase the risk of SIDS including intrauterine growth restriction, prematurity and low birth weight.

Carer not concerned about impact on child/young person or risks associated with this, such as witnessing adult sexual behaviour or being at risk of sexual abuse.

Carer does not know where adolescent sleeps, who with or what risks are posed.

### Practice points for safe sleeping with babies:

It is important that all professionals are aware of the vulnerability of some babies to Sudden Infant Death Syndrome (SIDS), particularly in the first 6 months. This requires a focus on the living and sleep environment provided for the baby, parental/carer characteristics including drug, alcohol use and smoking and baby vulnerabilities including intrauterine growth restriction, prematurity and low birth weight.

The Lullaby Trust Evidence Base is an accessible summary of the research evidence for practitioners about SIDS risk factors and reducing risk:  
[www.lullabytrust.org.uk/wp-content/uploads/Evidence-base-2019.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/Evidence-base-2019.pdf)

For comprehensive information on safe sleeping, please access the following websites:

[www.bliss.org.uk/parents/going-home-from-the-neonatal-unit/when-you-get-home-from-the-neonatal-unit/sleeping](http://www.bliss.org.uk/parents/going-home-from-the-neonatal-unit/when-you-get-home-from-the-neonatal-unit/sleeping)

[www.healthychildren.org/English/ages-stages/baby/sleep/Pages/default.aspx](http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/default.aspx)

[www.nichd.nih.gov/sts/Pages/default.aspx](http://www.nichd.nih.gov/sts/Pages/default.aspx)

[www.lullabytrust.org.uk/safer-sleep-advice/safer-sleep-for-babies-online-presentations/](http://www.lullabytrust.org.uk/safer-sleep-advice/safer-sleep-for-babies-online-presentations/)

Adolescents need a safe space and place to sleep if they are not to be abused and exploited.

[www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/#prevent](http://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/#prevent)

Carer positive about child's/young person's identity and values him/her.

Carer complies with needs relating to child's/young person's disability.

Carer is proactive in seeking appointments and advice and advocating for the child's/young person's well-being

Carer proactive about transition arrangements, adolescent independence and development of identity including sexuality, relationships and living independently.

Carer does not always value child/young person and allows issues of disability to impact on feelings towards the child/young person.

Carer is inconsistent in their compliance with needs relating to child's/young person's disability, but does recognise the importance to the child/young person, but personal circumstances get in the way.

Caregiver accepts advice and support but is not proactive in seeking advice and support around the child/young person's needs.

Carer inconsistent about transition arrangements, development of identity including sexuality, relationships and living independently.

## Health: Disability and illness

Carer shows anger and frustration at child's/young person's disability, often blaming the child/young person and not recognising identity.

Carer does not ensure compliance with needs relating to child's/young person's disability, and there is significant minimisation of child's/young person's health needs.

The carer does not seek or accept advice and support around the child's/young person's needs, and is indifferent to the impact on the child/young person.

Carer is unaware of transition arrangements, adolescent independence and development of identity including sexuality, relationships and living independently. Reluctant to accept advice.

Carer does not recognise child's/young person's identity and is negative about child/young person as a result of the disability.

Carer does not ensure compliance with needs relating to child's/young person's disability, which leads to deterioration of the child's/young person's well-being.

Carer hostile when instructed to seek help for the child/young person, and is actively hostile to any advice or support around child's/young person's disability.

Carer is dismissive and hostile to transition arrangements, adolescent independence and development of identity including sexuality, relationships and living independently. Hostile to advice.

## Practice points in relation to Health: Disability and illness

- Practitioners should be aware of the opposite end of the spectrum where carers are seeking excessive medical advice.
- Carers may have inappropriate health seeking advice behaviour for themselves and are prone to exaggerating their own symptoms and constantly seeking reassurance from medical professionals. This may indicate an underlying mental health problem such as anxiety. Be aware that extreme health seeking behaviour could indicate the adult is fabricating illness in themselves.
- Carers may have inappropriate health seeking behaviours in relation to their child's/young person's disability. This could indicate that the parent is stressed and would benefit from a team around the family approach to reduce the stressful effects of looking after a child/young person with a disability. At its extreme it could indicate fabricated or induced illness (FII) in a child/young person so any suspicion of such behaviour requires immediate assessment; please see SCP procedures for FII:

[https://llrscb.proceduresonline.com/files/fab\\_ind\\_illness.pdf?zoom\\_highlight=FII#search=%22FII%22](https://llrscb.proceduresonline.com/files/fab_ind_illness.pdf?zoom_highlight=FII#search=%22FII%22)

- Some children/young people with disability may have restricted lifestyles due to their parent's anxiety in relation to risk of infectious diseases or injuries. A restricted lifestyle could be related to regular non-attendance at school and parents insisting children do not participate in physical education even when medical professionals have advised it is OK. In addition, the child/young person may not be allowed to socialise with other children/young people, go on school trips or access after school activities. This behaviour is usually rooted in parental anxiety and again parents would benefit from assessment of their emotional wellbeing and counselling services being made available. An Early Help assessment would also be advised.
- Disabled Adolescents have a right to be supported through the transition into adulthood and to develop a sense of identity, sexuality, understand relationships and have a plan for employment and independence. Disabled children who have been neglected may bring additional vulnerabilities to the complex task of the transition to adulthood. These must be supported through effective transition planning.
- A lack of sex education and support may leave this group of adolescents at risk of sexual abuse and exploitation.

## 8.0 Safety and Supervision Section

Carer aware of safety issues and there is evidence of safety equipment use and maintenance.

Carer has considered internet safety and supervises child/young person at an age appropriate level. Carer has actively provided advice on internet safety.

Carer aware of online grooming, risk of sexting, use of adult pornography and inappropriate games.

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.

Carer inconsistently monitors internet usage but will intervene when concerns are obvious.

Carer aware of online grooming, risk of sexting, use of adult pornography and inappropriate games but inconsistent in supervision.

### Safety and Supervision: Safety awareness and features including internet safety

The carer does not recognise dangers to child/young person and there is a lack of safety equipment, and evidence of daily dangers to the child/young person.

Carer indifferent to advice about this and does not recognise or acknowledge the impact on the child/young person. The carer does not seek or accept advice and support around the child's/young person's needs, and is indifferent to the impact on the child/young person.

Carer indifferent to internet safety and reluctant to take advice.

Carer unaware of online grooming, risk of sexting, bullying, use of adult pornography and inappropriate games and provides no advice/supervision.

Carer does not recognise dangers to the child's/young person's safety and hostile to advice regarding this, does not recognise the importance to the child/young person, and can hold child/young person responsible for accidents and injuries.

Carer is aware that child/young person is at risk through their internet usage and does nothing to intervene and is hostile to advice.

