Safeguarding Children Board
LEICESTERSHIRE & RUTLAND

Leicester Safeguarding Children Board

Leicester, Leicestershire & Rutland LSCBs

Neglect Toolkit 2019

1.0 Leicester, Leicestershire & Rutland LSCB Neglect Toolkit

1.1 Introduction

Neglect is a priority for Leicester City, Leicestershire and Rutland (LLR) Safeguarding Children and Adult Boards. Neglect and the damage to children from neglect has been a feature in both local and national serious case reviews.

1.2 LLR LSCB 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.

"Although the long-term impact of neglect is known to be corrosive, neglect is rarely perceived to be associated with fatality. Until 2012, neglect was known to be a factor in no more than a quarter of serious case reviews, although it was accepted that this was an under-estimate. Recent analysis has revealed that neglect is apparent in **60 per cent of serious case reviews** between 2009–2011."

(University of East Anglia/NSPCC January 2013.)

"The fact that neglect is not only harmful but can also be fatal should be part of a practitioner's mind-set as it would be with other kinds of maltreatment. Practitioners and managers should recognise how easily the harm that can come from neglect can be minimised, downgraded or allowed to drift. Practitioners should deal with neglect cases in a confident, systematic and compassionate manner."

(University of East Anglia/NSPCC January 2013.)

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.

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."

A further definition of neglect from Action for Children (2010):

"Child neglect is the most pervasive form of child abuse in the UK today. It robs children of the childhood they deserve – that is their right – and leaves broken families, dashed aspirations and misery in its wake. And, while we know more about the causes and consequences of neglect than ever before, it remains the biggest reason for a child to need protection. As a society, it is in our power to change this".

However we define neglect, what is clear is that ultimately it can lead to the death of the child or have significant consequences on the child'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 amended s.1 Children and Young Persons Act of 1933 (Child Cruelty) regarding neglect to read:

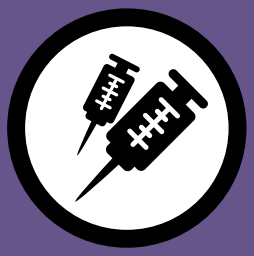
"If any person who has attained the age of sixteen years and has responsibility for any Child or young person under that age, wilfully assaults, ill-treats (whether physically or otherwise), neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated (whether physically 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 an offence."

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.

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'. 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. The issue for those identifying and assessing neglect is less about understanding intent and more about assessing the child's needs not being met and whether the child is safe. Neglect may be passive, but it is nevertheless harmful.

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. 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.

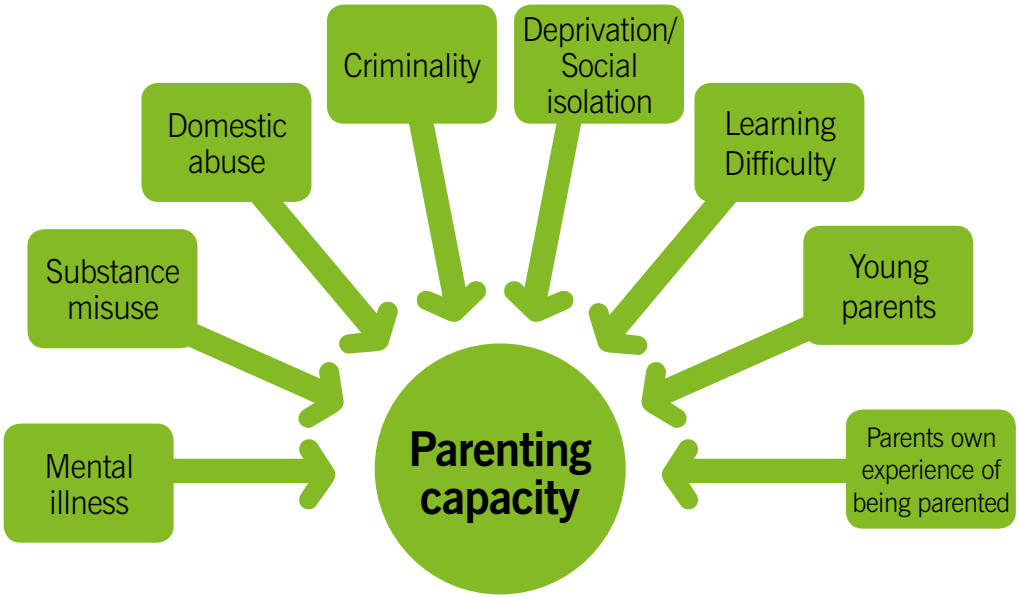
The nursery could share their concerns sensitively with Anne through use of an Early Help Assessment. This may identify the issues of domestic abuse and the possibility that Anne may be suffering with a reactive depression. Early Help from domestic abuse services and wellbeing services to address mental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

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:

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 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.



