

# **Camden Safeguarding Children Partnership**

Neglect strategy and multi-agency guidance 2023

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## 1 Introduction

Neglect is the most common and widespread form of child abuse; currently in the UK 40% of child protection plans are under the category of neglect and in 75% of serious case reviews neglect is known to be a factor. It is pervasive and its effects can have long-term consequences for the child's development and outcomes; but it can be the most difficult form of child abuse to recognise.

#### In Camden:

- 13% of cases assessed by CSSW will have neglect as a presenting issue
- 48% of child protection plans are under the category of neglect
- 80% of cases entering pre-proceedings involve neglect.

# 2 Aim of the strategy

The Camden Safeguarding Children Partnership aims to reduce levels of neglect in the borough by providing an integrated, multi-agency response based on a thorough understanding of the impact of neglect on children's development and their lived experience. The strategy is part of the delivery of the Camden 2025 plan to safeguard children and help them progress to a successful adulthood by tackling inequality so that they get the best start in life.

#### The key objectives are to:

- promote the early recognition of neglect and the use of preventative services
- ensure appropriate escalation of concerns around neglect
- end the cycle of neglect in families by tackling the root causes through provision of targeted support as well as on-going universal community support to help families cope with difficulties
- recognise and respond to the particular vulnerability of some groups of children, for example teenagers and disabled children
- enhance the council's Resilient Families programme by empowering families to find their own solutions within their extended family and community
- recognise the impact of poverty and deprivation on families and work in a poverty-aware framework.

The principles underpinning the multi-agency approach to neglect are:

- a child-focussed approach that understands their lived experience and ensures they are "seen" and have a voice;
- timely responses at an appropriate level of intervention based on the child's needs;
- "whole-family" interventions that work with families in a respectful and empowering with a focus on building on family strengths to promote resilience
- anti-discriminatory and culturally competent practice that recognises the diversity of service users.

# 3 Definition of neglect

Neglect is defined as the failure to meet a child's physical and emotional needs and to keep them safe from harm leading to a negative impact on the child's wellbeing. *Working Together* 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 the 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); or
- ensure access to appropriate medical care or treatment.

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

# 4 Recognition of neglect

Camden recognises that neglect can be difficult to identify because the harm is often cumulative over time and may not be easily observed. Unlike other forms of abuse there are no incidents on which professionals can focus attention.

- Neglect generally involves an omission and failure to do something rather than an intentional act and this can sometimes make it difficult for professionals to recognise neglectful parenting.
- The effects of neglect can be difficult to detect as there is often no obvious concerning incident or sudden or immediate threat to the child's wellbeing as is the case with other forms of abuse. However the cumulative effects of longstanding neglect are just as harmful.
- Neglect can occur in a cycle with periods of stability punctuated by a crisis leading to referral and short-term intervention that leads to some improvement in parenting so that cases are closed but the underlying issues may not have been resolved leading to re-referral.
- Neglect is also likely to co-exist with other forms of maltreatment and professionals should also be aware of any indicators of physical, emotional and sexual abuse.

The practice guidance at appendix 1 provides information about the nature of neglect and its impact on children's lives and signposts professionals to a selection of tools that can be used to help in its recognition.

The indictors of neglect matrix at appendix 3 provides professionals with some examples of how neglect may manifest and these should be considered alongside the London Safeguarding Children continuum of need available at:

Threshold (londonsafeguardingchildrenprocedures.co.uk)

# 5 Role of agencies

All agencies should:

- have an awareness and understanding of neglect that is rooted in child development
- be able to identify children who are experiencing neglect
- know how to make appropriate referrals to children's social care
- contribute to the assessment of families and the planning and review of interventions and services for neglect.

*Health professionals* should be aware of:

# Neglect strategy and guidance

- missed health appointments
- not being up to date with immunisations and developmental checks
- failure to seek help if the child is not meeting milestones
- failure to seek appropriate medical advice or treatment
- frequent presentation for accidental injuries due to lack of supervision.

#### **Schools** should be aware of:

- poor attendance and persistent lateness
- not meeting expected standards of attainment
- lack of school/home contact and parental indifference to education
- physical manifestations of neglect such as being hungry, appearing dirty or unkempt.

#### Nurseries and children's centres should be aware of:

- poor attendance and persistent lateness
- poor quality of interaction between the child and parent
- physical manifestations of neglect such as being hungry, appearing dirty or unkempt.

**Police** should be aware of young children coming to their attention because they are left alone or found outside either without adult supervision or with a parent/carer who is under the influence of drink or drugs.