Carer dismissive of concerns about online grooming, risk of sexting, bullying, use of adult pornography and inappropriate games and hostile to professional advice/perspective.



### **Practice points in relation to SAFETY & SUPERVISION: Safety awareness and features including internet safety**

- Be aware that deprivation may be preventing parents/carers from purchasing safety equipment so a review of the family's benefit status, to ensure they are getting all benefits they are entitled to, is advisable.
- Adults with learning difficulty or disability may not be aware of the importance of home safety equipment; consideration should be given to accident prevention awareness training for the adults to see if they have the ability to make meaningful change.
- Internet safety is critical for adolescents. They are at risk of being groomed online, being exposed to inappropriate online contact and bullying. Professionals must ask about these concerns and respond proactively.

Appropriate supervision is provided in line with age and stage of development.

Carer recognises the importance of appropriate supervision to child's/young person's well-being but allows age appropriate positive risk taking.

Carer promotes age appropriate independence skills.

Carer likes to know where an adolescent is, who they are with and expects to know of late arrival home/overnight stays.

Variable supervision is provided both indoors and outdoors, but carer does intervene where there is imminent danger.

Carer does not always know where child/young person is and inconsistent awareness of safety issues when child/young person away from home.

Shows concern about when child/young person should be home.

Carer aware of the importance of supervision, but does allow personal circumstances to impact on consistency.

Carer allows positive risk taking but this is not always age appropriate.

Carer is inconsistent in promoting age appropriate independence skills.

Carer inconsistent in seeking to know where adolescent is, who they are with and to provide boundaries about when they should be home.

## Safety and Supervision: Supervision of the child/young person

There is very little supervision indoors or outdoors and carer does not always respond after accidents.

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.

Carer indifferent to importance of supervision and to advice regarding this from others.

Carer indifferent to risk taking behaviour and allows developmentally inappropriate independence seeking by the child/young person.

Carer indifferent to know where adolescent is, who they are with and does not provide boundaries about when they should be home. Inconsistent in following up when away from home, even overnight

Complete lack of supervision.

Young children contained in car seats/pushchairs for long periods of time.

The carers are indifferent to whereabouts of child/young person, and often do not know where child/young person is or who they are with, and are oblivious to any dangers.

There are no boundaries about when to come home or late nights.

Carer hostile about advice from others regarding appropriate supervision and does not recognise the potential impact on child's/young person's wellbeing.

Carer encourages risky behaviour in child/young person and when made aware of risk taking behaviour does nothing to address it.

Carer does not care where adolescent is, who they are with and does not see why they should provide boundaries about when they should be home. Does not follow up on being away from home.

## Practice Points in relation to SAFETY & SUPERVISION: Supervision of the child/young person

- Where there is lack of or poor levels of supervision the practitioner should assess if there are any issues that could affect the parenting capacity – for example, domestic abuse, criminality, substance misuse, parental learning difficulty, and parental mental health.
- Domestic Abuse: asking the domestic abuse question is advisable when supervision issues have become known. Is the parent/carer having to put their partner's needs first over the children's?
- Criminality: where parents are known to be offending this may indicate a level of chaos in the home environment which leads to poor supervision. Be aware, when one of the parents is in prison, the effect on the stay at home parent should be explored as the parent in prison may have been the protective factor for the children. The parent at home may be suffering mental health difficulties since their partner entered prison. Useful links related to parents in prison are as follows:

[www.familylives.org.uk/advice/your-family/parenting/how-to-cope-if-a-parent-goes-to-prison/](http://www.familylives.org.uk/advice/your-family/parenting/how-to-cope-if-a-parent-goes-to-prison/)

[www.partnersofprisoners.co.uk/](http://www.partnersofprisoners.co.uk/)

[www.gov.uk/support-for-families-friends-of-prisoners](http://www.gov.uk/support-for-families-friends-of-prisoners)

- Where substance misuse is known, exploring with parents their engagement with substance misuse services is vital. Parents may not have accessed substance misuse services and therefore would benefit from referral. Consideration of consultation with substance misuse workers to establish whether the drug use is of a serious or problematic level is advisable.
- Parental Learning Disability or Difficulty: it is easy to assume that a parent with this spectrum of

difficulties may struggle to supervise; however, assessment of parenting capacity is vital to establish if the family are able to manage. These parents may benefit from targeted parenting support skills work.

- Parental mental health: as for other difficulties, children's abilities to cope with the consequences of their parent's mental health difficulties vary enormously depending on a range of factors but including those specific to their parent's mental health difficulties. Level of parental capacity may fluctuate according to the current status of their mental illness. Lack of parental supervision may indicate a fluctuation in the parent's mental state and therefore consideration of the support needed by the parents may have significant positive impact on the supervision of the child/young person moving forward.
- It is critical that parents/carers know where adolescents are, who they are seeing, where they are staying and provide boundaries for this. A lack of attention to this, particularly where the adolescent themselves is blamed, should be of concern. This leaves adolescents at risk of sexual abuse, sexual and criminal exploitation, substance misuse and criminal/anti-social behaviour.

Carer responds appropriately to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended.

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 is a bit precarious in handling and is inconsistent in supervision.

Carer spends some time with the baby, cooing and smiling, but is led by baby's moods, and so responds negatively if baby unresponsive.

### Safety and Supervision: Handling of baby/response to baby

Carer does not recognise the importance of responding consistently to the needs of the baby. Handling is precarious and baby is left unattended (e.g. bottle left in the mouth).

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.

There is dangerous handling and the baby is left dangerously unattended.

The baby is strapped into a car seat or some other piece of equipment for long periods and lacks adult attention and contact.

Carer hostile to advice to pick baby up, and provide comfort and attention. Carer does not recognise importance to baby.

## Practice points in relation to: SAFETY & SUPERVISION: Handling of baby / response to baby

- This section directly relates to the importance of attachment of the baby to its primary care givers. The most important tenet of attachment theory is that an infant needs to develop a relationship with at least one primary care giver for the child's successful social and emotional development, and in particular for learning how to effectively regulate their feelings.
- Therefore, this period in a child's life is crucial for its future development and its ability to relate to others
- As in other sections the parenting capacity to achieve a secure attachment will be hampered if the parents are experiencing difficulties in relation to domestic abuse, mental illness, substance misuse and learning difficulty/disability
- Therefore, it is advised that practitioners consider the **Whole Family (previously Think Family) approach** when assessing handling of babies and response to babies, and consider if there are any dynamics that could be effecting the capacity to parent effectively.

## Abusive Head Trauma (AHT) followed by:

AHT is the most common cause of death or long term disability in babies subject to abuse. Babies are most likely to be subjected to shaking between the ages of 2 – 4 months. Crying of babies peaks at age 6 weeks reducing at between 3 and 5 months of age.

