

South Gloucestershire Children's Partnership Neglect Toolkit Domain Descriptors

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Domain One: Physical Care- Food and Nutrition.

Food	
0	Child does not receive adequate quantity of food and is hungry. Baby/Child has not gained weight as expected or lost weight with no known cause and is appearing hungry. The food is of low quality or poor nutritional value to the child's age and developmental needs. Child is overweight impacting on activity and health. There is a lack of routine in preparation and time when food is available. Child is too young to prepare own food but is left to do so or older children relied upon to prepare their own food, and dietary requirements are never met.
4	Child receives insufficient quantity of food and drink and appears hungry. Food provided is of low quality, which is often not appropriate to their age and stage of development and there is a lack of routine. Child may regularly be expected to prepare their own food. Child's special dietary requirements are rarely met. Parents/carers are unable to provide or are indifferent to the importance of appropriate food and drink for the child.
6	Child is provided with an adequate quantity of food and drink for their needs, which is of reasonable quality and adequate for their age and stage of development, but there is a lack of routine. Child may occasionally be expected to prepare their own food. Child's dietary requirements are inconsistently met. Parents/carers understand the importance of food, drink, and routine but sometimes their personal circumstances impact on ability to provide.
10	Child is provided with necessary quantity and quality of food and drink, which is appropriate to their age and stage of development - including in the antenatal period. Meals are organised and there is a routine which includes the family sometimes eating together. Child's special dietary requirements are always met. Parents/carers understand the importance of food and drink and a balanced diet.

Home Conditions	
0	The accommodation is in a dangerous state of disrepair, and this is known to have caused or contributed to a number of accidental injuries and poor health for the child/young person. The accommodation is dirty and unhygienic and there is a lack of essential amenities such as a working toilet, washing/bathing facilities, inappropriate and dirty 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. Parents/carers are unable to make changes or unwilling to take advice about the impact of the home circumstances on child/young person's well-being.

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4	The accommodation is in a state of disrepair, parents/carers are unmotivated or unable to address this and the child has suffered occasional accidents and potentially poor health as a result. The look is bare and sometimes dirty/smelly and there are inadequate amenities such as beds and bedding, a dirty toilet, lack of clean washing facilities and the environment is dirty and cluttered. The accommodation smells of damp and there is evidence of mould, with little or no attempt to address this. Parents are indifferent or unable to recognise the impact of the home conditions on the child/young person's sense of wellbeing.
6	The accommodation has some essential amenities but is in need of decoration and repair. Parents/carers are aware of this and have taken steps to address these issues. The accommodation is reasonably clean, may be damp, but the parents/carers address this.
10	The accommodation has all essential amenities such as heating, washing/bathing facilities, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration

Stability of Housing	
0	Child experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to child sleeping in unsuitable conditions). The home has numerous adults frequenting the property, and the child does not always know the adults who stay over. Parents/carers are unable to understand the impact on child of instability and resistant to advice regarding this.
4	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. Parents/carers do not recognise or accept the importance of stability for child
6	Child has a reasonably stable home environment but has experienced a number of house moves/new adults in the family home. Parents/carers recognise that this could be detrimental to the child/young person, but their personal circumstances occasionally impact on providing stability.
10	Child has stable home environment without too many moves (unless necessary). Parents/carers understand the importance of stability for child.

Child's Clothing	
0	Child has clothes which are filthy, ill-fitting, and smelly. The clothes are usually unsuitable for the weather. Child may sleep in day clothes & is not provided with clean clothes when they are soiled. The parents/carers are unable to understand or resistant to advice about the need for appropriate clothes for the wellbeing of the child & place full responsibility on the child to ensure suitable clothing is worn.
4	Child has clothing, which is dirty and crumpled, in a poor state of repair & not well fitting. The child lacks appropriate clothes for the weather & does not have sufficient clothing to allow for regular washing. Parents/carers are indifferent to the importance of clothing for the child in an age-appropriate way & may place responsibility on the child to ensure suitable clothing is worn.
6	Child has clothes, but these are sometimes poorly fitting &/or unclean. The parents/carers consider clothing to meet the needs of the child in an age-appropriate way for the weather, but their own personal circumstances can hinder provision of this.

