



ISCP

Islington Safeguarding
Children Partnership

Child and Adolescent Neglect Assessment and Action Toolkit: structured judgement tool.

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The Child and Adolescent Neglect Toolkit:

The child and adolescent neglect toolkit is a structured judgment tool designed to assist professionals to identify whether children aged 0-17 (up to the 18th birthday) are at risk of, or experiencing, parental neglect (parent is used throughout to refer to any main caregiver) and to plan action to address this. It is a tool to be used in partnership with families and will help professionals to reflect on the child circumstances, will help to put concerns into context and identify strengths and resources. The toolkit can be used to inform decision-making, assessments and planning. It can also be used in supervision and multi-agency meetings such as core groups and child in need meetings. It does not replace other professional assessments processes but is a complementary framework.

The levels of care provided to children and adolescents

Four levels of the quality of care provided by parents are described and these correspond to the tiers of need within the London Procedures [Threshold Document](#)

Levels of need in neglect toolkit			
Child and adolescent focussed care giving: Child's needs fully met and parents focussed on well-being of the child and the importance of change	Adult focussed care giving: Parents are inconsistent in meeting child's needs but accept concern and act on support. Parent recognises the impact on the child and are willing to change as a result	Child and adolescent needs secondary to adults: Parents are not clear about how to meet the child's needs and do not always accept advice or act on it and needs help to understand the likely impact on the child and why change is necessary	Child and adolescent needs not considered: Parents do not meet the child's needs and are hostile to advice. Parents do not recognise the impact of the current circumstances on child's well-being and do not accept the need for action/change
Levels of need in London Threshold document			
Most Children	Families First Continuum	Child Protection	Child Protection
Tier 1: Child/ren with no additional needs Needs can be met by universal services.	Tier 2: Child/ren with additional needs can be met through the provision of 'early help' - a referral to children's social care is not necessarily required. A plan is required led by concerned agency/professional or Early/Family Help plan	Tier 3: Child/ren with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Tier 4 Child/ren in acute need: Requires immediate referral to children's social care and/or the police.

The toolkit focuses on five key areas of need and considers the extent to which child’s developmental needs are being met. Each of the areas of developmental need is broken down into different areas/aspects of care that children need to promote their health and development.

Each of these sections starts with **a positive expectation** statement outlining good quality care.

This is a framework that covers the developmental spectrum from pre-birth to 18 so not all aspects will be relevant to all children.

The framework explores what parents do or do not provide in terms of care, but also their attitude to the child and attitude to support and help provided by professionals. Understanding this is essential to create realistic and authoritative plans.

1.	Physical care	Food, quality of housing, stability of housing, clothing, hygiene, safe sleeping arrangements and care of animals
2.	Health	Preparation for birth, seeking health advice and supporting the health needs of children/YP and attitudes to disability and illness
3.	Safety and supervision	Handling of baby, safety awareness and equipment, traffic awareness and in car safety, supervision of child/YP, care by other adults, freedom from abuse and harmful practices and responding to adolescents
4.	Love and care	Parents response to baby, attitude to child/YP, provision of boundaries, young caring responsibilities, adult arguments and violence, and adult behaviour
5.	Stimulation and education	Stimulation for Baby 0-2, stimulation for child 2-5, supporting school life, sport and leisure activities, supporting friendships and addressing bullying.
6.	Parental motivation to change	

By working through the toolkit and scoring individual sections you will be able to identify strengths as well as areas of concern. Scores of 3 and 4 are cause for concern and should be discussed with your Named/Designated Child Protection Officer as soon as possible, [with subsequent relevant referrals](#).

The analysis sheet is intended as a summary and a plan of action. There are also questions about the cause of the neglect, impact on the child and risks of other kinds of harm and these should all aid the analysis process.

Adapted from: Tower Hamlets Child and Adolescent Neglect Assessment and Action Toolkit.