Icon is a programme to reduce AHT.

The **ICON** mnemonic stands for:

**I** = infant crying is normal

**C** = comforting methods can help

**O** = it's OK to walk away

**N** = never, ever shake a baby

**ICON** is an evidence based approach to reducing abusive head trauma in babies. AHT can be reduced by between 47 and 75% in children under 36 months of age.

### References :

Dias et al (2005), 'Abusive Head Trauma Infants and Young Children: A Hospital Based programme', Paediatrics, 115:470-477.

Altman et al (2010), 'Parent Education by Maternity Nurses and prevention of AHT'.

This programme is being rolled out in Leicester, Leicestershire and Rutland.

[www.iconcope.org.uk](http://www.iconcope.org.uk)

Child/young person is left in care of vetted adult.  
Never in sole care of an under 16.

Parent/child always aware of each other's whereabouts.

Out of necessity a child aged 1-12 is left with a young person under 14 who is familiar and has no significant problem for no longer than necessary as an isolated incident.

Adolescents are not left in the care with unknown adults and there is an awareness of their safety needs.

Child 0-9-year-old is sometimes left with a child age 10-13 or a person known to be unsuitable.

Parents unsure of child's/young person's whereabouts.

Carer inconsistent in raising the importance of a child/young person keeping themselves safe from others and provides some advice and support.

Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstances.

There is inconsistency about whether adolescents are left in the care with unknown adults and there is an awareness of their safety needs.

## Safety and Supervision: Care by other adults

Child 0-7-year-old is left with an 8-10-year-old or an unsuitable person.

Child/young person found wandering and/or locked out.

Carer does not raise awareness of the importance of child/young person keeping themselves safe from others and provides no advice and support.

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.

Adolescents are left in the care of unknown adults and there is no awareness of their safety needs.

Child 0-7-year-old is left alone or in the company of young child or an unsuitable person.

Child/young person often found wandering and/or locked out.

Carer does not provide any advice about keeping safe, and may put adult dangers in the way of the child/young person.

Carer hostile to advice or professional challenge about giving safe care and impact of children/young people being left with unsuitable and/or dangerous adults.

Adolescents are left in the care of unknown adults and there is dismissiveness about the seriousness of this and advice given by Police/professionals.

## **Practice Points in relation to SAFETY & SUPERVISION: Care by other adults**

- Parents who consistently leave their children with unsuitable adults or in the care of other children are significantly raising the vulnerability of the child/young person to exposure to both risky adults and accidents in the household.
- Adolescents require safe care as much as any child. Parents/carers need to be aware of the adults children are left with including sports coaches, guide and scout leaders, religious leaders and alternative caregivers.
- Children left in care of children cannot effectively safeguard a child from risks from both adults and risks within the environment. The assessment of this area must take into account if there are other children/young people at risk not just the children within the household.

The adolescent's needs are fully considered with appropriate adult care.

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.

The carer is aware that the adolescent needs appropriate care but is inconsistent in providing it.

Where risky behaviour occurs the carer responds inconsistently to it.

## Safety and Supervision: Responding to adolescents

The carer does not consistently respond to the adolescent's needs and recognises risky behaviour but does not always respond appropriately.

The adolescent's needs are not considered and there is not enough appropriate adult care.

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.

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.



## Practice points in relation to: SAFETY & SUPERVISION: Responding to adolescents

- This area is particularly important to consider when the practitioner is assessing the well-being of the adolescent children. Adolescents who have poor parental supervision are at heightened risk of child sexual exploitation (CSE), criminal exploitation, county lines activities and radicalisation. For advice on how to assess the risk of CSE, please refer to SCP guidelines by accessing the following link:

[https://llrscb.proceduresonline.com/files/sg\\_ch\\_yp\\_sex\\_exploit.pdf?zoom\\_highlight=CSE#search=%22CSE%22](https://llrscb.proceduresonline.com/files/sg_ch_yp_sex_exploit.pdf?zoom_highlight=CSE#search=%22CSE%22)

Baby/Infant is well secured in pram/pushchair.

Where a toddler is walking, their hand is held safely. 3 - 5 years old are allowed to walk without holding hands, but are close and in vision. 5- 8 year olds are allowed to cross with 13+ year old.

Child taught traffic skills as per developmental needs

Baby/infant not always secured in pushchair and 3- 5-year-old not fully supervised. 7yrs onwards are allowed to cross with another young child alone and 8-year-old crosses regardless of suitability.

Child given some guidance about traffic skills.

### Safety and Supervision: Traffic awareness & in-car safety

Baby/infant not secured in pushchair and 3- 5-year-old dragged along with annoyance or left to follow behind alone, with supervision.

Under 7s onwards are allowed to cross road alone.

Child not taught traffic skills.

Babies/infants are unsecured in pram/pushchair and carer is careless with pram.

There is a lack of supervision around traffic and an unconcerned attitude.

Lacks understanding of why teaching traffic skills might be important for the child.

## Further practice points in relation to the safety and supervision section

Adult carers/parents may have a number of difficulties that inhibit their ability or capacity to provide adequate safety and supervision:

- An adult mental health condition may lead to the adult not being aware of where the child/young person is and whether they are safe. This could include adult depression which can have an effect on ability to concentrate and a general lack of awareness to what is going on around them. Any mental illness can affect the capacity of the adult to care for the child/young person; however, it is the parent's responsibility to access appropriate treatment and support. However, at the start of a mental health episode the parent may not be aware they are becoming ill; the important factor here is whether they have capacity to accept help when they are made aware that their mental health requires treatment.
- Children/young people may be being neglected as well as emotionally abused due to the presence of domestic abuse in the parental relationship. Once identified it is the parents' responsibility to access help and support offered to them. Specific neglect issues can occur where the abused partner constantly puts the needs of the perpetrator over the needs of the children in the hope that the abuse will be minimised. Practitioners should always be alert to the possibility of the presence of domestic abuse.
- Parental/Carer learning difficulty or learning disability: there is a spectrum of the effect that a learning difficulty or disability can have on the adult's ability to provide adequate safety and supervision. Thorough assessment of the adult's strengths and difficulties in relation to their disability should be undertaken; there may be simple reasonable adjustments and parenting advice that can be given to the carers to enhance their ability to parent. Any assessment should be mindful of the carer's ability to be able to generalise advice from one situation to another. If carers are incapable of generalising advice, then their ability to supervise and keep a child/young person safe will be very limited.
- Parental/Carer substance misuse leading to neglect: again there is a spectrum of need. Those parents who are receiving substance misuse treatment and complying with their treatment regime should be able to demonstrate adequate ability to maintain the supervision and safety of their children. Alternatively, the addiction related behaviour may expose children/young people to frequent periods where they are left alone or inadequately supervised. Thorough assessment of the effect of the substance misuse on parental capacity needs to be undertaken in order to establish the level of neglect.