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 type of a parent-centred approach invokes a risk that the focus on the child, the actual or potential harm she/he experiences and the impact on the child's development become marginalised. Keeping a focus on the child has to be a priority. Recognising the above factors and how they affect the child's development are key to good assessment.

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:

http://www.llradultsafeguarding.co.uk/thresholds/

http://www.llradultsafeguarding.co.uk/safeguarding-adults-process-introduction/

The LSCB has adopted a neglect toolkit that concentrates on the specific activities of parenting and helps you assess the level of neglect the child is experiencing at the hands of its caregiver.

5.0 The Neglect Toolkit

What is the LLR LSCB Neglect Toolkit?

Leicester, Leicestershire and Rutland LSCB and SAB have made neglect a priority and therefore wish to equip practitioners with a tool that can assist them to recognise, assess and work with families where neglect is an issue.

Leicester, Leicestershire and Rutland LSCBs 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.

Leicestershire, Leicester City and Rutland Local Safeguarding Children Boards 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 LSCB Procedures for the management of Childhood Neglect.

The LLR LSCB 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 circumstances and will help you put your concerns into context as well as identify strengths and resources within the family.

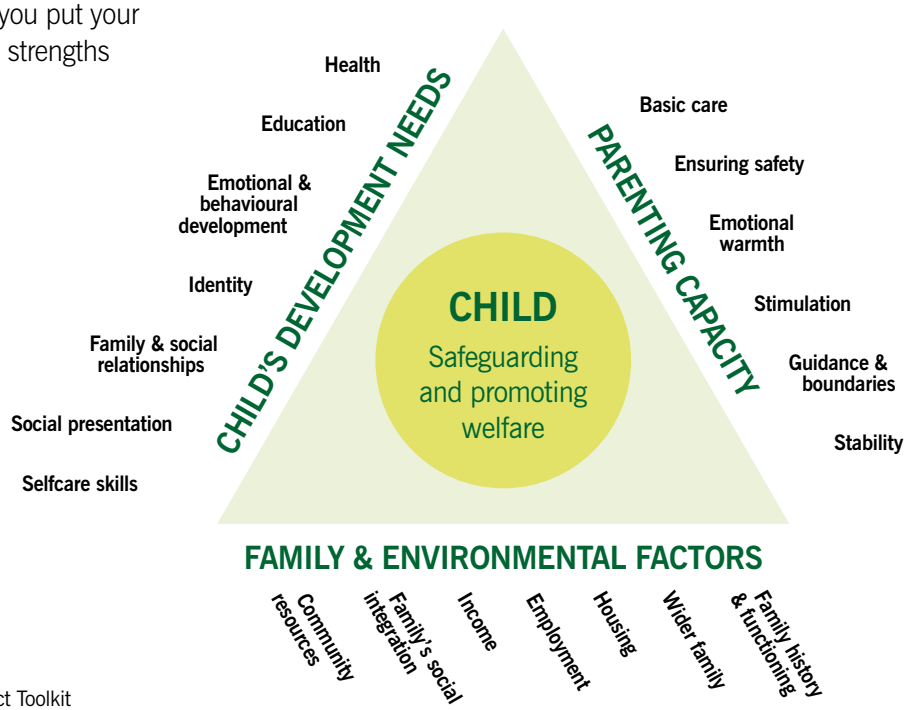
Who is the toolkit for?

All practitioners who come into contact with children 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 and their families, whether their principal focus is upon a child 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 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.



6 Parental motivation to change

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 2015, Leicester, Leicestershire and Rutland LSCBs' 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 focussed 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 LSCB 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 Services. The link to the Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland is:

http://lrsb.org.uk/uploads/view-the-llr-lscb-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 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 with four specific ratings where 1 is child focused care giving and 4 is child'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:

Leicester City LSCB:
http://www.lcitylscb.org/information-for-practitioners/

Leicestershire and Rutland LSCB:
http://lrsb.org.uk/uploads/view-the-llr-lscb-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

Physical Care: Food

Child 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.

Children's special dietary requirements are always met.

Carers understand importance of foods.

Child 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.

Children'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.

Child's needs are secondary to Adults'.

Child 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 appears hungry.

Child's special dietary requirements are rarely met.

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

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

Child's needs are not considered.

Child 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.

Children'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.

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 or bulimia. 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 and their relationship to food and therefore early identification and early help can limit the potential impact on the children.

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

https://www.food.gov.uk/business-guidance/nutrient-profiling-model-for-children

www.gov.uk/school-meals-healthy-eating-standards

https://www.nutritionist-resource.org.uk/articles/infants-preschool.html

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

https://www.nutrition.org.uk/nutritionscience/life/school-children.html

Physical Care: Quality of Housing

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 well-being.

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 sense of well-being, but is hampered by personal circumstances.