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10	Child has clothing which is clean and fits well. Child is routinely dressed appropriately for the weather & parents/carers are aware of the importance of clothing for the child in an age-appropriate way.
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Animals	
0	Animals are not well cared for, and ailments are not treated. Faeces and urine are present in living areas. Parents not adhering to hygiene for baby feeding. Animals are dangerous, or child is left unsupervised with them. Parents/carers do not address or may encourage the ill treatment of animals by adults or child. Animals (Animal hoarding) are added to family household despite advice and impact on family already struggling. Child voice- Child voicing they are scared of animals.
4	Animals are not always well cared for, or house trained, and animal faeces or urine is not dealt with appropriately. Animals may present a potential risk. Mistreatment of animals by adults or children is not always addressed by parents/carers.
6	Animals are reasonably well cared for but contribute to a sense of chaos in the house. Animals present no danger to child or adults and any ill-treatment of animals is addressed by parents/carers.
10	Animals are well cared for and are a positive enhancement to the home environment. Children and young people are encouraged to behave kindly towards animals

Hygiene	
0	The child routinely presents as being dirty and is not bathed or washed or encouraged to wash, or brush their teeth with age-appropriate supervision, with evidence that they infrequently brush their teeth, and child has visible dental decay. Head lice & skin conditions (inc. nappy rash and unchanged sodden nappies) & other medical needs are not treated & become chronic & parents/carers are resistant to concerns expressed by others. Parents/ carers not providing hygiene products including for period management, bedwetting and body odour especially for adolescence. Parents/carers are unable to or do not take an interest in child's appearance resistant to acknowledge the importance of hygiene to the child's wellbeing.
4	The child presents as unclean and is only occasionally bathed/washed or encouraged to wash & brush teeth in an age-appropriate way, with evidence that they do not brush their teeth on a regular basis. Head lice & skin conditions (inc. nappy rash) & other medical needs are not treated appropriately, & parents/ carers are indifferent to concerns expressed by others. Parents/carers are unable to or do not take an interest in child's appearance and do not acknowledge the importance of hygiene to the child's wellbeing.
6	The child is reasonably clean, but the parents/carers do not bath or wash them regularly and/ or consistently encouraged to wash and brush teeth in an age-appropriate way. Head lice & skin conditions (inc. nappy rash) & other medical needs are inconsistently treated & correct medication is not always used, but parents/carers treat it if given encouragement & advice. Parents/carers take some interest in the child's appearance & the importance of hygiene to the child's wellbeing.
10	The child is clean & is either given a bath, washed regularly & teeth cleaned or encouraged to do so in an age-appropriate way Head lice, skin conditions (inc. nappy rash) & other medical needs are treated promptly & appropriately, using correct medication if required. Parents/carers take an active interest in the child's appearance.

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Domain Two: Health

Safe Sleeping arrangements & co-sleeping for babies	
0	Parents/carers are indifferent or resistant towards safe sleeping advice and guidance and may see advice given as interference. Parents/carers do not take account of beds and bedding, room temperature, sleeping position of the baby, and adults smoking/vaping in the household. (Be aware this raises the risk of SUDI/ SIDS). Sleeping arrangements for baby are unsuitable and parents/carers are resistant to advice regarding this. Parents/carers are not concerned about the impact on baby of their alcohol/drug use or witnessing adult sexual behaviour. Risks to the baby through unsafe sleep practice is heightened when out of routine.
4	Parents/carers are unaware of safe sleeping advice & guidelines, even if they have been provided. Parents/carers are unable to accept or understand advice about beds and bedding, room temperature, sleeping position of the baby & smoking in the home. (Be aware this raises risk of SUDI/SIDS). Sleeping arrangements for baby are unsuitable & parents/ carers are indifferent to advice regarding this. Parents/carers do not recognise the importance of the impact of their alcohol/drug use on safety when co-sleeping. Parents/carers are not responsive & alert to safe sleep practice when out of routine but are willing to engage in understanding the risk and demonstrate the intention of safe sleep practice
6	Parents/carers have information on safe sleeping, but do not always follow advice & guidelines. Bedding, room temperature or smoking in the house may not always be taken into consideration & parents/carers may not be aware of sleeping position of the baby. (Be aware this raises risk of SUDI/SIDS). Parents/carers are aware of the dangers of co-sleeping & recognise the dangers of drugs and alcohol by the parents/ carers on co-sleeping, but this is sometimes inconsistently observed. Parents/carers are generally responsive and alert to safe sleep practices, but these can sometimes be inconsistent, especially when there is a change to routine such as family sickness, or staying over at a different address.
10	Parents/carers have information on safe sleeping and follow the advice and guidelines. There is suitable bedding and parents/carers have an awareness of the importance of the room temperature, sleeping position of the baby, and parents/carers do not smoke/vape in house. Parents/carers are aware of guidance around co-sleeping and recognise the potentially harmful impact of alcohol and drugs on co-sleeping. Parents/carers are responsive and alert to safe sleep practices, being consistent even when there are changes to the sleep routine.