## 9.0 Love and Care Section

Carer talks warmly about the child/young person and is able to praise and give appropriate emotional reward.

The carer values the child's/young person's cultural identity and seeks to ensure child/young person develops a positive sense of self.

Carer responds appropriately to child's/young person's needs for physical care and positive interaction.

The emotional response of the carer is one of warmth.

Child/Young Person is listened to and carer responds appropriately.

Child/Young Person is happy to seek physical contact and care.

Carer responds appropriately if child/young person is distressed or hurt.

Carer understands the importance of consistent demonstrations of love and care.

Adolescents provided with same level of demonstratable 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.

Carer recognises that praise and reward are important but is inconsistent in this.

Carer recognises child's/young person's cultural identity and is aware of the importance of ensuring child/young person develops a positive sense of self, but sometimes allows personal circumstances to impact on this.

Child/Young Person is main initiator of physical interaction with carer who responds inconsistently or passively to these overtures.

Child/Young Person not always listened to and carer angry if child/young person seeks comfort through negative emotions such as crying.

Does not always respond appropriately if child/young person distressed, hurt or abused.

Carer understands the demonstrations of love and care but own circumstances and difficulties sometimes get in the way.

Adolescents provided with love and care but carer personal circumstances get in the way.

### Love and Care: Parent's/carer's attitude to child, warmth and care

Carer does not speak warmly about the child/young person and is indifferent to the child's/young person's achievements.

Carer does not provide praise or reward and is dismissive of praise from others.

Carer does not recognise the child's/young person's cultural identity and is indifferent to the importance of ensuring that the child/young person develops a positive sense of self.

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.

Emotional response is sometimes brisk or flat and lacks warmth.

Can respond aggressively or dismissively if child/young person distressed or hurt.

Carer indifferent to advice about the importance of love and care to the child/young person.

Adolescent get inconsistent love, care and warmth.

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.

Carer is hostile to advice about the importance of praise and reward to the child/young person.

Carer hostile to the child's/young person's cultural identity and to the importance of ensuring that the child/young person develops a positive sense of self.

Carer does not show any warmth or physical affection to the child/young person and responds negatively to overtures for warmth and care (this is a long term problem).

Responds aggressively or dismissively if child/young person distressed or hurt.

Carers will respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.

The emotional response of carers is harsh, critical and lacking in any warmth.

Carer hostile to advice about the importance of responding appropriately emotionally to the child/young person.

Carer does not recognise the adolescent's need for love, care and warmth and is hostile when this is raised.

## Practice Points in relation to LOVE AND CARE: Parent/Carer's attitude to child, warmth and care

- This section particularly relates to parental sensitivity to a child's/young person's needs. Research from attachment theorists such as [Mary Ainsworth](#) stresses the importance of maternal sensitivity; however, it is now recognised that sensitivity from both caregivers is important, so sensitivity from fathers is also important to the child's emotional development.
- **Maternal sensitivity** is defined as the mother's ability to perceive and infer the meaning behind her infant's behavioural signs, and to respond to them promptly and appropriately. Maternal sensitivity affects child development at all stages through life, from infancy, all the way to adulthood.

In general, more sensitive mothers have healthier, more socially and cognitively developed children than those who are not as sensitive. Also, maternal sensitivity has been found to affect the person psychologically even as an adult. Adults who experienced high maternal sensitivity during their childhood were found to be more secure than those who experienced less sensitive mothers. Once the adult becomes a parent themselves, their own understanding of maternal sensitivity will affect their own children's development.

Adolescents need parental sensitivity and care. They may have been subject to poor early attachments, and this pattern needs recognizing and addressing.

Carer provides consistent boundaries and ensures child/young person understands how to behave and to understand the importance of set limits.

Child/Young Person is disciplined appropriately with the intention of teaching proactively.

Carer puts appropriate boundaries around adolescent risk taking behaviour.

Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions.

The carer recognises the importance of setting boundaries for the child/young person, but is inconsistent because of own personal circumstances or difficulties.

Carer sometimes puts appropriate boundaries around adolescent risk taking behaviour but is inconsistent in approach.

## Love and Care: Boundaries

Carer provides few boundaries, and is harsh and critical when responding to the child's/young person's behaviour and uses physical sanctions and severe other sanctions.

Carer can hold child/young person responsible for their behaviour but without a clear teaching approach.

Carer indifferent to advice about the need for more appropriate methods of disciplining.

Carer does not seek to understand adolescent behaviour, risk taking and does not put boundaries in place.

Carer provides no boundaries for the child/young person and treats the child/young person harshly and cruelly when responding to their behaviour.

Carer uses physical chastisement and harsh other methods of discipline.

Carer hostile to advice about appropriate methods of disciplining.

Carer indifferent to needs of adolescent and provides no boundaries; blames adolescent for problems that arise from this.

## Practice Points in relation to LOVE AND CARE: Boundaries

- As in previous sections the parent's ability to put in consistent and loving boundaries can be affected by their mental state, the presence of domestic abuse, parental learning difficulty/disability and problematical substance misuse.
- Therefore, it is important when assessing the ability to put in boundaries that a **Whole Family (previously Think Family)** approach is used
- **Whole Family (previously Think Family) approach** means assessing the possible impact on the child or young person of having a parent/carer with additional problems (for example,

families affected by domestic violence, drug or alcohol misuse, parental mental ill health, parental learning difficulties or disabilities, disabled parents or parents with long term health problems or significant personality disorder). Please access on line procedures related to the **Whole Family (previously Think Family) approach**

[https://l1rscb.proceduresonline.com/files/think\\_child.pdf?zoom\\_highlight=whole+family#search=%22whole%20family%22](https://l1rscb.proceduresonline.com/files/think_child.pdf?zoom_highlight=whole+family#search=%22whole%20family%22)

Carers do not argue aggressively and are not physically abusive in front of the children/young people.

Carer has a good understanding of the impact of arguments and anger on children/young people and is sensitive to this.

Carer deals sensitively with concerns that adolescent is being domestically abused, peer on peer sexual abuse.

Carers sometimes argue aggressively in front of children/young people but there is no physical abuse of either party.

Carer recognizes the impact of severe arguments on the child's/young person's wellbeing but personal circumstances sometimes get in the way.

Carer aware of concerns that adolescent is being domestically abused, peer on peer sexual abuse but inconsistent in response.

## Love and Care: Adult arguments and violence

Carers frequently argue aggressively in front of children/young people and this leads to violence.

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.

Carer unaware of concerns that adolescent is being domestically abused, peer on peer sexual abuse and does not respond.

Carers argue aggressively frequently in front of the children/young people and this leads to frequent physical violence.

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.