Principles underpinning the toolkit:

- **Child-centred:** it is vital to ensure that the child's and young person's voice is heard when working to address and intervene with neglect
- **Think Family:** children and young people live in families and communities and these relationships must be recognised and valued.
- **Including fathers and father figures:** Fathers and father figures need to be engaged in work regarding neglect in order to understand the role they have in the child's life.
- **Culturally competent practice:** It is important that professionals are skilled and competent to explore the cultural context and practices of the diverse children, young people and the families they work with. Families should expect that their cultural context will be respected
- **Poverty aware:** professionals will need to recognise the harmful and stressful effect that poverty and social exclusion have on the lives of children, young people and their families
- **Multi-agency in approach:** neglect is a complex issue which requires a multi-agency response characterised by good quality working relationships and collaborative approaches
- **Culture of Challenge and Escalation:** working to prevent neglect and to address appropriately requires professionals to discuss differences of opinion which often arise and to resolve these in the best interests of children and young people

Acknowledgements: The child and adolescent neglect toolkit was written by Jane Wiffin for Hounslow LSCB. This was subsequently adapted by LB Islington and LB Tower Hamlets.

Analysis Sheet								
	Area of need	Score				Comment	Plan to address	Expected impact on child
Physical Care	Food	1	2	3	4			
	Quality of housing	1	2	3	4			
	Stability of housing	1	2	3	4			
	Clothing	1	2	3	4			
	Hygiene	1	2	3	4			
	Safe sleeping	1	2	3	4			
	Care of animals							
Health	Preparation for birth, and	1	2	3	4			
	Seeking health advice and supporting the health needs of the child	1	2	3	4			

	Attitudes to Disability and illness	1	2	3	4			
Safety and supervision	Handling of the baby	1	2	3	4			
	Safety awareness and equipment	1	2	3	4			
	Traffic awareness and in car safety	1	2	3	4			
	Supervision of the child	1	2	3	4			
	Care by other adults							
	Freedom from abuse and harmful practice	1	2	3	4			
	Responding to adolescents							
Love and Care	Parents response to baby							
	Attitude to the child	1	2	3	4			
	Provision of boundaries	1	2	3	4			

	Addressing young caring responsibilities	1	2	3	4			
	Adult arguments and violence	1	2	3	4			
	Adult behaviour	1	2	3	4			
Stimulation & Education	Stimulation for Baby aged 0-2	1	2	3	4			
	Stimulation for child aged 2-5	1	2	3	4			
	Supporting school life	1	2	3	4			
	Sport and leisure activities	1	2	3	4			
	Supporting friendships and addressing bullying	1	2	3	4			

Parental motivation to change		1	2	3	4			
	What is cause of the neglect by parents and how will this cause be addressed? Is the neglect deliberate/targeted? Implications?							
Cause					Action to address			
What is the impact on the child and are the actions proposed to address this?								
Impact:					Action to address			
What other kind of abuse is the neglect enabling and how will this be addressed?								
					Action to address			
Area of Care: Physical Care including Food, quality of housing, stability of housing, clothing, hygiene, safe sleeping arrangements and care of animals (Always have discussion about finances and cost strategies to be included in plan)								

Child/ren Focussed Care Giving:	Adult Focused Care Giving:	Child's Needs Secondary to Adults:	Child's Needs Not Considered:
<p>Positive Expectations Food: The child is given food and drink by their parents appropriate to their age and stage of development; they are not hungry and do not need to take food from elsewhere (often called stealing by agencies and parents; always challenge the use of this terminology). Meals are organised and there is a routine which includes the family sometimes eating together. The child's special dietary requirements are met.</p>			
Child's needs fully met	There is a lack of consistency in child's needs being met.	Child's needs not met.	There are serious concerns about how far the child's needs are met.
<p>Positive Expectations Housing: (consider role and responsibility of agency/person providing housing): The parents provide accommodation that is clean, free from hazards and free from toxic substances. Accommodation has all necessary amenities such as heating, shower, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration. Parents understand the importance of the home conditions to child's well-being. The child does not suffer accidents and potentially poor health because of poor housing. Parents take steps to address problems.</p>			
Child's needs fully met	Some problems with accommodation.	Accommodation not suitable.	The accommodation is in a dangerous state of disrepair.

<p>Positive Expectations Stability of Housing: the child has stable home environment without too many moves (unless necessary). Lots of different adults do not move in and out of the house and there is no adult's sofa surfing. Parent understands the importance of stability for the child.</p>			
Child's needs fully met	There is some instability in housing	Child experiences instability.	Child experiences significant instability
<p>Positive Expectations Child's Clothing: Parents ensure that the child has clothing, which is clean, fits and is appropriately for the weather. There are sufficient clothes to enable them to be washed and the child do not have to sleep in clothes. Parents are aware of the importance of appropriate clothes for the child's wellbeing.</p>			
Child's needs fully met	There are some concerns about child/YP clothing	Child has insufficient and unsuitable/dirty clothing.	Child has clothing which is seriously unsuitable.