Appropriate sleeping arrangements for older children	
0	The child does not get enough sleep, and their behaviour and education are significantly impacted as a result. The child is often late or misses school due or struggles to concentrate when at school due to tiredness. An appropriate bed or bedding are not provided and/or are inadequate, dirty or in need of replacing, with an unreasonable expectation on the young person having responsibility for this. The child's sleep is typically disturbed by phones and electronic devices and the parents/carers are unable to prevent or resistant to advice about preventing this.
4	Parents/carers are unable to ensure/indifferent to the need for a consistent bedtime routine and the child is often tired during the day as a result of this. The child is frequently late or misses school due to tiredness. Parents/carers do not always provide an appropriate bed and bedding, which are often left dirty or in need of replacing, with

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	some unreasonable expectations in line with age and stage of development for young person to maintain cleanliness of bedding. The parents/carers are unable to ensure or indifferent to their child being disturbed at night by mobiles phones and electronic devices, which happens frequently, and make no attempt to prevent this.
6	Parents/carers understand the need for bedtime routines but can be inconsistent at times due to their own personal circumstances. Parents/carers generally provide an appropriate bed and bedding, but these are not always cleaned or replaced when needed. Parents/carers understand the need for undisturbed sleep but makes inconsistent attempts to ensure this is the case. Children may be on a mobile phone or other electronic device until quite late on frequent occasions and inconsistent boundaries put in place to restrict this.
10	Parents/carers understand that older children and teenagers need sufficient sleep and encourage sensible bedtime routines. Parents/carers provide an appropriate bed and bedding which is kept clean on a regular basis. Parents/carers understand the need for undisturbed sleep and seek to remove distractions from the child's bedroom, such as mobile phones and electronic devices.

Seeking advice and information	
0	Parents/carers do not attend to childhood illnesses despite severe and left to emergency situation. Childhood illnesses are allowed to deteriorate before advice/care is sought & parents/carers are unable to understand or resistant to advice from others (e.g. professionals or family members) to seek medical advice. Child is not brought to appointments such as dental/optical checks & immunisations are not up to date, even if a home appointment is offered. Parents/carers do not ensure that the child completes any agreed programme of medication or treatment & are unable to understand or resistant to advice about this from others, & do not recognise likely impact on child. Child is seen as being wholly responsible for caring for their own health needs.
4	Advice is often not sought from professionals or experienced adults on matters of concern about the child's health. Dental care & optical care are not routinely attended to. Immunisations are not up to date, but parents/carers will allow access to child if home visits are carried out. Parents/carers cannot or do not ensure the child completes any agreed programme of medication or treatment and they are unable to assess the impact or indifferent to the child's wellbeing, with an emphasis on the child to largely be responsible for caring for their own health needs.
6	Advice is usually sought from professionals or experienced adults on matters of concern about the child's health. Parents/carers understand the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments. Immunisations can be delayed, but eventually completed. Parents/carers are inconsistent about ensuring that the child completes any agreed programme of medication or treatment, recognising the importance to the child, but personal circumstances can get in the way.
10	Advice is sought from professionals or experienced adults on matters of concern about the child's health. Appointments are made and the child is consistently brought to attend. Preventative care is assessed such as dental/optical and all immunisations are up to date. Parents/carers ensure the child completes any agreed programme of medication or treatment.

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Disability	
0	Parents/carers are unable to, or do not, recognise child's identity & are negative about the child as a result of the disability. Parents/carers do not ensure that needs are met with regard to the child's disability, medication needs and implementation of child care plan, which leads to deterioration of the child's wellbeing. Parents/carers are unable to understand, or are resistant to, advice regarding seeking help for the child, & decline support around child's disability. Parents/carers do so much for the child and impede development severely by not helping them to develop any independence. What is the child saying- how do they communicate? Is the child treated differently in a negative way or siblings ignored.
4	Parents/carers can show irritation at the child's disability, often blaming the child & not recognising identity. Parents/carers do not always prioritise needs relating to child's disability, & there is significant minimisation of the child's health needs. Parents/carers do not, or are unable to, seek or accept advice and support around the child's needs, & can be indifferent to the impact on the child. Parents/carers impede development of child by doing too much for them and not seeing what they could do for themselves.
6	Parents/carers are generally, but not always, positive about child's identity but value them. Parents/carers are inconsistent in recognising the impact & meeting the needs of the child's disability & may allow own needs to take precedence over the needs of the child. Parents/carers accept support but are not always proactive in seeking advice/support around the child/young person's needs. Parents know that the child can be more independent and sometimes support this but also do things themselves because it is easier/quicker
10	Parents/carers are positive about child's identity and value them. Parents/carers attend to needs relating to child's disability. Parents/carers are proactive in seeking appointments and advice and advocating for the child's well-being. Child seen and feels part of family unit, and child is encouraged to develop as much as possible.