**YOS workers** should be aware of those young people who are involved in or at risk of anti-social behaviour or criminal exploitation due to neglectful parenting and lack of supervision or boundaries.

# 6 Poverty aware practice

Professionals need to be aware that some potential indicators of neglect may be due to structural poverty and deprivation rather than any failure or omission on the part of parents. Poverty aware practice enables professionals to have a full understanding of poverty and its impact on families so they are able to provide a more appropriate response, and are able to recognise when the appearance of neglect is due to poverty and when it is due to inadequate and neglectful parenting.

For more details on how to work sensitively with families affected by poverty please refer to the CSCP *Poverty aware practice guidance* available at: Neglect - Camden Safeguarding Children Partnership CSCP

# Poverty or neglect?

- Income: is the family living on a low income or benefits and struggling to pay rent and bills or repaying loans as a consequence **or** are financial resources being diverted to pay for other things such as drugs, alcohol or gambling?
- Housing: if the home is dirty or unhygienic, this may be due to neglect; a home that is clean but seems sparsely furnished may be due to the family being unable to afford items of furniture.
- Food; lack of food in the home may be due to neglect but could also be due to families only being able to afford basic foodstuffs and find they need to use foodbanks.
- Children's presentation; a child wearing old or warn clothes or clothes that do
  not fit may mean that parents cannot afford new clothes, and a child
  presenting as smelly may be due to the family being unable to afford toiletries.
- Presence of books and toys; where these are lacking, is it because the family cannot afford to buy them?

# 7 Non-engagement

Non-engagement or engagement that is a form of resistance (disguised compliance) is a particular concern in neglect cases and it can be both a risk factor and a sign of neglect, for example failure to keep health appointments.

When agencies are not in regular contact with a child who is being neglected it is difficult to gauge the impact of the neglect or get an understanding of the child's lived experience. It also becomes difficult to ascertain if the neglect is escalating.

If non-engagement becomes an issue in existing neglect cases where the family are receiving a service from CSSW, professionals should refer to the CSCP guidance on working with non-engaging families for action to be taken to escalate concerns.

CSCP-multi-agency-guidance-on-working-with-non-engaging-families-2019.pdf

# 8 Referral and response

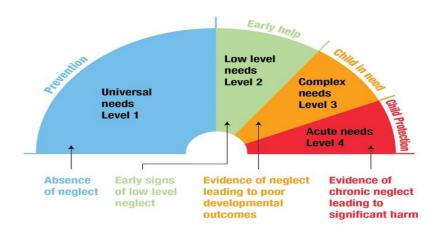
#### 8.1 Thresholds and referral

Neglect can occur on a spectrum of neglectful parental behaviours and the impact on and outcomes for children as a result of neglect can range from mild to acute and chronic depending on the frequency and severity of the neglect.

Camden has developed a range of responses to target neglect at the most appropriate level of intervention as shown in the figure below and described by the

indicators shown in Appendix 1. These indicators should also be considered alongside the London Safeguarding Children thresholds.

Threshold (londonsafeguardingchildrenprocedures.co.uk)



All referrals for neglect cases should be made to the Children and Families Contact Service by way of an e-CAF referral for any child with needs corresponding with level 2 or above. The Contact Service manager will then decide on the level of need and pass the referral on to the most suitable service as set out below. If professionals are unsure of whether the case meets the threshold for a service, they can get advice from the Contact Service social worker on a "no names" basis.

# 8.2 Early Help services

An Early Help response providing a preventative support service to families will be offered in cases where there are low levels of need (level 2). These will be cases where parents are generally able to meet most of the child's needs but may experience some difficulties due to family circumstances, including poverty and lack of resources.

Depending on the level of need, Early Help services will carry out one of the following options:

**For families with low support needs**; liase with the family and the professionals known to the family to establish what additional information, advice and guidance will support families to maximise their income and access additional services and support e.g. charitable grants (for families with low support needs)

For families with higher support low needs; carry out an early help assessment and develop a Team around the Family (TAF) plan alongside the family and professional network. The intervention length will vary depending on the family's

level of need (up to 24 months) and the identified intervention plan will be reviewed at least every 3 months and will focus on working with families to address identified needs including those related to neglect (income maximation, increase parenting capacity, support access to/relationships with universal services (health, education etc).