<p>Positive Expectations Hygiene. The child is clean and is either given a bath/washed daily or encouraged to do so in an age-appropriate way. The child is encouraged and supported to brush their teeth and head lice, skin complaints, nappy rash are treated appropriately and not allowed to become chronic problems which lead to health concerns. Parents take an interest in the child's appearance and for the child's wellbeing.</p>			
Child's needs fully met	Child's needs not fully met.	Child's hygiene needs not addressed.	Child's hygiene needs not met leading to health and emotional concerns.
<p>Positive Expectations Safe Sleeping Arrangements: Parent has information on safe sleeping and follows the guidelines including suitable beds and bedding, awareness of the importance of room temperature, sleeping position of the baby, not smoking, not co-sleeping and recognition of the impact of alcohol and drugs when co-sleeping. There is no domestic abuse. There are appropriate sleeping arrangements for all children and parents recognise the risks associated with inadequate sleeping arrangements such as witnessing adult sexual behaviour.</p> <p>See safer sleep guidance</p>			
Child's needs fully met	Sleeping arrangements for the child can be a little chaotic and advice about safe sleeping/co-sleeping not always taken.	Parent unaware of safe sleeping guidelines, even if they have been provided. Sleeping arrangements for the child are not suitable.	Parent dismissive or hostile about safe sleeping guidance and the sleeping arrangements for the child is unsuitable and places them at risk of harm.

Care of Animals			
Animal's are well cared for and do not present a danger to children or adults. The child is encouraged to behave appropriately towards animals.	Animal's look reasonably well cared for but contribute to a sense of chaos in the house. Animals present no dangers to the child, or adults and any mistreating of animals is addressed	Animal's are not always well cared for or illnesses treated. There is presence of faeces or urine from animals which is not treated appropriately, and animals are not well trained. The mistreatment of animals by adults or child is not addressed.	Animal's not well cared for and presence of faeces and urine in living areas. Animal's dangerous and chaotically looked after. Parents do not address the ill treatment of animal's by adults or the child.

Area Of Care: Health Needs including preparation for birth, seeking health advice and supporting the health needs of the child and attitudes to disability and illness. (Always have discussion about finances and cultural context/beliefs)			
Tier 1: Child Focussed Care Giving	Tier 2: Adult Focused Care Giving	Tier 3: Child's Needs Secondary to Adults	Tier 4: Child's Needs Not Considered:
Positive Expectations Preparation for Birth: Parent acknowledges the pregnancy and seeks care as soon as pregnancy is confirmed and attends all antenatal appointments and medical or other advice is sought. Parents talk positively about the baby from early on. Mother does not take drugs, smoke or drink alcohol and seeks advice about any mental health difficulties and medication. Father also			

addresses alcohol or drug issues, does not smoke and address any mental health difficulties and are not domestically abusive. Parents prepare for the birth and have the necessary equipment.			
Parents prepared	Parents live chaotic and have not prepared but they accept concerns, act on support and willing to change.	Parents are poorly prepared for the birth of the baby and poor attendance at services. Parents do not always accept advice, particularly around substance misuse, domestic abuse and the importance of health care.	Parent dismissive of need for preparation for the baby, need for attendance at health appointments and importance changing adult behaviours such as smoking, substance misuses and domestic abuse.
<p>Positive Expectations Seeking Health Advice and Supporting the Health of the Child: Parents seek advice sought from professionals/experienced adults on matters of concern about the child's health. Appointments are made and consistently attended. Preventative care is carried out such as dental/optical and all immunisations are up to date. Concerns about weight (obesity or low weight) are addressed. Parents ensure the child completes any agreed programme of medication or treatment and seeks medical advice promptly. Parents recognise early signs of mental health concerns and take prompt action.</p>			
Child's needs fully met	Parents do not always meet the health needs of the child but will accept advice and support.	Child health needs not fully addressed causing negative impact.	Child needs not met leading to serious health and emotional concerns.