The accommodation is in a state of disrepair. Carers are unmotivated to address this and the child 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.

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

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 well being.

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.

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 in this household and would it impact on the child's welfare.

Physical Care: Stability of Housing

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

Carer understands the importance of stability for child.

Child 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, but the carer's personal circumstances occasionally impact on this.

Child 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.

Child 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 does not always know these adults who stay over. Carer is hostile about being told about the impact on child of 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 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 emotional wellbeing and development. A transient lifestyle (moving frequently, including between different Local Authority boundaries) can impact on the child's ability to form consistent relationships with friends. Frequent moves of school will also affect the child's ability to form and maintain friendships.

Consistency of who visits the family home is also important; children need predictability to feel safe. Children need to be protected from adults that may pose a risk to them. Households where there is a lack of supervision by carers of visitors can lead to children being put at risk of significant harm.

Safety, stability, and nurturing are three critical qualities of relationships that make a difference for children as they grow and develop.

They can be defined as follows:

- **Safety:** The extent to which a child 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 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.

Physical Care: Child's clothing

Child has clothing which is clean and fits appropriately.

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

Child 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 in an age appropriate way, but their own personal circumstances can get in the way.

Carer understands the potential for bullying and social isolation and is able to take action to address this.

Child does not have a stable home environment, and child has clothing which is dirty and crumpled, in a poor state of repair and not well fitting. The child 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 in an age appropriate way.

Child 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 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.

Practice points in relation to Physical Care: Child'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.

Physical Care: Animals

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

Children 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 or adults and any mistreating of animals is addressed.

Animals occasionally left unsupervised with young children.

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 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 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.
- For a comprehensive summary of the research into the link between animal cruelty and domestic abuse please access the following link from the NSPCC:

https://www.nspcc.org.uk/globalassets/documents/research-reports/understanding-links-child-abuse-animal-abuse-domestic-violence.pdf?_t_id=1B2M2Y8AsgTpgAmY7PhCfg%3d%3d&_t_q=animals+domestic+abuse&_t_tags=language%3aen%2csiteid%3a7f1b9313-bf5e-4415-abf6-aaf87298c667&_t_ip=81.131.36.97&_t_hit.id=Nspcc_Web_Models_Media_GenericMedia/_ef4b4cf8-5b4a-4f71-80b5-ff1fb12801d2&_t_hit.pos=1

Physical Care: 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 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 appearance.

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

The child 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.

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

There is evidence that the child 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 appearance and do not acknowledge the importance of hygiene to the child's wellbeing.

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

The child 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 lack of hygiene.

Practice points in relation to **child'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 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 hair is dull and greasy and there is evidence of headlice infestation which has not received the appropriate treatment
- The child's teeth are very neglected. There is evidence of untreated tooth decay; the child has required multiple tooth extraction due to the level of untreated decay
- The child'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.

Dental resources: CITY

Recent results published by Public Health England show that more than half of Leicester's five-year-olds and more than a third of three-year-olds suffer from tooth decay – the highest rates in England.

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

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/

To book on to Oral Health Multi-Agency training: www.eventbrite.co.uk/o/oral-health-promoters-public-health-leicester-city-council-8301034317

To access Leicester City Oral Health Resource Catalogue/Library: https://www.leicester.gov.uk/media/180929/oral-health-resource-catalogue.pdf

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:

https://psnc.org.uk/leicestershire-and-rutland-lpc/leicestershire-county-ph-oral-health-campaigns/

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

Health: Seeking advice and intervention

Advice sought from professionals / experienced adults on matters of concern about 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.

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

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 completes any agreed programme of medication or treatment, but does recognise the importance to the child, but personal circumstances can get in the way.

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 if home visits are carried out.

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

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 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.

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 carer's explanation for the injury should be made:
  - does the story change,
  - is it age appropriate,
  - was the child adequately supervised?
- Any concerns in this area could indicate either non-accidental injury (physical abuse) or poor supervision (neglect).

Health: Safe sleeping arrangements and co-sleeping babies

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.

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 can be a little chaotic.

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 are not suitable and carer is indifferent to advice regarding this.

Carer not concerned about impact on child.

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 are not suitable and carer is hostile to advice regarding this.

Carer not concerned about impact on child or risks associated with this, such as witnessing adult sexual behaviour.

Practice points for safe sleeping with babies:

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

www.bliss.org.uk/safe-sleeping?gclid=CKLF9avs98oCFSoKwwodK4gEVw

https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/default.aspx

www.nichd.nih.gov/sts/Pages/default.aspx

Health: Disability and illness

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

Carer complies with needs relating to child's disability.