Carer has no awareness that adolescent is being domestically abused, peer on peer sexual abuse and does not provide support or advice and is undermining of professional help.



## **Practice points in relation to LOVE AND CARE: Adult arguments and violence**

- This section is closely linked to the issues of domestic violence and abuse. For more detailed understanding to the assessment of domestic violence and abuse, please access the LLR SCP multi-agency safeguarding procedures via the following link:

[https://llrscb.proceduresonline.com/files/dom\\_vio\\_abuse.pdf](https://llrscb.proceduresonline.com/files/dom_vio_abuse.pdf)

Child/Young Person contributes to household's tasks as would be expected for age and stage of development.

Does not take on additional caring responsibilities.

Carer recognises the importance of appropriateness regarding caring responsibilities.

Child/Young Person has some additional responsibilities within household, but these are manageable for age and stage of development and do not interfere with child's/young person's education and interfere minimally with leisure/sporting activities.

Carer recognises that the child/young person should not be engaged in inappropriate caring responsibilities but is inconsistent in their response.

## Love and Care: Young and adolescent carers

Child/Young Person has onerous caring responsibilities that interfere with education and leisure activities.

Carer indifferent to impact on child/young person.

Child/Young Person has caring responsibilities which are inappropriate and interfere directly with child's/young person's education/leisure opportunities.

This may include age inappropriate tasks, and/or intimate care.

The impact on the child's/young person's well-being is not understood or acknowledged.

Carer is hostile to advice about the inappropriateness of caring responsibilities.

## Practice points in relation to LOVE AND CARE: Young and adolescent carers

- LLR benefits from a carer's strategy, [Supporting the Health and Wellbeing of Carers in Leicester, Leicestershire and Rutland \(2018-2021\)](https://llrscb.proceduresonline.com/files/pr_assessment.pdf?zoom_highlight=Young+Carers#search=%22Young%20Carers%22). The link below relates to the needs of young carers and the importance of early assessment either through early help or where there is significant impact on a child/young person through a child in need assessment under S17 of the Children Act 1989.

[https://llrscb.proceduresonline.com/files/pr\\_assessment.pdf?zoom\\_highlight=Young+Carers#search=%22Young%20Carers%22](https://llrscb.proceduresonline.com/files/pr_assessment.pdf?zoom_highlight=Young+Carers#search=%22Young%20Carers%22)

- Recognising when a young person or child is a carer is key to getting the right support. From April 2015 there is a duty on the local authority to carry out a "young carer's need assessment". Therefore, it is important when referring a young person or child to Children's Social Care that they are clearly identified in your referral as a young carer.

- Practitioners should identify where children and young people are caring for a parent/carer or sibling and consider a young carer's assessment in line with the Care Act 2014. More information is found on the following

[www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance](http://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)

- For the latest information on the LLR carer's strategy, please access the following link:

[www.leicestershire.gov.uk/sites/default/files/field/pdf/2018/2/27/LLR-Carers-Strategy-2018-21-v13.pdf](http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2018/2/27/LLR-Carers-Strategy-2018-21-v13.pdf)

- Young carer Barnardo's website:

[www.barnardos.org.uk/what-we-do/helping-families/young-carers](http://www.barnardos.org.uk/what-we-do/helping-families/young-carers)

- Go to the link below and type into the search caring responsibilities and you will see links to a variety of advice depending on the child's circumstances:

<https://llrscb.proceduresonline.com/index.htm>

Carer encourages child/young person to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.

Carer understands importance to child's/young person's development.

This includes an awareness of smoking, underage drinking and drug misuse as well as early sexual relationships and exploitation.

Carer gives clear advice and support.

Carer ensures child/young person does not watch inappropriate films/TV or play with computer games which are inappropriate for child's/young person's age and stage of development including pornography and graphic violence.

Carer inconsistent in helping child/young person to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.

Carer aware of importance to child's/young person's development, but not always able to impose framework.

Carer has variable awareness of smoking, underage drinking and drug misuse as well as early sexual relationships and exploitation.

Carer gives some advice and support.

Carer aware of need to monitor child/young person watching inappropriate material and playing inappropriate computer games including pornography and graphic violence, but is inconsistent in monitoring because of own personal difficulties and circumstances.

## Love and Care: Positive values

Carer does not teach child/young person positive values. Is indifferent to issues of right and wrong, kindness and respect to others.

Carer does not understand importance to child's/young person's development.

Carer gives little advice about smoking, underage drinking and drug misuse as well as early sexual relationships, sexual exploitation, criminal exploitation, County lines and radicalisation.

Carer does not monitor the watching of inappropriate materials or playing inappropriate games including pornography and graphic violence and is indifferent about the impact on the child/young person.

Carer actively encourages negative values in child/young person and has at times condoned anti-social behaviour.

Carer indifferent to the impact on child's/young person's development.

Carer indifferent to smoking, underage drinking and drug misuse, and early sexual relationship sexual exploitation, criminal exploitation, County lines and radicalisation. No advice given, and may, at times, have encouraged some of these activities.

Carer(s) allows child(ren)/young people to watch inappropriate TV/film material and inappropriate computer games including pornography and graphic violence. "Is hostile to advice about inappropriateness and to the impact on child's/young person's wellbeing"



Carer does not talk about feelings of depression / low mood in front of children or young people and is aware of potential impact.

Carer does not misuse drugs or alcohol.

Carer clear about advice and boundaries for adolescent use of drugs and alcohol.

Carer does discuss feelings of depression and low mood, but does not discuss suicide and is aware of the impact of parental mood on children and young people, but the carer's own mood or circumstances means there is inconsistency in awareness of this.

Carer uses drugs and alcohol, but ensures that this does not impact on child/young person.

Carer inconsistent about advice and boundaries for adolescent use of drugs and alcohol.

Carer can also be inconsistent about advice re self-harm to adolescents because of own needs.

## Love and Care: Adult behaviour

Carer talks about depression and suicide in front of child/young person and is unaware of potential impact on child/young person.

Carer indifferent to advice about the importance of not talking about this issue.

Carer does not give clear advice or guidance/support about adolescent self-harm and suicidal ideation.

Carer misuses drugs and/or alcohol, and is not aware of impact on child/young person.

Carer gives few boundaries about drug and alcohol use of adolescents.

Caregiver has attempted suicide in front of child/young person.

Carer can hold the child/young person responsible for feelings of depression and is open with the child/young person and/or others about this.

Carer is hostile to advice focused on stopping this behaviour and carer does not recognise the impact on the child/young person.

Carer misuses drugs and alcohol and does not ensure that this does not impact on the child/young person and this impacts on safety and wellbeing.

There are no boundaries/advice about adolescent drug taking and alcohol misuse.

Carer hostile to advice about this.