<p>Positive Expectations Attitude to Disability and/or Illness: Parents are positive about the child's identity and values them. They comply with all needs relating to child's Disability. Parents are proactive in seeking appointments and advice and advocating for the child's well-being.</p>			
<p>Parents meet all child's needs arising from their disability and is positive about child's identity and values them.</p>	<p>Parent in does not always meets child's needs arising from their Disability or value the child and sometimes allows issues of Disability to impact on feelings towards the child.</p>	<p>Parents do not address child's needs arising from their Disability and parents can show anger and frustration at child's Disability. Often blaming the child.</p>	<p>Parents do not recognise or acknowledge child's Disability which leads to deterioration of the child's well-being. Parents do not recognise child's identity and are negative about the child because of the Disability. Often blaming the child.</p>

Area Of Care: Safety & Supervision including handling of the baby, safety awareness and equipment, traffic awareness and in car safety, supervision of the child, care by other adults, freedom from abuse and harmful practices and responding to adolescents

Child Focussed Care Giving:	Adult Focused Care Giving:	Child's Needs Secondary To Adults:	Child's Needs Not Considered:
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<p>Positive Expectations Handling of Baby: Parents responds appropriately to the baby’s needs and are careful whilst handling and laying the baby down, checks are frequently undertaken if the baby unattended. The baby is not left unattended (bottle left in the mouth) for long periods of time and is not contained in care seat/pushchair for long periods of time.</p>			
<p>Parents handle the baby appropriately and understand the need to provide safety and ensure the baby is not left unattended.</p>	<p>Parents are inconsistent in the safe handling of the baby/not leaving the baby unattended for long periods of time. Parents accept advice and engages in change in best interests of the baby.</p>	<p>Handling is precarious and the baby is left unattended (bottle left in the mouth).</p>	<p>Parents handling of the baby and length of time left unattended is dangerous.</p> <p>The baby is strapped into a car seat or some other piece of equipment for long periods and lacks adult attention and contact.</p>
<p>Positive Expectations Safety Awareness and Equipment in the Home: Parents are aware of safety issues and accident prevention; the parents recognise likely hazards and dangers in the home for the child. There is evidence of age-appropriate safety equipment in use.</p>			
<p>Parents ensure safety at home and in other environments</p>	<p>Parents do not always ensure safety at home and in other environments</p>	<p>Parents do not ensure safety at home and in other environments and are dismissive of the need or the impact on the child.</p>	<p>Parents do not ensure safety at home and in other environments and can hold the child responsible for accidents and injuries.</p>

<p>Positive Expectations Safety and Traffic Awareness and in-car Safety: Parents ensure that the child is safely secured in pram or pushchair. Where a toddler is walking, their hand is held safely. 3–5-year-olds are allowed to walk without holding hands but are close and in vision of parent. 5-8-year-olds are allowed to crossroad with 13+ year old. The child is taught developmentally appropriate traffic skills. The child is secured in car seats where age appropriate and parents ensure older children use seat belts.</p>			
Parents meet child’s needs for safety in an age-appropriate way	Parents are inconsistent in meeting the child’s needs for safety.	Parents do not ensure car safety or traffic awareness, and this has led to the child running away/ being in dangerous situations.	Parents do not ensure that the child is safe in a car or on the street, they are left in dangerous situations, and they have experienced avoidable accidents for which they are blamed/held responsible.
<p>Positive Expectations Supervision of the Child: Parents ensure that age-appropriate supervision is provided both indoors and outdoors by appropriate adults and the parents intervene where there is imminent danger. Young children are not contained in car seats/pushchairs for long periods of time. Parents consider when children should be given more freedom and make sure this is achieved safely. Safety advice is provided to the child, and they know who to ask for help. Parents make clear who figures of authority are and do not undermine child/ren’s trust in these people such as not telling children not to trust social workers, the police etc. Parents provide clear boundaries about when the child should be home. Is concerned about lack of return home or late nights and is aware of who they are with. Parents do not allow anti-social behaviour and put in appropriate boundaries and sanctions regarding this. Parents take steps to ensure the child is not with inappropriate adults or strangers and are aware of gang activity and peer groups that are harmful. Parents help the child to be safe using social media.</p>			
Parents provide appropriate supervision and awareness of	Parents provide some supervision, but they do not	Parents provide little supervision. There is a lack of concern about where the child is or who they	Parents provide little supervision. Young children are contained in car seats/pushchairs for long