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Domain Three: Safety and Supervision

Awareness of Safety & Prevention	
0	Parents/carers Not aware of and not concerned about safety or potential risk resulting in injuries to child or baby. (Recurrent A&E/ MIU attendances of 3 or more in a 6 month period) that are deemed to be preventable. Hazards or risks, including technology and outside influences such as strangers, and harm from exploitation, resulting in the child being unsafe. Very limited awareness of where child (ren) are. Supervision levels indoors and outdoors puts child at risk. Young children persistently propped fed despite professional advice.
4	Parents/carers do not always recognise risk and there is evidence of regular dangers to the child. Proactive safety measures such as equipment are not used. Parents/carers are unable to understand or are indifferent to advice, or unable to sustain safety measures.
6	Some awareness of age-appropriate safety measures required or most types of risk, including technology and outside influences such as strangers, and harm from exploitation. Sometimes aware of where child(ren) are, supervision indoors and outdoors and safety measures sometimes implemented.
10	Very aware of age-appropriate safety measures required and potential risks in including technology and outside influences such as strangers, and harm from exploitation. Always aware of where child(ren) are, appropriate supervision indoors and outdoors and safety measures implemented effectively.

Supervision	
0	Significant lack of supervision. Inappropriate carers for children such as children caring for children or adults with known risk factors. Young children contained in car seats/highchairs for long periods of time. Parents/carers are unable to track, or indifferent to, the whereabouts of child, and often do not know where they are and are oblivious to any dangers. There are little or no boundaries about when to come home or staying out late at night/ overnight and no action taken if not returned home. Missing children not reported to the police. Parents/carers allow the child to watch age-inappropriate television, films, online material (including pornography), or play age inappropriate computer games, and are resistant to advice relating to this; not recognising the potential impact on the child's wellbeing. Parents/carers are unable to understand, or are resistant to, advice from others regarding appropriate supervision and cannot or do not recognise the potential impact on child's wellbeing.
4	Little supervision provided indoors or outdoors, & parents/carers do not always respond quickly to dangers. There is limited concern about where child is, or who they are with. Parents/carers are inconsistently concerned about returning home late & inconsistently takes action if not home on time (e.g. a phone call or reporting missing to the police) Parents/carers do not monitor the child to ensure they do not watch films/ TV, access online material (including pornography) or play with computer games which are inappropriate for the child's age & stage of development. Parents/carers are unable to understand or indifferent to the importance of supervision and fail to consistently act on advice given.
6	Variable supervision is provided both indoors and outdoors, but parents/carers intervene effectively where there is danger. When the child is away from home the parents/carers do not always know where child is & have inconsistent awareness of safety issues. Parents/carers show concern about when child should be home and take proportionate action (e.g. a phone call) if not home on time. Parents/carers are aware

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	of the need to monitor the child to ensure they do not watch films/TV, access online material (including pornography) or play with computer games which are inappropriate for the child's age and stage of development but is inconsistent in this due to their own personal difficulties and circumstances. Parents/carers are aware of the importance of supervision but can allow personal circumstances to impact on their ability to supervise.
10	Effective supervision is provided in line with age and stage of development & parents/carers recognise the importance of appropriate supervision for the child's well-being. Parents/carers ensure the child does not watch films/TV, access online material or play with computer games which are inappropriate for the child's age and stage of development.

Handling of and response to baby	
0	Parents/carers do not respond to the needs of the baby and only address issues when they choose to do so or when felt it to be a necessity (e.g. due to sustained crying due to hunger) There is consistent unsafe handling, and the baby is left dangerously unsupervised. The baby is strapped into a car seat/highchair/buggy etc. for long periods of time and lacks adult interaction. Parents/carers are unable to understand the need to pick the baby up and not able to recognise baby's non-verbal cues such as need to feed and are resistant to advice regarding bonding, and the provision of comfort and stimulation. Observation to capture child's voice and evidence persistently needing to prompt parents to attend to baby's needs.
4	Parents/carers cannot or do not recognise the importance of responding consistently to the needs of the baby. Handling can be precarious, and baby is left unsupervised with potential risks (e.g. choking risk if bottle left in the mouth). Parents/carers spend little time with the baby interacting, & only intermittently recognise the importance of this on wellbeing or child development.
6	Parents/carers are not always consistent in their responses to the baby's needs, due to their own personal circumstances. Parents/carers can at times be precarious in handling & are inconsistent in supervision. Parents/carers spend some time with the baby interacting, but are led by baby's moods, & respond negatively if baby is not content.
10	Parents/carers are nurturing and responsive to the baby's needs & are careful whilst handling & laying the baby down, and frequently check baby's wellbeing in a safe environment. Parents/carers spend time with baby, interacting, holding, & showing warmth & affection.