# 8.3 Children's Safeguarding and Social Work (CSSW)

CSSW provides a statutory service for children who meet the following criteria:

- Children in Need (level 3) children whose development is being impaired and who need services in order to meet a reasonable standard of development. These will be cases where:
  - o parenting is inconsistent;
  - o the child's developmental needs are not being met;
  - o parents do not have the capacity to meet the child's basic needs;
  - parents are unable to provide adequate supervision or fail to recognise risk or protect their children from dangers within and outside of the home.
- Child protection (level 4) children who are at risk of significant harm requiring a statutory intervention. These will be cases where:
  - Parenting is absent or severely compromised
  - there is a persistent failure to meet the child's basic physical and developmental needs and/or a lack of emotional availability;
  - the child is failing to thrive;
  - the child has a medical condition that is deteriorating or not improving due to parents' missing health appointments or not following medical guidance
  - there is a serious lack of supervision and boundary-setting leading to the child being at risk of accident or injury or teenagers becoming involved in risky behaviour and being beyond parental control;
  - the home environment is seriously unsafe or unsanitary;
  - parents are non-engaging or are hostile towards professionals working with the family.

Where cases are accepted by CSSW, the family will be allocated a social worker who will carry out a child and family assessment to assess the level of harm and decide on the best intervention. All children will have a plan that is regularly reviewed at statutory review meetings.

## 8.4 Step up and step down

As part of Camden's neglect strategy, neglect cases may move between the Early Help service and CSSW as the child's needs change in order to ensure the child and family receive the most appropriate response.

- The Early Help service will escalate (step up) cases to CSSW for a statutory social work service where it becomes apparent that the child's needs meet the threshold for this service (levels 3 and 4).
- Early Help will provide a step-down service for neglect cases that are being closed by CSSW because the child no longer requires a social work service. This is to ensure that there is a continuum of support for families where neglect has been an issue and in order to avoid the re-emergence of neglect leading to re-referral.

The professional network will be invited to help plan for step-down provision at the child in need review held prior to case closure. This meeting will also identify the lead professional and the team around the family who will deliver the early help service and will set out the circumstances under which the case should be referred back to CSSW should the situation deteriorate.

# 9 Monitoring interventions and outcomes

Because of the nature of neglect and the associated risk of drift and delay there is a real need to ensure cases are regularly reviewed by the professional network and that all relevant information is shared in order to monitor progress.

- Reviews of children's plans are an opportunity for the professional network to ensure that the plan is being implemented and is achieving good outcomes.
- Professionals should notify the network of any concerning incidents, missed appointments, school or nursery absences, that can help to build a wider picture of the child's experience of neglect and inform decision-making regarding escalation.
- Where families move or agencies lose contact with them, this should be followed up in order to ensure that children do not become "invisible" to services and that they continue to receive universal services.
- The CSCP will regularly audit neglect cases within the multi-agency audit framework to ensure there is a high standard of inter-agency working and

professional practice. This will be overseen by the Quality Assurance subgroup who will report to the main CSCP board on an annual basis.

# 10 Training

There is an expectation that professionals who work directly with children and families attend the CSCP training "Neglect – An analytical approach" in order to help them:

- understand why neglect is complex and how to analyse it
- gain knowledge about the different types of neglect and how to approach families
- understand the impact of neglect on the child's development
- use tools for analysing the child's lived experience
- gain knowledge on sharing information and working within a multi-agency structure
- develop ideas for creative plans that can lead to change in neglectful families.

# 11 Resolving professional differences

Neglect can often be perceived differently by individuals and agencies and it will not be uncommon for professional differences to emerge during the course of working with families as to the level and extent of neglect. It is therefore important that there is an opportunity to discuss these differences and challenge assessments and decisions within a clear framework.

In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the CSCP escalation policy available at: <a href="https://cscp.escalation\_policy\_2023.pdf">CSCP\_Escalation\_Policy\_2023.pdf</a>

## Appendix 1:

Recognising neglect: practice guidance for professionals

# Types of neglect

Physical	Not meeting basic care needs such as food, clothing, shelter, safety
Medical	Not ensuring basic preventative medical and dental care, missing immunisations and health appointments, not seeking medical treatment as needed
Educational	Not ensuring the child receives a suitable education
Nutritional	Not providing a suitable, healthy diet, diet is severely limited or extremely poor nutritionally
Emotional	Not providing warm, nurturing care or stimulation, lack of interaction with the child; this is in contrast to emotional abuse which involves specific actions such as humiliating or intimidating them.
Lack of supervision and guidance	Not being aware of where children and young people are, leaving children home alone, not supervising younger children in potentially hazardous environments, lack of boundaries for teenagers, not monitoring online activity, lack of suitable child-care

Neglect may be characterised by the following traits:

- Disorganised; inconsistent or chaotic parenting, with constant crises and frequent changes in family life;
- Depressed/passive; parent is unmotivated or unable to understand or meet the child's needs or feels powerless to change anything with a failure to meet basic care needs and may be linked to depression or mental ill health:
- Severe deprivation; a complete failure to meet the child's needs so that they are dirty, hungry and in unsafe situations, lack of parenting.