<p>where the child is and with whom</p>	<p>always know where the child is or who they are with.</p> <p>Boundaries around when the child should be back not consistently applied.</p>	<p>are with and the parents in unconcerned about lack of return home or late nights.</p> <p>Young children are often contained in push chairs/car seats</p>	<p>periods of time. Parents are indifferent to whereabouts of the child and often do not know where the child is or who they are with and are oblivious to any dangers.</p> <p>There are no boundaries about when to come home or late nights.</p> <p>Parents encourage or allow anti-social behaviour.</p>
<p>Positive expectation Care by Other Adults: Parents leave child in care of a vetted adult. All children under the age of 6 are never left in the sole care of an under 16.</p> <p>Out of necessity a child aged 6-12 is left with a young person under 14 with whom they are familiar and has no significant problem for no longer than necessary very occasionally. The parents discuss with the child/ren the importance of keeping themselves safe from others, provides advice and support and reinforces the need to talk to the parents regarding any concerning behaviour/attitude of a young person or adult.</p>			
<p>Child is left in care of appropriate adults. Is advised about keeping safe and talking about the behaviour of others.</p>	<p>Child is not always left with appropriate carers and do not consistently advice about keeping safe/talking about concerns.</p>	<p>Parents leave the child with unsuitable or potentially harmful adults and does not recognise the potential risks. The child does not receive advice about keeping safe or talking about concerns.</p>	<p>Child is left alone or in the company of an unsuitable person. The child often found wandering and/or locked out. Parents do not provide any advice about keeping safe and</p>

			may put adult dangers in the way of the child.
<p>Positive expectation Freedom from Abuse and Harmful Practices: Parents do not physically, emotionally or sexually abuse the child and ensures that they are protected from harm by others. This includes protection from harmful traditional practices such as FGM. Honour Based Violence (HBV), forced marriage, and Belief in Spirit possession.</p>			
Child is not abused and is protected from harm	Parents have used physical chastisement and can be harsh and critical of the child; on occasions does not protect the child, but accepts advice and support to do so. There is some concern that harmful traditional practices are known to have been performed in the wider community but the parents are opposed to the practices in respect of their child. Parents accepting of help to address these issues.	Parents use physical abuse to discipline the child and can be harsh and critical. The parent struggles to keep the child/ safe from harm and there is concern that the child may be subject to harmful traditional practices.	Parents are unable to protect their child from harm, placing their child at significant risk. There is evidence that the child may be subject to harmful traditional practices and evidence of physical, sexual and emotional abuse by parents.
<p>Positive Expectations Responding to Adolescents: Parents recognise the adolescent's needs are responded to and they are provided with appropriate and sensitive care. The parent is aware of the risks of peer influences, community challenges, struggles with</p>			

school and the risks of sexual exploitation, radicalisation, involvement with gangs and knife crime and involvement in criminal exploitation and these are addressed with wider support. The parents recognise that the adolescent is still in need of guidance and where adolescents engage in normal risky behaviour it is identified and responded to appropriately. Parents help adolescents to be safe using social media. Parents recognise the early signs of mental health concerns such as eating disorders, anxiety and self-harm and acts quickly to address

Ensure to recognise adolescents as children, reflect and challenge the presence of adultification/parentification and wider discriminations

<p>Parents meet the needs of the adolescent's and where risky behaviour occurs it is identified and responded to appropriately.</p>	<p>Parents are inconsistent in meeting adolescent's needs leaving adolescents vulnerable to exploitation and abuse. Parents do not always recognise early signs of mental health concerns but take action when advised to do so.</p>	<p>Parents do not consistently respond to the adolescent's needs and do not recognise the impact of risky behaviour or respond appropriately and this is likely to have led to incidents where the adolescent has been harmed and exploited. Parents do not recognise early signs of mental health concerns and dismissive of advice.</p>	<p>Parents do not consider the adolescent's needs and there is not enough appropriate adult care. Parents do not recognise that the adolescent is still in need of guidance and protection from risky behaviour and this has led to the adolescent being harmed and exploited. Parents do not recognise early signs of mental health concerns and hostile to advice/blame the adolescent for the problems.</p>

Area Of Care: Stimulation & Education: Including stimulation for Baby 0-2, stimulation for child 2-5, supporting school life, sport and leisure activities, supporting friendships and addressing bullying.