Safety in the care of others	
0	A child is consistently left alone or in care of an adult or young person who is not appropriate, without checks, in an unsuitable setting & there are concerns about their safety & level of care provided. The child may be left for inappropriate lengths of time, the parent/caregiver may not be clear about their return or leave & contact numbers. Parent's needs are put first and child is not considered. Child is left home on their own/ Young child found wandering outside.
4	A child is regularly left in care of an adult or young person who is not appropriate, without checks, & there are concerns about their safety. The child may be left for inappropriate lengths of time, the parent/caregiver may not be clear about their return or leave contact numbers.

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6	A child is usually left in care of a competent & safe adult who is known to the child/family & checks have been undertaken. The child is rarely left for inappropriate lengths of time & contact numbers are left with the competent adult with an expected time of return.
10	A child is left in care of a competent and safe adult who is known to the child/family & checks have been undertaken to ensure that they are safe. The child is never left alone for inappropriate lengths of time & contact numbers are left with the competent adult with an expected time of return.

Developing Safe Independence	
0	The young person's needs are not considered and there is not sufficient effective adult care. Parents/carers cannot or do not recognise that the young person is still in need of guidance and protection from risky behaviour, e.g. lack of awareness of the young person's whereabouts for long periods of time. Parents/carers are unable to or resistant to acknowledging or addressing risks from outside the home. Parents/carers do not have an awareness or understanding of the young person's mood e.g. recognising depression which could lead to self-injury, and do not feel a responsibility to support young person's emotional wellbeing. Parent does not recognise cognitive age/ability of child.
4	Parents/carers recognise risky behaviour but have limited understanding and resources to respond effectively. Parents/carers sometimes recognise that the young person is still in need of guidance and protection from potentially risky behaviour but have limited capacity to acknowledge or address risks, including risks from outside the home, e.g. significantly older friendship groups. Parents/carers have limited awareness or understanding of the young person's mood and can be inconsistent in response to supporting wellbeing. Parent has limited consideration to cognitive age/ability of child.
6	Parents/carers are aware of the young person's needs but can be inconsistent in responding to them. Where risky behaviour occurs the parents/carers respond inconsistently to it or rely on help from extended family/friend networks or services to address. Parents/carers recognise that the young person is still in need of guidance and protection from potentially risky behaviour, but they do not always have the capacity to respond to this effectively. Parents/carers are aware of the young person's mood but can be inconsistent in response to supporting wellbeing. Parents inconsistently consider the cognitive age/ability of the child.
10	The young person's needs are fully considered, including their cognitive age/ability with appropriate adult care. Where risky behaviour occurs it is identified, and the response is effective and proportionate by the parents/carers and seeks help from extended family/friend networks or services appropriately to keep the young person safe. Parents/carers are attuned and alert to the young person's mood and respond appropriately to support their wellbeing.

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Domain Four: Love and Care

Warmth	
0	Parents/carers speak with high criticism and low warmth about the child & do not provide any emotional reward or praise, as well as minimising praise offered by others. Parents/carers do not show any warmth or physical affection to the child & are unable to or do not respond to overtures for warmth & care, including responding aggressively or dismissively if child is distressed or hurt. Siblings being treated differently, negativity toward child obvious with parental teasing belittling behaviours.
4	Parents/carers do not speak warmly about the child & are indifferent to the child's achievements. Parents/carers do not provide praise or reward & can minimise praise from others not engaging with child school and acknowledging child's achievements, promoting success and engagement with activities and socialisation. Emotional response often lacks warmth & can respond aggressively or dismissively if child is distressed or hurt. Parents/carers seldom initiate physical interactions with the child & when initiated by the child can be indifferent to it.
6	Parents/carers talk kindly about the child & are positive about achievements most of the time but can allow their own needs to impact on this. Parents/carers recognise that praise & reward are important but are inconsistent in application. Child not always listened to and parents/carers sometimes respond with irritation if child seeks comfort through demonstration of emotions, such as crying. Parents/carers do not always respond appropriately if child is distressed or hurt.
10	Parents/carers talk warmly about the child & are able to praise and give emotional reward encouraging their child to succeed. Parents/carers respond appropriately to the child's needs for physical care & positive interaction & the emotional response of is consistently one of warmth, love & care, responding appropriately if the child is distressed or hurt.