## Practice points in relation to: LOVE AND CARE: Adult behaviour

- For further guidance on assessing the effects of parental mental illness on the well-being of children, please access the LLR SCP multi-agency safeguarding procedure below:

[https://llrscb.proceduresonline.com/p\\_ch\\_par\\_mental\\_health.html?zoom\\_highlight=parental+mental+illness](https://llrscb.proceduresonline.com/p_ch_par_mental_health.html?zoom_highlight=parental+mental+illness)

- For further guidance on assessing the effects of parental substance misuse on the well-being of children, please access the SCP procedure below:

[https://llrscb.proceduresonline.com/p\\_ch\\_par\\_misuse\\_subs.html?zoom\\_highlight=parental+substance+misuse](https://llrscb.proceduresonline.com/p_ch_par_misuse_subs.html?zoom_highlight=parental+substance+misuse)

Alcohol and drugs are stored safely, if in the home.

The carer models low consumption or does not drink or use in front of the child/young person. The carer's use does not impact on the child/young person in terms of carer's emotional availability and provides consistency of care or they have physical ability to care or respond to the child/young person.

The carer is able to respond to emergency situations should they arise appropriately.

The carer talks appropriately about substances to the child/young person, being aware of the child's/young person's development, age and understanding.

The carer is aware of the impacts of substances on an unborn child and follows recommendations regarding the child's wellbeing.

Alcohol and substances do not impact on the family finances.

The child's/young person's needs are fully met and a wide network of family and supportive others are involved.

The carer believes it is normal for children/young people to be exposed to regular alcohol and substance use.

The carer maintains boundaries and routines but these are changed and/or adapted to accommodate use at times.

The carer understands the importance of hygiene, emotional and physical care of their child and arranges for additional support when unable to fully provide for the child/young person due to substance misuse.

Finances are affected but the child's/young person's needs are generally met.

The mood of the carer can be irritable or distant at times.

The carer is aware of the impact of substances on an unborn child but inconsistently follows recommendations regarding the child's wellbeing.

Carer not always aware of impact of behaviour on adolescents.

## Love and Care: Substance misuse

The carer lacks awareness of the impact their substance use has on their child and is inconsistent in their engagement with specialist agencies.

The carer's use leads to an inconsistency in caring and the child/young person takes on inappropriate responsibilities at home.

The carer needs support in order to manage their use during pregnancy and lacks awareness of the impact this may have on their baby in terms of immediate and medium to long term future.

Substances can be accessed by the child/young person.

The child's/young person's access to appropriate medical or dental care is delayed and education is disrupted.

The finances are affected and the carer's mood is unpredictable.

Carer not aware of impact of behaviour on adolescent and likely substance misuse.

The carer holds the child/young person responsible for their use & blames their continual use on the child/young person and their behaviour/problems.

The carer significantly minimises and is hostile to advice around their use or refuses to acknowledge concerns.

The carer involves the child/young person in their using behaviour (i.e. asking the child/young person to get the substances or prepare the substances).

The carer refuses antenatal care or does not attend care offered.

The carer cannot respond to the child's/young person's needs or shows little awareness of the child's/young person's wellbeing (i.e. attending school).

There is an absence of supportive family members or a social network.

The child/young person is exposed to abusive or frightening behaviour of either the carer or other adults (i.e. delusions/ hallucinations).

Education is frequently disrupted.

The carer does not recognise and respond to the child's/young person's concerns and worries about the carer's circumstances.

Carer indifferent to impact of behaviour on adolescent and likely substance misuse.



## **Practice points in relation to LOVE AND CARE: Substance misuse**

For further information on how to assess the effect of substance misuse on the well-being of children/young people, please access the LLR SCP multi-agency safeguarding procedure by following the link below:

[https://llrscb.proceduresonline.com/p\\_ch\\_par\\_misuse\\_subs.html?zoom\\_highlight=effect+of+substance+misuse](https://llrscb.proceduresonline.com/p_ch_par_misuse_subs.html?zoom_highlight=effect+of+substance+misuse)

For comprehensive understanding of the effects of substance misuse on adults please access the Public Health England site at:

[www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance](http://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance)

# 10.0 Stimulation and Education

The mother acknowledges the pregnancy and seeks care as soon as the pregnancy is confirmed and is supported by father/family.

The mother attends all her antenatal appointments and seeks medical advice if there is a perceived problem; she is supported by father and family. She prepares for the birth of the baby and has the appropriate clothing, equipment and cot in time.

The father is identified and is actively involved in preparation for the arrival of the infant.

The parental relationship is stable and there is no evidence of domestic abuse.

If mother is a single parent, she has a support network to call upon.

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 father is inconsistently available and is ambivalent to the birth of the child.

The parental relationship is showing signs of instability that may relate to domestic abuse.

The mother is a single parent and has inconsistent support networks.

## Stimulation and Education: Unborn

The mother is unaware of the impact her mental health and/or substance misuse problems have on the unborn child.

The father may pose a risk to the unborn but the mother is reticent in discussing that risk with professionals.

Domestic abuse is present in the relationship and has been assessed and medium to low risk; the mother is ambivalent to professional help.

The mother, if a single parent, has no obvious support networks and is reluctant to seek support.

The mother does not attend any antenatal clinic appointments; she ignores medical advice during the pregnancy.

She has nothing prepared for the birth of her baby.

She engages in activities that could hinder the development, safety and welfare of the unborn.

The parental relationship has high levels of domestic abuse which pose significant harm to the unborn.

The mother, if a single parent, has no support networks and where there are potential networks she is hostile to their involvement.

## **Practice Points in relation to STIMULATION & EDUCATION: Unborn**

The wellbeing of the unborn and the infant has been examined in detail to better understand infant mental health. For a comprehensive understanding on the importance of infant mental health, please access the Association for Infant Mental Health UK website by following the link below:

<https://aimh.uk/>

Recent children's case reviews in LLR have highlighted the importance of pre-birth assessment; where there is felt to be risks to an unborn child then a referral should be made to Children's Social Care. See LLR SCP multi-agency safeguarding procedures for further information:

[https://llrscb.proceduresonline.com/files/sg\\_prebirth.pdf?zoom\\_highlight=Pre-birth+assessments#search=%22Pre-birth%20assessments%22](https://llrscb.proceduresonline.com/files/sg_prebirth.pdf?zoom_highlight=Pre-birth+assessments#search=%22Pre-birth%20assessments%22)

The child is well stimulated and the carer is aware of the importance of this.

There is inadequate stimulation and the baby is left alone at times because of carer's personal circumstances and this leads to inconsistent interaction.

Carer is aware of the importance of stimulation, but is inconsistent in response.

## Stimulation and Education: 0-2 years

The carer provides the baby with little stimulation and the baby is left alone unless making serious and noisy demands.

The carer does not provide stimulation and the baby's mobility is restricted (confined in chair/pram).