## Risk factors and vulnerabilities

Some parental risk factors and vulnerabilities can drive neglect because of the way in which it impacts on parenting capacity and environmental factors:

 Parental mental ill health can cause parents to become distracted or preoccupied so they fail to recognise risk or are unable to meet physical or emotional needs.

- The impact of parental substance misuse can negatively affect parents to meet the child's physical and emotional needs or set appropriate boundaries and can also mean parents prioritise buying drugs or alcohol over buying food or paying household bills. Parents may also be physically and emotionally "unavailable" to children whilst using substances.
- Domestic abuse can have a negative impact on the victim's emotional and mental wellbeing as well as their physical wellbeing which in turn may affect their ability to provide basic care or emotional warmth.
- Parents with learning difficulties may not be able to understand their child's needs or how to meet them.
- Parents who experienced neglect or harm as a child or adverse childhood experiences may also have difficulty understanding appropriate standards of parenting.

# Children at greater risk

Some groups of children can be more vulnerable to neglect, and certain characteristics of a child may make them more susceptible to neglect, for example:

- children with disabilities; for further details please refer to the CSCP guidance Safeguarding children with disabilities; <u>Safeguarding-children-and-young-people-with-disabilities-Guidance-2023.pdf</u> (cscp.org.uk)
- children under the age of 3 who are more reliant on carers and who are not regularly seen by the professional network (see also appendix 2 on emotional neglect of babies and young children)
- teenagers who may be overlooked by professionals due to their increasing independence
- young carers; for further details please refer to the CSCP young carers protocol; Young-carers-protocol.docx (live.com)
- babies with complex medical needs or those with young parents who are not being supported in their parenting role.

Professionals should also be aware of differences in the standard of care given to each sibling in the family, especially if there are concerns that individual siblings are being treated differently.

# Impact of neglect

Because neglect can have a demonstrable effect on children's development, professionals should be aware of how it manifests at different ages.

#### **Pre-birth**

Neglect may begin during pregnancy where the mother does not engage with antenatal services so it is not possible to monitor the child's development or respond to any risks; there is a lack of preparation for the child's birth.

# Infants (0-2)

These children are the most vulnerable as the impact of neglect is greatest; this is a period of major physiological development and a time when attachments are forming and the child's interactions with their carer is crucial to this development. Neglect can interfere with important neurological developments and the formation of attachments.

# Pre-school (2-5)

Children become more mobile and independent and are exploring their world so ensuring they can do this safely and providing appropriate stimulation is essential to their continued development.

# School-age (5-12)

Earlier neglect can be evidenced as children's development may be impaired and they may not be "school ready", finding it difficult to adapt to the school environment. Indicators may include poor behaviour, lack of self-esteem and poor relationships with peers and adults.

#### Adolescents

Despite being more independent and autonomous, adolescents can still experience neglect through lack of emotional support, boundaries and guidance and are vulnerable to exploitation, substance misuse and poor mental health outcomes and may disengage with education. Parental behaviours, for example substance misuse, may also mean a failure to provide suitable role models.

#### **Neglect and child exploitation**

Although safeguarding risks are traditionally associated with the home environment, for teenagers who are becoming more independent and increasingly influenced by their peer group, risks may arise in the community leading to extra-familial harm in the form of criminal and sexual exploitation and radicalisation.

Lack of boundaries or a lack of interest in the young person's emotional wellbeing can lead to higher levels of truancy, going missing and risk-taking behaviours making young people more vulnerable to exploitation.

For more details please see the CSCP *Extra-familial harm and child exploitation guidance*. <a href="mailto:cscp-extra-familial-harm-and-child-exploitation-guidance.pdf">cscp-extra-familial-harm-and-child-exploitation-guidance.pdf</a> (camden.gov.uk)

## **Neglect tools**

The following neglect tools have been selected to help professionals identify those children who may be experiencing neglect and to inform decisions on referring children for a social care service. The tools, which are rooted in child development, are designed to help professionals explore the standard of care given and measure the impact of the quality of care on the child's development.