Boundaries	
0	Parents/carers provide no boundaries for the child and react harshly when responding to their behaviour and ignore age appropriate boundaries.. Parents/carers routinely uses disproportionate physical and/or emotional chastisement & harsh methods of discipline & punishment. Parents/carers are resistant to, or unable to understand advice provided on the need for more appropriate methods of disciplining.
4	Parents/carers provide few boundaries, and are critical when responding to the child's behaviour & hold them responsible for it. Discipline involves frequent disproportionate physical and/ or emotional punishment or sanctions. Parents/carers are indifferent to, or unable to understand advice provided on the need for more appropriate methods of disciplining.
6	Parents/carers recognise the importance of setting boundaries but can be inconsistent in their application due to their own personal circumstances. Discipline can be inconsistent, and parents/carers may at times use disproportionate punishment or sanctions.
10	Parents/carers provide consistent boundaries and ensure the child/ young person understands the importance of set limits. Child/young person is disciplined proportionately and effectively with the intention of teaching proactively.

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Arguments and Violence	
0	Parents/carers frequently argue aggressively in front of the child & this leads to frequent violent & threatening behaviour each other, witnessed or heard by child. There is a resistance, indifference or inability to understand advice provided on the impact of violence or coercive behaviour on the child & no attempts are made to resolve conflict away from them.
4	Parents/carers frequently argue aggressively in front of the child & this may at times lead to abuse and/or threatening behaviour. There is minimal awareness & understanding of the impact of the conflict & abuse on the child & little attempts are made to resolve conflict away from them.
6	Parents/carers sometimes argue in front of the child, but there is no threatening behaviour from either party. Parents/carers recognises the impact of conflict on the child/ young person's wellbeing, but personal circumstances sometimes lead to arguments breaking out being witnessed.
10	Parents/carers interact positively with each other when in the presence of child, even in times of difficulty. Parents/carers have a good understanding of the impact of conflict on the child & are sensitive to this.

Young Caring	
0	Parent /carer has known health needs/disability / self neglect and declines or refuses to engage in recommended support impacting on the child as a carer. Child has caring responsibilities which are excessive or inappropriate for their age or ability. Inappropriate tasks may include personal/ intimate care, unsafe tasks for their age, or tasks which put the cared for person and the child/siblings at risk. May have a significant impact on learning opportunities, Sleep, child health and wellbeing, leisure & social activities. Child is saying they cant cope and is missing school.
4	Child/young person has significant caring responsibilities that interfere with their learning opportunities, leisure and social activities, no understanding of impact.
6	Child has some additional responsibilities within household additional to what would be expected for age & stage of development, but these have a minimal impact and do not interfere with the child's learning opportunities, & interfere minimally with leisure & social activities.
10	Child contributes to household tasks as would be expected for age and stage of development and does not take on additional caring responsibilities which might impact well-being.

Adult Mental Health	
0	Parents/carers have attempted suicide or displayed distressing behaviour in front of child. Parents/carers can hold the child responsible for feelings of depression and is open with the child about this. Impact not acknowledged by parent/carers. Parents/carers unable to meet the practical and emotional needs of the child due to their own mental distress and do not engage with support offered. Parents/carers experience unusual beliefs about the child which may place them at risks. Discussions take place within the home about parent/carers mental health/distress that are

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	inappropriate to child's age and understanding or cause the child distress. Parents/carers seek and rely on excessive emotional support from the child to a disproportionate and damaging degree. Parent/carers/professional over reliance of child as a protective factor for adults and child needs not recognised.
4	Parents/carers talk about depression and/or suicide in front of the child & is unaware of the potential impact on them. Parents/carers are indifferent to advice about the importance of not talking about this issue & may see the child as a source of mental health support. Parents/carers are often unable to meet the practical and emotional needs of the child or young person due to their own mental distress and are often unable to mitigate risks during such times. Parents/carers sometimes experience unusual beliefs about the child but can fail to mitigate risks.
6	Parents/carers discusses feelings of depression and low mood, and are aware of the impact of parental mood on child but can be inconsistent with this at times. Parents/carers generally mitigate impact to the child when experiencing their own mental distress, but may experience difficulties doing so on some occasions. Parents/carers sometimes experience unusual beliefs about the child but can mitigate any risks to them.
10	Parents/carers discuss feelings of depression/low mood according to age of child. Parents/carers are aware of the impact of parental mental distress on parenting role & the child, and can mitigate risks when experiencing their own mental distress.