Carer gets angry at the demands made by the baby.

Carer hostile to advice about the importance of stimulation and paying attention to the baby's needs for attention and physical care.

## Practice points in relation to stimulation and education 0-2 years:

- For an overview of the stages of emotional development please access the following websites;

[www.healthychildren.org/English/ages-stages/preschool/Pages/Emotional-Development-in-Preschoolers.aspx](http://www.healthychildren.org/English/ages-stages/preschool/Pages/Emotional-Development-in-Preschoolers.aspx)

- For a comprehensive understanding of the Early Years Foundation programme please access the following website:

[www.ichild.co.uk/tags/browse/365/Personal-Social-Emotional-Development-1-3-Years](http://www.ichild.co.uk/tags/browse/365/Personal-Social-Emotional-Development-1-3-Years)

- Re early years physical activity

[www.leicestershirehealthytots.org.uk/physical-activity](http://www.leicestershirehealthytots.org.uk/physical-activity)

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.

Carer provides all toys that are necessary. Finds a way even if things are unaffordable (uniform, sports equipment, books etc.).

Outings: Carer takes child to child centred 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's well-being.

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.

Outings: Child accompanies carer wherever carer decides, usually child friendly places, but sometimes child time taken up with adult outings because of carer's needs.

## Stimulation and Education: 2-5 years

The carer provides little stimulation and does not see the importance of this for the child.

The child lacks essential toys, and this is not because of financial issues, but a lack of interest or recognition of the need.

Carer allows presents for the child but the child is not encouraged to care for toys.

Child may go on adult oriented trips, but these are not child centered or child left to make their own arrangements to play outdoors in neighbourhood.

Child has responsibilities in the house that prevents opportunities for outings.

No stimulation is provided and carer hostile to child's needs or advice from others about the importance of stimulation.

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.

No outings for the child, may play in the street but carer goes out locally e.g. to pub with friends.

Child prevented from going on outings with friends or school.

## Practice points in relation to STIMULATION & EDUCATION: 2-5 years

- For a comprehensive understanding of the emotional development of 2-5 year olds please access the following website:

[www.healthlinkbc.ca/health-topics/hw250018](http://www.healthlinkbc.ca/health-topics/hw250018)

- Regarding early years physical activity:

[www.leicestershirehealthytots.org.uk/physical-activity](http://www.leicestershirehealthytots.org.uk/physical-activity)

Carer takes an active interest in schooling and support at home; attendance is regular.

Carer engages well with school or nursery and does not sanction missed days unless necessary.

Carer encourages child/young person to see school as important.

Interested in school and support for homework.

Carer attends school meetings and asks child/young person about school and takes an interest.

Carer maintains schooling but there is not always support at home.

Carer struggles to link with school, and their own difficulties and circumstances can get in the way.

Can sanction days off where not necessary.

Carer understands the importance of school, but is inconsistent with this and there is also inconsistency in support for homework.

Carer inconsistently attends school meetings and asks sometimes child/young person about school and takes an interest.

## Stimulation and Education: School

Carer makes little effort to maintain schooling.

There is a lack of engagement with school. No interest in school or homework.

Carer does not recognise child's/young person's need for education and is collusive about child/young person not seeing it as important.

Carer never attends school meetings and never asks child/young person about school and takes an interest.

Carer hostile about education, and provides no support and does not encourage child/young person to see any aspect positively.

Total lack of engagement and no support for any aspect of school such as homework, outings etc.

Carer hostile about attending school meetings or goes and disrupts. Never asks child/young person about school and is belittling of the school experiences.

School is critical for adolescents. Their absences and lack of interest make them at risk from others who may exploit their vulnerabilities.





Carer encourages child/young person to engage in sports and leisure, if affordable.

Equipment provided where affordable, or negotiated with agencies/school on behalf of child/young person.

Carer understands the importance of this for child's/young person's wellbeing.

Recognises when child/young person good at something and ensures they are able to pursue it.

Carer understands that after school activities and engaging in sports and/or creative activities is important,

but is inconsistent in supporting this, because own circumstances get in the way.

Does recognise what child/young person is good at, but is inconsistent in promoting a positive approach.

## Stimulation and Education: Sport, leisure and creativity

Child/Young Person makes use of sport and creative activities through own effort; carer not motivated and not interested in ensuring child/young person has equipment where affordable and is supported to attend.

Carer 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/creative activities, even if child/young person is good at it.

Carer does not encourage child/young person to take part in activities, and may be active in preventing this.

Does not prevent child/young person from being engaged in unsafe/unhealthy pursuits.

Carer hostile to child's/young person's desire to take part or advice from others about the importance of sports / leisure/creative activities, even if child/young person is good at it.

Leicestershire County Council:

[www.leicestershire.gov.uk/education-and-children/  
social-care-and-supporting-families/information-  
and-support-directory](http://www.leicestershire.gov.uk/education-and-children/social-care-and-supporting-families/information-and-support-directory)

Rutland County Council -

[www.rutland.gov.uk/leisure\\_and\\_culture.aspx](http://www.rutland.gov.uk/leisure_and_culture.aspx)

Leicester City Council -

[www.leicester.gov.uk/leisure-and-culture/sports-  
and-leisure/sports-and-leisure-centres/](http://www.leicester.gov.uk/leisure-and-culture/sports-and-leisure/sports-and-leisure-centres/)

This is supported and carer is aware of who child/young person is friends with.

Aware of safety issues and concerns.

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.

Aware of importance to child/young person.

## Stimulation and Education: Friendships

Child/Young Person finds own friendships; no help from carer unless reported to be bullied.

Carer does not understand importance of friendships; does not worry about no friends or friends that are harmful.

Carer hostile to child's/young person's views about friendships and shows no interest or support.

Does not understand importance to child/young person.

Dismissive of concerns about abuse or exploitative relationships that appear to be friends related.

## Practice points in relation to STIMULATION & EDUCATION: Friendships

- Between the ages of six and 13, children are going through a succession of important transformations. They are becoming more independent, spending less time with parents, physical changes are happening, relationships are developing and they are spending more time with friends and peers. They become more self-aware and, as a result, more self-conscious about what makes them different. Throughout this stage of development friendships become increasingly important; they can on the one hand build resilience but on the other hand bring risks that children have to learn to negotiate.
- Friendship is also important within adolescence. These are the relationships that sustain and support in their journey to adulthood. Vulnerable young people, such as those with learning disabilities, physical disabilities, experiences of abuse and neglect may be targeted by those who seem to offer friendship, but are exploitative in nature.
- Gang membership can be seen as a friendship group which brings risk of harm to adolescents.
- County lines and radicalisation are also issues to consider:
  - [https://lrrscb.proceduresonline.com/p\\_ch\\_affected\\_gang\\_act.html?zoom\\_highlight=County+Lines](https://lrrscb.proceduresonline.com/p_ch_affected_gang_act.html?zoom_highlight=County+Lines)
  - [https://lrrscb.proceduresonline.com/files/sg\\_ch\\_extremism.pdf?zoom\\_highlight=radicalisation#search=%22radicalisation%22](https://lrrscb.proceduresonline.com/files/sg_ch_extremism.pdf?zoom_highlight=radicalisation#search=%22radicalisation%22)
- ChildLine has produced a useful resource for children on friendship which can be accessed through the link below:
  - [www.childline.org.uk/info-advice/friends-relationships-sex](http://www.childline.org.uk/info-advice/friends-relationships-sex)

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.