Some of the tools are in the format of a questionnaire that can be used as a means of starting conversations with children and parents; some are based on the professional's own observations of the child's presentation, interactions with parents and others, and home conditions.

Some of the tools are specific to the child's age and stage of development or explore specific areas of the child's life, for example their education, and the extent to which these needs are being (un)met. Professionals need to make a judgement on which of the tools is the most relevant to use for each individual child.

## A day in my life

This tool has been designed to be used with children (where appropriate) and parents to explore the child's daily experience and their routines in order to provide an insight into the standard of care they receive and whether care is consistent or is changing over time.

The tools are based on children's development with tools available for the following groups:

- Prebirth
- Babies
- Pre-school children
- Primary school children
- Teenagers
- · Children with disabilities

For each cohort, there is a list of questions to use as prompts for discussion and a template for recording information arising from the discussion. The tool should help professionals to identify strengths as well as difficulties and where possible, capture the child's own words as well as the views of parents. The tool is available at:

Neglect - Camden Safeguarding Children Partnership CSCP

# Camden Thrive child and family neglect assessment

The Thrive assessment has been designed for use by professionals with children (where age appropriate) and parents to help them explore aspects of the child's care. It provides statements on standards of care for children based on their needs at different ages and stages of development and requires professionals to make a judgement on the extent to which parents are meeting these needs.

The assessment covers the following ages and stages of development:

- Pre-birth and ante-natal
- Post natal babies
- Under 5s development
- Needs of children aged 0-11
- Education and cognitive development of children aged 0-11
- Teenagers
- · Children with disabilities

The tool also contains sections on parental and community risks and assessment of the home environment.

As the assessment covers a wide range of factors, it can be used for all children in the family unless professionals feel it is necessary to complete separate assessments where there are large sibling groups or siblings presenting very different needs.

The template (which should be used as a prompt and to record information) is available at: Neglect - Camden Safeguarding Children Partnership CSCP

#### What is my home like for me

This tool, developed by the Oxfordshire Children's Safeguarding Partnership, is a tool to be used directly with children to allow them to talk about their home and share their views on what it's like to live there, giving an insight into their lived experience.

The tool is available at: Neglect - Camden Safeguarding Children Partnership CSCP

# Appendix 2: Guidance on emotional neglect of children 0-2 years

The London Safeguarding Children Procedures are underpinned by <u>Working</u> <u>Together to Safeguard Children 2018</u>. This sets out what should happen in any local area when a Child or Young Person is believed to be in need of support. Effective safeguarding arrangements should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part; and
- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

The scope of this guidance relates to all professionals and agencies who come into both direct and indirect contact with infants and babies aged 0-2 years, as well as their parent(s)/carer(s). This should be referred to in conjunction with information and advice is outlined for the children's workforce in Camden so that all agencies and professionals: have an awareness and understanding of emotional neglect; understand their role in implementing Camden's neglect strategy; can identify children who are experiencing emotional neglect; can apply the thresholds for intervention in cases involving neglect; are aware of referral pathways to children's social care in Camden and what services can offer; can contribute to the assessment of families and the planning and review of interventions and services for neglect. Additionally, Camden's main multi-agency tool for the recognition and management of neglect, the Graded Care Profile should be used. This provides professionals with instructions on how to use the tool in everyday work with families.

Childhood emotional neglect is a failure of parents or caregivers to respond to a child's emotional needs. This type of neglect can have long-term, short-term and immediate consequences. Emotional neglect in infancy and early childhood occurs when a caregiver consistently fails to meet a child's emotional and psychological needs. Whether conscious or unintentional, this pattern of negligence leaves children with deep insecurities that can affect their sense of safety and stability throughout their lifetime. Emotional neglect in this cohort can have a serious and enduring impact on neurological development and attachment security and can contribute to a range of adverse outcomes, impacting child development, as well as contributing to the development of social, emotional and behavioural issues, alongside a range of vulnerabilities.