Substance Misuse	
0	Alcohol & medication are easily accessible to the child. Parents/carers blames their continued use on the child. Parents/carers significantly minimise and are resistant to concerns or to engage with specialist services. Parents/carers do not or cannot respond to the child's needs or show little awareness of the child's wellbeing, with learning opportunities frequently disrupted. The child's timely access to appropriate medical, dental or emergency care is impacted as a result of substance use. Parents/carers fail to provide boundaries & routines due to the impact of alcohol or substance use. Parents/carers involve the child in their using behaviour (e.g. asking the child to get or prepare the substances), normalising and encouraging substance use. Finances are significantly impacted, leading to unmet needs of the child. The child is exposed to abusive or frightening behaviour of either the parents/carers or other adults (ie delusions/hallucinations) and the parents/carers do not, or cannot, recognise and respond to the child's concerns and worries about the parents/carers circumstances.
4	Alcohol & medication are usually not stored safely and could be accessed accidentally. Parents/carers generally lack awareness of the impact their substance use has on the child & is inconsistent in engagement with specialist services if required. Parents/carers use of substances or alcohol leads to an inconsistency in care and the child may take on excessive responsibilities at home. The child's access to appropriate medical, dental or emergency care may be delayed or disrupted as a result of substance use. Parents/carers struggle to maintain consistent boundaries and routines due to the impact of alcohol or substance use. Parents/carers frequently talk inappropriately about alcohol use or substances in line with the child's age and stage of development and understanding and may normalise or encourage substance use. Finances are affected which has a negative impact on the child, e.g. missing learning opportunities. Parents/carers moods can be unpredictable as a result of substance or alcohol use.

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6	<p>Alcohol & medication are usually kept out of reach of the child but could on occasions be accessed accidentally. Parents/carers believe it is normal for child to be exposed to regular alcohol & substance use by adults. Parents/carers use may occasionally impact on the child in terms of their emotional availability & consistency of care. They have physical ability to care or respond to the child on most occasions, including emergency situations, should they arise or arrange for additional support when unable to fully provide this themselves. Parents/carers broadly maintain boundaries & routines, but these are changed and/or adapted to accommodate alcohol or substance use at times. Parents/carers do not always talk appropriately about alcohol use or substances in line with the child's age & stage of development & understanding. Finances may be affected but the child's needs are generally met. Parents/carers moods are sometimes affected by their substance or alcohol use.</p>
10	<p>Alcohol and substances are stored safely, if in the home. Parents/carers model low consumption or do not drink or use substances in front of the child. Parents/carers use does not impact on the child in terms of their emotional availability & consistency of care. They have physical ability to care or respond to the child at all times, including emergency situations, should they arise. Parents/carers maintain consistent boundaries & routines which are unaffected by any alcohol or substance use. Parents/carers talk appropriately about alcohol use substances to the child, being aware of the child's age & stage of development & understanding. Alcohol & substances do not impact on the family finances. Parents/carers moods are not affected by their substance or alcohol use.</p>

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Domain Five: Stimulation and Learning

Family Activities	
0	Child is rarely exposed to stimulating environments with family/friends and events and celebrations either do not take place or are not a positive experience for the child/parent/caregiver. Toys and play equipment is not available to the child.
4	Child is rarely exposed to stimulating environments with family/friends to develop relationships and a sense of belonging and identity. Events and celebrations are infrequent, low key events, or may not be a positive experience for the child/parent/caregiver. Some toys are available but not age appropriate or broken. Use of technology for long periods to occupy /babysit young children and babies
6	Child is often exposed to stimulating environments with family/friends which help to develop relationships and a sense of belonging and identity. Events and occasions are nearly always celebrated as significant days in family life and celebrations are generally positive and fun. Toys are available but child left to play without adult interaction.
10	Child is consistently exposed to stimulating environments with family/friends which help to develop relationships and a sense of belonging and identity. Events and occasions are always celebrated as significant days in family life. Celebrations are consistently notable, happy, fun and appropriate. Child has age appropriate toys, play with parents and carers and visits outside the home activities to stimulate development.

0-4 years	
0	Parent/caregiver always distracted or unavailable and never utilises appropriate resources or initiates opportunities for age-appropriate interaction and stimulation, despite frequent prompts. Child's mobility is frequently restricted e.g. confined in chair/pram for the parent/caregiver's convenience. There is no reciprocal enjoyment, child appears resigned, apprehensive or wary. Childs development is assessed as delayed and professional advice not followed/ access to toys as above.
4	Parent/caregiver rarely utilises appropriate resources or initiates opportunities for age-appropriate interaction & stimulation despite prompts. There is limited enjoyment, emotional warmth or eye contact between the parent & child.
6	From birth, parent/caregiver sporadically utilises resources or initiates opportunities for age-appropriate interaction and stimulation. There is some enjoyment by the parent and child.
10	From birth, parent/caregiver consistently seeks out resources and opportunities, initiates age-appropriate interaction and stimulation and there is reciprocal enjoyment.