### Stimulation and Education: Addressing bullying

Carer unaware of child/young person being bullied and does not intervene.

Carer indifferent to child/young person being bullied.

## **Practice points in relation to STIMULATION & EDUCATION: Addressing bullying**

- Bullying UK provide useful resources to support both parents and their children effected by bullying; please access the link below:

[www.bullying.co.uk/](http://www.bullying.co.uk/)

- Please access the following link for LLR SCP multi-agency safeguarding procedures on bullying:

[https://llrscb.proceduresonline.com/files/bullying.pdf?zoom\\_highlight=Bullying#search=%22Bullying%22](https://llrscb.proceduresonline.com/files/bullying.pdf?zoom_highlight=Bullying#search=%22Bullying%22)

# 11.0 Parental Motivation and Capacity for Change

Carer is concerned about children's/young people's welfare; wants to meet their physical, social, and emotional needs to the extent he/she understands them.

Carer is determined to act in best interests of children/young people.

Has realistic confidence that he/she can overcome problems and is willing to ask for help when needed. Is prepared to make sacrifices for children and willing to accept advice and services.

Carer seems concerned about children's/young people's welfare and claims he/she wants to meet their needs, but has problems with own pressing circumstances and needs.

Professed concern is often not translated into effective action, but carer expresses regrets about own difficulties dominating.

Would like to change, but finds it hard. May be disorganised, does not take enough time, or pays insufficient attention; may misread 'signals' from children/young people; may exercise poor judgement. Need to consider both capacity and willingness to change.

## Parental motivation and capacity for change

Carer is not concerned enough about children's/young people's needs to change or address competing demands on their time and money.

This leads to some of the children's/young people's needs not being met.

Carer does not have the right 'priorities' when it comes to child and adolescent care; may take an indifferent attitude.

There is lack of interest in the children/young people and in their welfare and development.

Question willingness and capacity to change.

Carer rejects the parental role and takes a hostile attitude toward childcare responsibilities.

Carer does not see that they have a responsibility to the child/young person, and can often see the child/young person as totally responsible for themselves or believe that any harm that befalls the child/young person is the child's/young person's own fault and that there is something about the child/young person that deserves ill treatment and hostile parenting.

May seek to give up the responsibility for children. Capacity and willingness to change a significant issue.



## **Practice points in relation to parental capacity to change**

For a comprehensive overview of the research related to assessing parental capacity to change please access the following:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/330332/RR369\\_Assessing\\_parental\\_capacity\\_to\\_change\\_Final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/330332/RR369_Assessing_parental_capacity_to_change_Final.pdf)

## 12.0 Completing your assessment

By working through the toolkit and scoring individual sections you will be able to identify strengths as well as areas of concern that will underpin any full assessment you may use within your service.

Where there are areas **scored 3 and 4** these are cause for concern and should be discussed with your line manager as soon as possible. In discussion with your manager, depending on which areas are highlighted, weighting should be applied in relation to the context for the family.

The needs of children and young people and their families need to be considered on a case by case basis. Responses should be based on robust assessment, sound professional judgment and, where appropriate, statutory guidance. It is also incumbent on practitioners to take account of the available resources, local priorities and policy guidance.

In the last section of the toolkit you will find the scoring matrix; this matrix can be used as a distance-travelled tool i.e. complete at the start of intervention/assessment, completed again 4 weeks later after intervention has started and completed again at close of intervention.

When being used as part of S17 or S47 processes, the toolkit should be completed at the beginning of the assessment. It should also be used in preparation for Child Protection Conferences, Review Conferences and when considering Legal Proceedings. The tool can also be used with parents to help them view their progress and where little progress has been made; it could be used as a way of explaining concerns objectively.



A word version of this scoring sheet is available at <https://lrsb.org.uk/llr-neglect-toolkit-and-checklist>

Developmental Need	Score				Examples/evidence of impact child/young person
	1	2	3	4	
<b>AREA 1: PHYSICAL CARE</b>	1	2	3	4	
Food					
Quality of housing					
Stability of housing					
Child's/Young Person's clothing					
Animals					
Hygiene					
<b>AREA 2: HEALTH</b>	1	2	3	4	
Seeking advice and intervention					
Safe sleeping arrangements and co-sleeping for babies					
Disability and illness					
<b>AREA 3: SAFETY AND SUPERVISION</b>	1	2	3	4	
Safety awareness and features including internet safety					
Supervision of the child/young person					
Handling of baby/response to baby					
Care by other adults					
Responding to adolescents					
Traffic awareness and in-car safety					
<b>AREA 4: LOVE AND CARE</b>	1	2	3	4	
Parent's/carer's attitude to child/young person, warmth and care					
Boundaries					
Adult arguments and violence					
Young carers					
Positive values					
Adult behaviour					
Substance misuse					
<b>AREA 5: STIMULATION AND EDUCATION</b>	1	2	3	4	
Unborn					
0-2 years					
2-5 years					
School					
Sport and leisure					
Friendships					
Addressing bullying					
<b>PARENTAL MOTIVATION AND CAPACITY FOR CHANGE</b>	1	2	3	4	
Parental motivation and capacity for change					
<b>TOTAL IN EACH AREA</b>					
<b>What actions are to be taken as a result of completing this checklist?</b>					
<b>Date Completed</b>					
Name of Assessor					
Name of Manager					

## 13.0 Closing Words

We hope you have found this toolkit useful. We are interested in your views on the toolkit. Please could you complete the following questions and return to the SCP Office using the following link:

Leicester City SCPB: [LSCPB@leicester.gov.uk](mailto:LSCPB@leicester.gov.uk)

Leicestershire and Rutland SCP: [lrspto@leics.gov.uk](mailto:lrspto@leics.gov.uk)

Name	
Organisation	
Rate the toolkit out of 10 where 1 is least useful and 10 is extremely useful	
Please tell us which part of the toolkit you found most useful?	
Please tell us which areas of the tool kit need to be changed and how?	
Please tell us whether you would recommend the toolkit to other practitioners?	

# Notes

# Notes

# Notes