Professionals who come into contact with children aged 0-2 and their families need to be aware of how to best identify, support and safeguard children and their families, where there are challenges in consistently meeting their child's emotional needs. Some parent(s)/carer(s), for example those who are affected by post-natal depression or other mental health difficulties, may find it difficult to respond in a sensitive, consistent and attuned manner to meet their child's emotional needs. Evidence

suggests these children are sometimes missed by services because the child's basic needs are being met (such as feeding and hygiene), and due to the child's inability to verbalise and communicate in line with their stage of developmental. The following indicators may be attributable to a range of factors, but are also consistent with emotional neglect in childhood:

- A caregiver's lack of responsiveness to the child's emotional cues.
- Lack of physical contact.
- A history of intergenerational trauma.
- Inconsolable crying or excessive tantrums that cannot be explained by colic or illness.
- Unusual passivity or listlessness, such as lack of eye contact or interest (paradoxically, babies who have been emotionally neglected are sometimes described by caregivers as very "good" babies).
- Altered or disruptive sleep patterns, such as excessive sleeping for the child's age, or failure to establish a developmentally expected sleep/wake pattern.
- Feeding or digestion problems.
- Self-soothing behaviour such as rocking, chewing, head banging, or other odd or repetitive behaviour.

Camden's Best Start for Baby programme is a universal provision to support parents' care of babies so they are able to meet the child's emotional needs and support their child's development from 0-2 years. Should any professional have concerns that a child is at risk of, or has suffered significant harm, they should follow local protocol and contact the Children and Families Contact service.

Phone: <u>020 7974 3317</u>

Email: <u>LBCMASHadmin@camden.go</u>v.uk

Out of office hours (after 5pm, weekends and bank holidays): 020 7974 4444

Appendix 3: Indictors of neglect and levels of harm

	Level 1 (universal)	Level 2 (early help)	Level 3 (CIN)	Level 4 (CP)
Description of care	Care is child-focussed and all the child's needs are met. Parents are aware of standard of care required and consistently meet these standards.	Care is adult-focussed and generally of a reasonable standard and parents are aware of standard of care required but family circumstances or parental attributes sometimes make it difficult to provide for all the child's needs.	Care is neglectful with the child's needs secondary to parent's needs and evidence emerging that their development is being impaired as a result of care. Parents unaware or indifferent to required standards of care.	Neglect is acute and chronic. The child's needs not considered and neglect is causing significant harm. Parents are hostile to professional advice on standards of care.
Physical care	All child's physical needs are met. Home environment is safe and stable.	Some inconsistencies in meeting the child's physical needs. Home environment is reasonably safe and stable.	Some evidence of child's needs not being met; child occasionally appears hungry, inappropriate clothing, lack of hygiene. Home environment is not kept in a good state; tenancy is at risk and/or experience of several moves.	Child's needs consistently unmet; child frequently appears hungry and dirty and wearing inappropriate clothing. Home environment is dirty and unsafe, unstable or overcrowded.
Health	Appropriate medical advice and treatment sought; immunisations, developmental checks up to date.	Occasional delays in seeking medical advice and treatment; some difficulties in keeping up to date with immunisations and developmental checks.	Does not routinely seek medical advice and treatment or immunisations and developmental checks unless prompted by others.	Does not seek medical advice and treatment except where severe or urgent. Routine appointments not attended.

Safety and supervision	Carer provides age appropriate supervision and boundaries and the child is kept safe at all times. Child is always left with safe and appropriate carers. Risky behaviour in adolescents is appropriately responded to.	Some inconsistencies in providing adequate supervision and boundaries and responding to risky behaviours. Occasional use of inappropriate child care.	Poor supervision and lack of concern over child's safety with inconsistent boundaries. Frequent use of inappropriate child care or leaving child alone. No consistent response to adolescent's risky behaviours.	Lack of supervision or boundaries. Children frequently left alone/found outside alone. Children left in the care of unsafe/unsuitable adults. Adolescents have little or no parental input.
Emotional care and warmth	Caregiving is consistently warm with appropriate responses. Child is protected from adult behaviours and given positive guidance.	Caregiving is generally warm but with some inconsistencies arising from the pressure of parent's issues. Child not always protected from adult behaviours or given positive guidance.	Caregiving is frequently indifferent with limited interaction and lack of positive guidance. Child frequently observes adult arguments.	Caregiving is hostile and lacking in warmth with use of harsh chastisement. Child frequently observes family violence and receives no positive guidance.
Education and stimulation	Parents value education and support the child to learn. Younger children receive appropriate stimulation. Parents encourage hobbies, interests and friendships.	Inconsistent stimulation and support for education due to the impact of parent's problems. Parent allows some days off without reason. Hobbies, interests and friendships not always supported.	Little support for education and younger children receive little stimulation. Poor home/school links and problems with attendance. Little encouragement for hobbies, interests and friendships.	No support for education and no stimulation provided to younger children. Hostile relationship with school with poor attendance and engagement. No encouragement for hobbies and interests and hostility to friendships.