Child focussed care giving	Adult focused care giving	Child's needs secondary to adults	Child's needs not considered
<p>Positive Expectations Stimulation Baby 0-2: The baby receives early love and care, encouraging smiles, talking and movement/toddling/walking. The parents are sensitive to the baby's thoughts, feelings and emotions and parents engage with the baby through making eye contact, smiling, talking, cooing and responding to baby's expression, movement and sounds.</p>			
<p>Parents provide appropriate stimulation to the baby including empathy for the baby's thoughts and feelings.</p>	<p>The parents provide inconsistent stimulation, to the baby, but listens to concerns and accepts need for change</p>	<p>Parents provide the baby with little stimulation and the baby is left alone unless making serious and noisy demands. Parents dismissive of concerns.</p>	<p>The parents do not provide stimulation and the baby's mobility is restricted (confined in chair/pram). Parents get angry at the demands made by the baby and are hostile to advice about the importance of stimulation and paying attention to the baby's needs for attention and physical care.</p>
<p>Positive Expectations Stimulation: Pre-School and Early School (2-5 Years): The child receives appropriate stimulation such as parent talking to the child in an interactive way, as well as reading stories and playing with the child. Parents provide toys/things to play with which are age appropriate (it is not necessary for them to be expensive or new it is the recognition by the parent that play is important at this age). Parents find a way to provide uniform, sports equipment, books etc). Parents (or other family) take child to child centred places locally such as park makes use of local resources. The child is supported to go on outings with nursery/school and friends.</p>			
<p>Parents provide appropriate stimulation</p>	<p>The carer inconsistent stimulation, but listens to concerns and accepts need for change</p>	<p>Parents do not provide appropriate stimulation; the child lacks essential toys and is not taken on child centred trips or</p>	<p>The child receives no stimulation. The child has few toys unless provided by other sources, gifts or grants and these are not well</p>

		encouraged to go on trips. Parents dismissive of concerns.	kept. Parents believe their child does not deserve/will ruin. Parents do not allow outings and says the child does not deserve. The child prevented from going on outings with friends or school.
<p>Positive Expectations Supporting School Life: Parents takes an active interest in schooling and ensures the child's attendance is regular and on time. Parents engage with school or nursery and encourages child to see school as important. Parents take an interest in the school day and provide support for homework. Parents support the child/ren when they have difficulties and engage with services where these are necessary to improve.</p>			
Parents ensure that the child attends school, engages with school and supports with schoolwork and activities.	Parents are inconsistent in ensuring that the child attends school and is on time. They do provide support for homework and take an interest in school most of the time. Parents take advice about impact on the child and take action to change as a result.	Parents do not ensure attendance or timeliness and do not support the child with homework/engagement with school. Parents are dismissive of advice, do not understand the importance to the child and need support to change.	Parents do not ensure attendance or timeliness, do not support homework and often will not let the child engage with trips or school activities as a punishment. Parents are hostile about education

<p>Positive Expectations Sport and Leisure Activities: Parents encourage the child to engage in sports, music, art, drama, attending library and other leisure activities and provides the necessary provided equipment where affordable, or negotiates with agencies/school on behalf of the child. The parents understand the importance of this for the child’s wellbeing and recognises when the child is good at something and ensures they can pursue it.</p>			
<p>Parents support the child to engage in sport and leisure activities</p>	<p>Parents provide inconsistent support to enable the child to engage with sport/leisure activities but will accept support to change in recognition of importance to child.</p>	<p>Parents not motivated to ensure that the child engages with sport/leisure and are dismissive of advice about why this is important. Parents need support to create change in best interests of the child</p>	<p>Parents do not encourage the child to take part in sports/leisure activities, are negative about the child’s capacities and may be active in preventing these activities.</p>
<p>Positive Expectations Supporting the Child’s Friendships and Addressing Bullying: Parents support and encourage the child’s friendships, know who the friends are and are aware of the importance of friendships for the child’s wellbeing. Parents are alert to negative peer influences, and possible gang membership, radicalisation, criminal and sexual exploitation; parents take steps to address risk of harm including contacting authorities such as police and social work. Parents are alert to possibility that the child is being bullied and addresses this immediately.</p>			
<p>Parents support friendship, know who friends are, addresses negative peer influences and bullying, taking prompt action.</p>	<p>Parents are inconsistent in supporting friendships, knowing who friends are and addressing risks of harm and bullying. Parents accept advice and recognise need to change parental behaviour for the well-being of the child.</p>	<p>Parents are indifferent to whether the child has friendships, does not understand why they are important and does not support. Parents do not address negative peer influences or bullying and do not take action.</p>	<p>Parents are hostile about the child’s friendships, show no interest or support and can indicate that the child does not deserve friend/is not liked by others. Risks caused by negative peer influences and bullying not addressed and parents are hostile to advice.</p>