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

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

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

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

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

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

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

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

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

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

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; in such cases referral to GP for assessment is advised and consideration for referral to Children's Social Care.
- Carers may have inappropriate health seeking behaviours in relation to their child'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 with a disability. At its extreme it could indicate fabricated or induced illness (FII) in a child so any suspicion of such behaviour requires immediate assessment; please see LSCB procedures for FII: http://llrscb.proceduresonline.com/chapters/p_fab_ind_ill.html?zoom_highlight=fii
- Some children 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 may not be allowed to socialise with other children, 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.

8.0 Safety and Supervision Section

Safety and Supervision: Safety awareness and features including internet safety

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

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

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.

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

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

Carer indifferent to internet safety and reluctant to take advice.

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

Carer is aware that child is at risk through their internet usage and does nothing to intervene.

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.

Safety and Supervision: Supervision of the child

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

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

Carer promotes age appropriate independence skills.

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

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

Shows concern about when child 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.

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 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.

Complete lack of supervision.

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

The carers are indifferent to whereabouts of child, and often do not know where child 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 children's wellbeing.

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

Practice Points in relation to SAFETY & SUPERVISION: Supervision of the child

- 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 mother having to put her 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:

  https://www.familylives.org.uk/advice/your-family/parenting/how-to-cope-if-a-parent-goes-to-prison/

  www.partnersofprisoners.co.uk/

  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 problematical 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 moving forward.

Safety and Supervision: Handling of baby/response to baby

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

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.

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 affecting the capacity to parent effectively.

Safety and Supervision: Care by other adults

Child is left in care of a 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.

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 whereabouts.

Carer inconsistent in raising the importance of a child 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.

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

Child found wandering and/or locked out.

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

Carer is indifferent to the importance of safe care of the child and leaves the child with unsuitable or potentially harmful adults and does not recognise the potential risks to the child.

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

Child 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.

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

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 to exposure to both risky adults and accidents in the household
- 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 at risk not just the children within the household.

Safety and Supervision: Responding to adolescents

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.

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). For advice on how to assess the risk of CSE, please refer to LSCB guidelines by accessing the following link:

  http://llrscb.proceduresonline.com/chapters/p_sg_ch_yp_sex_exploit.html

Safety and Supervision: Traffic awareness & in-car safety

Baby/infant is well secured in pram/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. 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.

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 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; 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 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 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 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

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

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

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

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

The emotional response of the carer is one of warmth.

Child is listened to and carer responds appropriately.

Child is happy to seek physical contact and care.

Carer responds appropriately if child is distressed or hurt.

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

Carer talks kindly about the child 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 cultural identity and is aware of the importance of ensuring child develops a positive sense of self, but sometimes allows personal circumstances to impact on this.

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

Child not always listened to and carer angry if child seeks comfort through negative emotions such as crying.

Does not always respond appropriately if child distressed or hurt.

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

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

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

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

Carer seldom initiates interactions with the child and carer is indifferent if child 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 distressed or hurt.

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

Carer speaks coldly and harshly about child and does not provide any reward or praise and is ridiculing of the child when others praise.

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

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

Carer does not show any warmth or physical affection to the child and responds negatively to overtures for warmth and care.

Responds aggressively or dismissively if child 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 to the child.

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 needs. Research from attachment theorists such as Mary Ainsworth stresses the importance of maternal sensitivity; however it is now recognised that sensitively from both primary and secondary caregivers is also 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.

Love and Care: Boundaries

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

Child is disciplined appropriately with the intention of teaching proactively.

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

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

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

Carer can hold child responsible for their behaviour.

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

Carer provides no boundaries for the child and treats the child 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.

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 online procedures related to the **Whole Family (previously Think Family) approach:**

http://llrscb.proceduresonline.com/chapters/pr_think_fam.html

Love and Care: Adult arguments and violence

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

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

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

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

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

There is a lack of awareness and understanding of the impact of the violence on children and carers are indifferent to advice regarding this.

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

There is indifference to the impact of the violence on children and carers are hostile to advice about the impact on children.

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 LSCB multi-agency safeguarding procedures via the following link:

  http://llrscb.proceduresonline.com/chapters/p_dom_viol.html

Love and Care: Young carers

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

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

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

Carer indifferent to impact on child.

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

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

The impact on the child'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 carers

- LLR benefits from a carers strategy, Supporting the Health and Wellbeing of Carers in Leicester, Leicestershire and Rutland (2012-2015). 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 through a child in need assessment under S17 of the Children Act 1989.

  http://llrscb.proceduresonline.com/chapters/pr_assessment.html

- 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 carers 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 carers assessment in line with the Care Act 2014. More information is found on the following

  https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

  www.barnardos.org.uk/carefree.htm

- For the latest information on the LLR carers strategy, please access the following link: https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2018/2/27/LLR-Carers-Strategy-2018-21-v13.pdf

- Young carer Barnardo's MOU website:

  http://adcs.org.uk/early-help/article/no-wrong-doors-working-together-to-support-young-carers-and-their-families

- 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:

  http://llrscb.proceduresonline.com/chapters/contents.html

Love and Care: Positive values

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

Carer understands importance to child's development.