Area Of Care: Love And Care: including parent's response to baby, attitude to the child, provision of boundaries, young caring responsibilities, adult arguments and violence, and adult behaviour

Child Focused Care Giving:

Adult Focused Care Giving:

Child's Needs Secondary to Adults:

Child's Needs Not Considered:

Positive Expectations Parents Response to Baby: Parents are empathetic to the baby, judging their moods and needs and responding appropriately including cooing and smiling, holding and behaving warmly

Parents have a positive and warm relationship between parents and baby with lots of care and attention.

Parents spend some time with the baby, cooing and smiling, but are led by the baby's moods, and so can respond negatively if baby unresponsive.

Parents accept advice and engage with support/ services designed to create change.

Parents do not spend time with baby, cooing or smiling, and do not recognise importance of comforting baby when distressed.

Parents are dismissive of advice and need support to understand concerns and engage in support/ services designed to create change

Parents do not have positive feelings towards the baby, do not spend time with the baby and are hostile to baby's negative moods.

Parents are hostile to advice, blaming the baby for problems rather than accepting need for change.

<p>Positive Expectations Parent/Carer’s Attitude to Child, Warmth and Care: There is an observed warm and positive relationship between parents and child. The parents speak warmly about the child and are able to praise and give appropriate emotional reward; they reinforce praise from others. Parents value the child’s cultural identity and seek to ensure that the child develops a positive sense of self. Parents respond appropriately to the child’s needs for physical care and positive interaction and responds appropriately if the child is distressed or hurt. Parents understand the importance of consistent demonstrations of love and care. Parents recognise their own responsibilities and do not seek to place the blame for problems on the child. Parents respond appropriately when the child is distressed or hurt.</p>			
<p>There is a positive and warm relationship between parents and child.</p>	<p>Parents do not always demonstrate warmth towards the child, and they respond inconsistently to the child need for support and praise and come become frustrated when they think this need intrudes into adult time</p>	<p>Parents do not demonstrate warmth to the child often and are inconsistent about praise and reward and dismissive when others do. Parents can become angry when the child seeks support, love or care.</p>	<p>There is a hostile relationship between parents and the child with high levels of blame. The parents speak coldly and harshly about the child, do not provide any reward or praise and are ridiculing of the child when others praise. Parents respond negatively to overtures for warmth and care. Responds aggressively or dismissively if the child distressed or hurt.</p>
<p>Positive Expectations Boundaries: Parents provide consistent boundaries and ensures the child understands how to behave. Parents discipline appropriately the child with intention of teaching proactively. There is an absence of physical abuse and punishment</p>			

<p>Parents provide appropriate boundaries and discipline</p>	<p>Parents are inconsistent in application of boundaries and are often inappropriate in their responses to managing behaviour.</p>	<p>Parents provide few boundaries and can be critical when responding to the child's behaviour and uses physical sanctions and severe other sanctions. Parents can hold the child responsible for their behaviour</p>	<p>Parents provide no boundaries for the child and treats the child harshly and cruelly, when responding to the resultant complex behaviour. Parent uses physical abuse and other harsh methods of discipline.</p>
<p>Positive Expectations Positive Values: Parents encourage the child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness. Parents talk to the child about damage caused by of smoking, underage drinking and drug misuse as well as early sexual relationships and domestic abuse/coercion and control. Parents provide advice and support. Parents ensure the child does not watch inappropriate films/TV/YouTube or other computer content and computer games which are inappropriate for the child's age and stage of development. Parents help child to use social media safely.</p>			
<p>Parents teach and encourage positive values in the child and address issues such as substance misuse, early sexual relationships or early mental health concerns</p>	<p>Parents inconsistent in helping the child to have positive values and are slow to address issues such as substance misuse, early sexual relationships or early mental health concerns</p>	<p>Parents do not encourage the child have positive values and are slow to address issues such as substance misuse, early sexual relationships or early mental health concerns</p>	<p>There are concerns that parents have condoned negative values and anti-social behaviour, gang membership. Parents do not address substance misuse, early sexual relationships or early mental health concerns</p>