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

Carer gives clear advice and support.

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

Carer inconsistent in helping child 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 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.

Carer gives some advice and support.

Carer aware of need to monitor child watching inappropriate material and playing inappropriate computer games, but is inconsistent in monitoring because of own personal difficulties and circumstances.

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

Carer does not understand importance to child's development.

Carer gives little advice about smoking, underage drinking and drug misuse as well as early sexual relationships.

Carer does not monitor the watching of inappropriate materials or playing inappropriate games and is indifferent about the impact on the child.

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

Carer indifferent to the impact on child's development.

Carer indifferent to smoking, underage drinking and drug misuse, and early sexual relationships. No advice given, and may, at times, have encouraged some of these activities.

Carer(s) allows child(ren) to watch inappropriate TV/film material and inappropriate computer games.

Is hostile to advice about inappropriateness and to the impact on child's wellbeing.

Love and Care: Adult behaviour

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

Carer does not misuse drugs or 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, but their 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.

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

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

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

Caregiver has attempted suicide in front of child.

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

Carer is hostile to advice focussed on stopping this behaviour and carer does not recognise the impact on the child.

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

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 LSCB multi-agency safeguarding procedure below:

  http://llrscb.proceduresonline.com/chapters/p_childatrisk_mhpar.html

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

  http://llrscb.proceduresonline.com/chapters/p_ch_drugs_alc.html

Love and Care: 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. The carer's use does not impact on the child in terms of carer's emotional availability and provides consistency of care or they have physical ability to care or respond to the child.

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

The carer talks appropriately about substances to the child, being aware of the child'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 needs are fully met and a wide network of family and supportive others are involved.

The carer believes it is normal for children 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.

Finances are affected but the child'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.

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 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.

The child'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.

The carer holds the child responsible for their use & blames their continual use on the child.

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

The carer involves the child in their using behaviour (i.e. asking the child 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 needs or shows little awareness of the child's wellbeing (i.e. attending school).

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

The child 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 concerns and worries about the carer's circumstances.

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, please access the LLR LSCB multi-agency safeguarding procedure by following the link below:

http://llrscb.proceduresonline.com/chapters/p_ch_drugs_alc.html

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

https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance

10.0 Stimulation and Education

Stimulation and Education: Unborn

The mother acknowledges the pregnancy and seeks care as soon as the pregnancy is confirmed.

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

The 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.

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 child but the mother is reticent in discussing that risk with professionals.

Domestic abuse is present in the relationship and has been assessed at 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 by the movement 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.org.uk/parent-registration/

Recent serious 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 social services. See LLR LSCB multi-agency safeguarding procedures for further information:

http://llrscb.proceduresonline.com/chapters/p_sg_prebirth.html?zoom_highlight=unborn

Stimulation and Education: 0-2 years

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.

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 website:

  https://www.healthychildren.org/English/ages-stages/baby/Pages/default.aspx

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

  http://www.ichild.co.uk/tags/browse/365/Personal

- Re early years physical activity:

  www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers

  www.lrsport.org/uploads/healthy-tots-physical-activity-guide-web.pdf

Stimulation and Education: 2-5 years

The child receives appropriate stimulation such as carer talking to the child in an interactive way, as well as reading stories and the carer playing with the child.

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.

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:

  https://www.healthlinkbc.ca/health-topics/ta3612

- Regarding early years physical activity:

  www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers

  www.lrsport.org/uploads/healthy-tots-physical-activity-guide-web.pdf

Stimulation and Education: School

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 to see school as important.

Interested in school and support for homework.

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 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 need for education and is collusive about child not seeing it as important.

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

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

Stimulation and Education: Sport and leisure

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

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

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

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

Carer understands that after school activities and engaging in sports or child's interests is important, but is inconsistent in supporting this, because own circumstances get in the way.

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

Child makes use of sport through own effort; carer not motivated and not interested in ensuring child has equipment where affordable.

Does not recognise the value of this to the child and is indifferent to wishes of child or advice from others about the importance of sports / leisure activities, even if child is good at it.