<p>Positive Expectations Young Caring Responsibilities: Child takes on some caring responsibilities which are appropriate for their age, capacity and stage of development; responsibilities do not include age-inappropriate tasks, and /or intimate care. The child feels that these responsibilities contribute to the wellbeing of the family and do not interfere with the child’s education and interfere minimally with leisure/sporting activities and friendship opportunities. Parents keep the impact of any caring responsibilities under review and talk to the child about their feelings regarding this.</p>			
<p>Child has some caring responsibilities which are appropriate, do not impact. Parents review impact over time</p>	<p>Child has significant caring responsibilities which cause some impact on education/other activities. Parents listen to concerns and take action to address.</p>	<p>Child has onerous caring responsibilities that interfere with education and leisure activities. The parents are indifferent to impact on child and need support to understand concerns.</p>	<p>Child has caring responsibilities which are inappropriate and interfere directly with child’s education/leisure opportunities. Parents hostile to child and professional concerns</p>
<p>Positive Expectations Adult Arguments and Violence: Child does not witness arguing aggressively and no parents is domestically abusive or controlling in front of the child/YP. Parents have a good understanding of the impact of arguments and anger on the child, is sensitive to this and provides care and reassurance when there are adult disputes.</p>			
<p>Parents do not argue aggressively and are not physically abusive to each other</p>	<p>Parents sometimes argue aggressively in front of the child but there is no physical abuse of either party. Parent recognises the impact of severe arguments on the child’s wellbeing and are willing to change</p>	<p>Parents argue aggressively in front of the child and this leads to violence. Parents indifferent to concerns about impact on the child</p>	<p>Parents frequently argue aggressively in front of the child, and this leads to frequent physical violence and abuse. Parents do not recognise the impact on the child and behave aggressively to concerns raised.</p>

<p>Positive Expectations Adult Behaviour: Parents do not discuss strong feelings of depression or tell the child about self-harm and suicidal feelings, and they are aware of the impact of low mood on child. Parents do not misuse drugs or alcohol; where these are used recreationally, they do not impact on family finances or the parent’s ability to parent and safeguard the child. Parents understand the likely negative impact on child.</p>			
Parents aware of the impact of adult behaviour.	Parents do sometime discussion low mood and depression and sometimes misuse drugs/alcohol but accept advice about impact and are willing to change their behaviour as a result.	Parents talks about depression and suicide in front of the child and are unaware of potential impact on child and indifferent to other’s concern. They need support to understand and engage with change.	Parent has attempted suicide in front of the child. And talked about very low mood. Parents can hold the child responsible for feelings of depression and is open with the child and/or others about this. Parents misuse drugs and alcohol and do not ensure that this does not impact on the child and this impacts on safety and wellbeing. Parents hostile to advice and unwilling to change this.
<p>Area Of Care: Parental Motivation to Change</p>			
<p>Child focussed care giving</p>	<p>Adult focused care giving</p>	<p>Child’s needs secondary to adults</p>	<p>Child’s needs not considered</p>

<p>Parents are concerned about the child welfare and wants to meet their physical, social, and emotional needs to. Parents are determined to act in best interests of children and is willing to ask for help when needed. Is prepared to make sacrifices for the child in their best interests.</p>	<p>Parents understand the need to address the child’s needs and to act in the child’s best interests, but chaos and concerns such as domestic abuse, substance misuse and poor mental health can get in the way.</p> <p>Parents accept advice and concern in their child’s best interest but will need support, clarity about concerns and positive professional relationships to maintain change and engage with services designed to improve their child’s circumstances.</p>	<p>Parents do not always understand the needs of child or why advice is given/concerns are expressed. Parents lack both the understanding of the need for change</p>	<p>Parents seem to reject the parental role and take a hostile attitude toward their responsibilities. Parents can often see the child as responsible for themselves or believes that harm befalling the child is their own fault.</p> <p>Perception that there is something about the child that deserves ill treatment and hostile parenting. Not willing to change</p> <p>May seek to give up the responsibility for the child and ask for them to come into care.</p>