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

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

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

Leicestershire County Council:

https://www.leicestershire.gov.uk/popular-now/directories/information-and-support-directory

Rutland County Council:

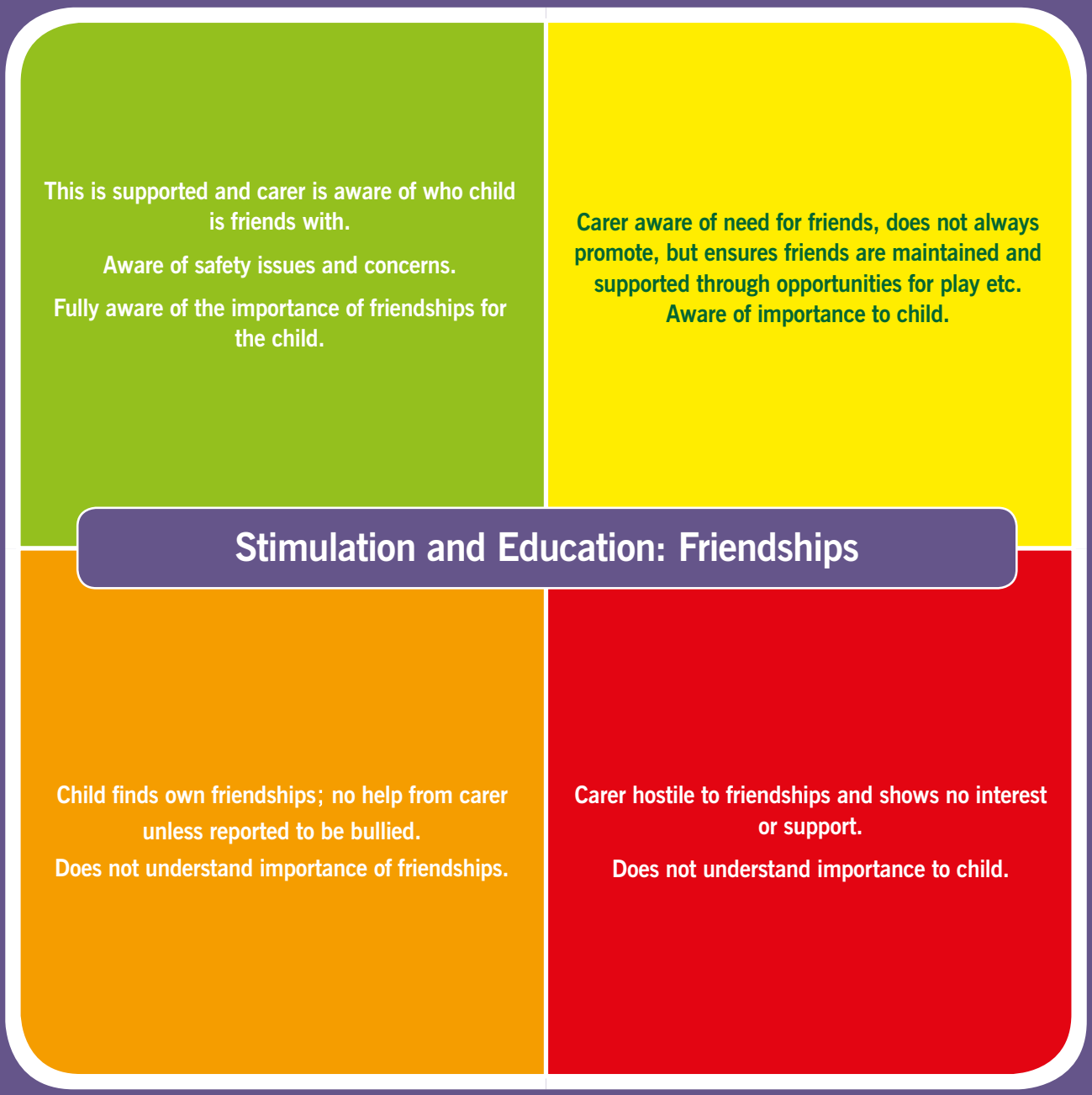
www.rutland.gov.uk/leisure_and_culture.aspx

Leicester City Council:

www.leicester.gov.uk/leisure-and-culture/sports-and-leisure/sports-and-leisure-centres/

Sport and leisure:

www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers

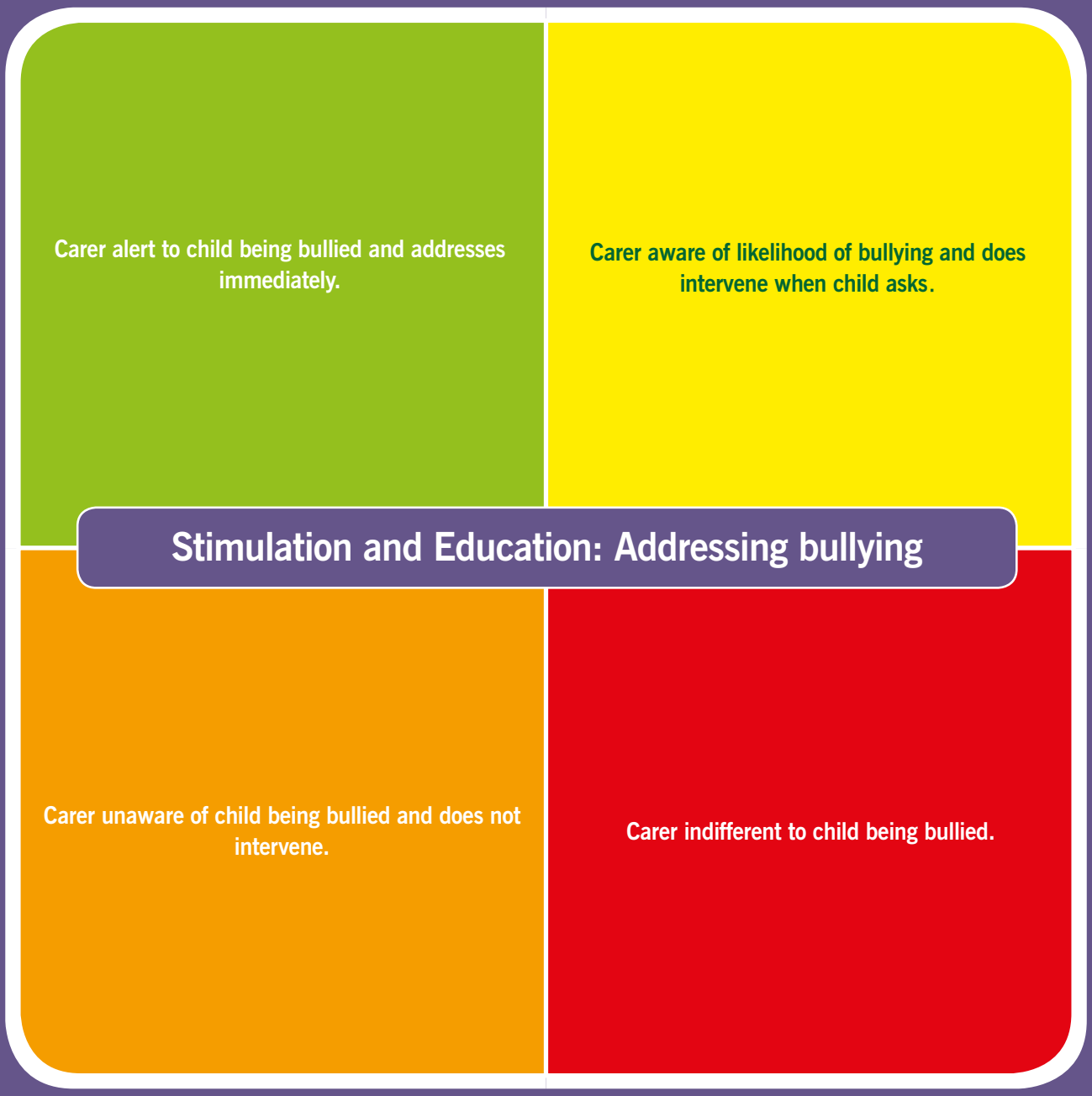

This is supported and carer is aware of who child is friends with.
Aware of safety issues and concerns.
Fully aware of the importance of friendships for the child.
Carer aware of need for friends, does not always promote, but ensures friends are maintained and supported through opportunities for play etc.
Aware of importance to child.
Stimulation and Education: Friendships
Child finds own friendships; no help from carer unless reported to be bullied.
Does not understand importance of friendships.
Carer hostile to friendships and shows no interest or support.
Does not understand importance to child.

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.
- ChildLine has produced a useful resource for children on friendship which can be accessed through the link below:

  https://www.childline.org.uk/info-advice/friends-relationships-sex/friends/friendships/
- Action for Children has produced a useful synopsis on this development stage in the following article accessed through the link below:

  https://www.basw.co.uk/system/files/resources/basw_114201-5_0.pdf


Carer alert to child being bullied and addresses immediately.
Carer aware of likelihood of bullying and does intervene when child asks.
Stimulation and Education: Addressing bullying
Carer unaware of child being bullied and does not intervene.
Carer indifferent to child being bullied.

Practice points in relation to STIMULATION & EDUCATION: Addressing bullying

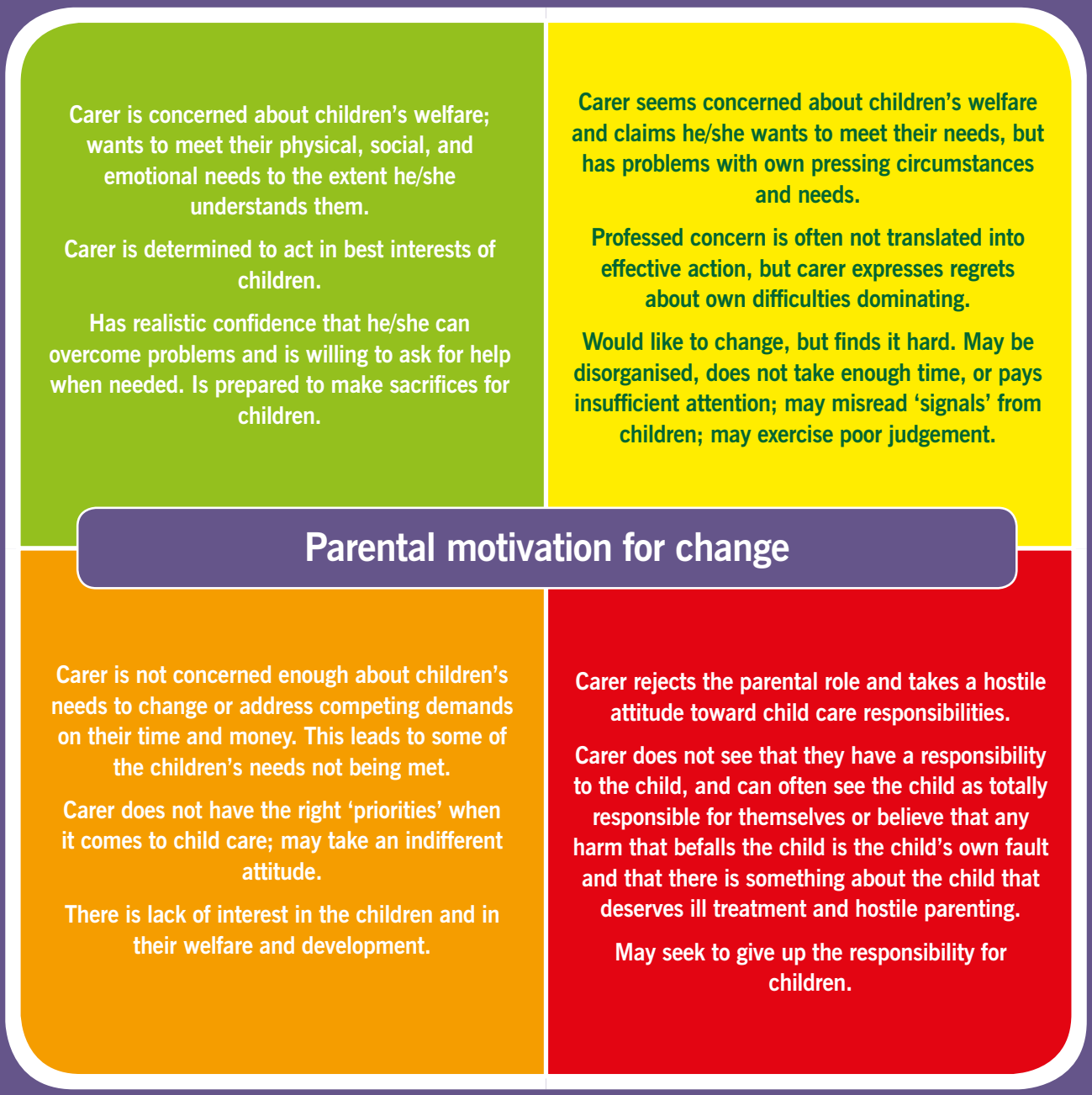
- Bullying UK provide useful resources to support both parents and their children affected by bullying; please access the link below:

  www.bullying.co.uk/

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

  http://llrscb.proceduresonline.com/chapters/p_bullying.html

11.0 Parental Motivation for Change



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

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 http://lrsb.org.uk/llr-neglect-toolkit

Developmental Need	Score				Examples/evidence of impact child/young person
AREA 1: PHYSICAL CARE	1	2	3	4	
Food					
Quality of housing					
Stability of housing					
Child's clothing					
Animals					
Hygiene					
AREA 2: HEALTH	1	2	3	4	
Seeking advice and intervention					
Safe sleeping arrangements and co-sleeping for babies					
Disability and illness					
AREA 3: SAFETY AND SUPERVISION	1	2	3	4	
Safety awareness and features including internet safety					
Supervision of the child					
Handling of baby/response to baby					
Care by other adults					
Responding to adolescents					
Traffic awareness and in car safety					
AREA 4: LOVE AND CARE	1	2	3	4	
Parents/carers attitude to child, warmth and care					
Boundaries					
Adult arguments and violence					
Young carers					
Positive values					
Adult behaviour					
Substance misuse					
AREA 5: STIMULATION AND EDUCATION	1	2	3	4	
Unborn					
0-2					
2-5					
school					
Sport and leisure					
Friendships					
Addressing bullying					
PARENTAL MOTIVATION FOR CHANGE	1	2	3	4	
Parental motivation for change					
TOTAL IN EACH AREA					

What actions are to be taken as a result of completing this checklist?

Date Completed	
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 LSCB Office using the following link:

Leicester City LSCB: lcitylscb@leicester.gov.uk

Leicestershire and Rutland LSCB: SBBO@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 needs to be changed and how	
Please tell us whether you would recommend the toolkit to other practitioners	

Notes