5-11 years	
0	Parent/caregiver never seeks out resources and opportunities, or initiates age-appropriate interaction & stimulation. They do not demonstrate an interest in schooling or support this at home. Child does not attend school or have opportunities to engage in exercise e.g. sports and leisure, after school clubs.
4	Parent/caregiver rarely seeks out resources and opportunities, or initiates age-appropriate interaction & stimulation & there is little reciprocal enjoyment. They rarely

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	demonstrate an interest in schooling & do not always support this at home. Child misses lots of school and doesn't have opportunities to engage in exercise e.g. sports and leisure, after school clubs.
6	Parent/caregiver adequately seeks out resources and opportunities, usually initiates age-appropriate interaction and stimulation and there is reciprocal enjoyment. They demonstrate an active interest in schooling which is supported at home and child usually attends school. Child has some opportunities to engage in exercise e.g. sports and leisure, after school clubs.
10	Parent/caregiver consistently seeks out resources and opportunities, initiates age-appropriate interaction and stimulation and there is reciprocal enjoyment. They demonstrate an active interest in schooling which is supported at home and child consistently attends school. Child has consistent opportunity to engage in exercise e.g. sports and leisure, after school clubs.

12 +	
0	Parent/caregiver never seeks out resources and opportunities, initiates age-appropriate interaction and stimulation. They do not demonstrate an interest in schooling or in supporting the young person in selecting subjects and career choices. Young Person does not attend school or have opportunities to engage in exercise e.g. sports and leisure, after school clubs if they wish.
4	Parent/caregiver rarely seeks out resources and opportunities, initiates age-appropriate interaction and stimulation and there is rarely reciprocal enjoyment. They rarely demonstrate an interest in schooling and in supporting the young person in selecting subjects and career choices. Young Person rarely attends school. They rarely have opportunities to engage in exercise e.g. sports and leisure, after school clubs if they wish.
6	Parent/caregiver adequately seeks out resources and opportunities, initiates age-appropriate interaction and stimulation and there is often reciprocal enjoyment. They generally demonstrate an active interest in schooling and in supporting the young person in selecting subjects and career choices. Education is generally supported at home and child attends school. Child sometimes has an opportunity to engage in exercise e.g. sports and leisure, after school clubs if they wish.
10	Parent/caregiver consistently seeks out resources and opportunities, initiates age-appropriate interaction and stimulation and there is reciprocal enjoyment. They demonstrate an active interest in schooling and in supporting the young person in selecting subjects and career choices. Education is supported at home and child consistently attends school. Child has consistent opportunity to engage in exercise e.g. sports and leisure, after school clubs if they wish.

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Domain Six: Capacity and Commitment to Change

Acceptance of Issue	
0	Parents/carers unable, unwilling or fail to recognise their parental roles and responsibilities and are resistant towards their part in meeting the needs of the child. Parents/carers often see the child as wholly responsible for themselves and their own safety and believe that any harm that befalls the child is the child's fault. Parents/carers may seek to give up the responsibility for their child e.g. to a family member or agency. Parents own additional needs impact significantly on capacity and commitment to change.
4	Parents/carers have limited concern about the child's welfare and their own need to change, or address competing demands on their time and money, leading to some of the child's needs not being met. Parents/carers prioritise their own needs over those of the child regarding their welfare, although this may be influenced by stressors such as poor housing or unemployment. Parents/carers sometimes seek emotional support from the child inappropriately. Parents own additional needs limit capacity and commitment to change.
6	Parents/carers have inconsistent concerns about the child's welfare and generally attempt to meet their needs, but own problems can take precedence. Concerns about parents/carers own difficulties can dominate and whilst they have some motivation to change, they find it challenging to do so. This may be as a result of limited understanding of child development or wider factors, such as alcohol or substance misuse. Parents/carers can appear disorganised, and often misread 'signals' from the child, which may indicate the child's needs not being met. At times the parents/carers may place some responsibility on the child or other factors as the cause of difficulties and place some responsibility to change on them but do recognise the need for change within themselves. Parents own additional needs impact sometimes impact on their capacity and commitment to change.
10	Parents/carers are concerned about the child's welfare and proactively meet their physical, social, and emotional needs. Parents/carers are determined to act in the best interests of the child, confident in supporting the child to overcome challenges and are willing to ask for help when needed. Parents/carers are prepared to make personal sacrifices for the child. Parents/carers show insight into impact on child and engage in meeting and support to promote change. Parents own additional needs don't impact on capacity and commitment to change.

Taking Responsibility	
0	Parents/carers cannot/do not recognise their responsibility to change and are resistant to the suggestion of this, believing it is the responsibility of others to change or to enable this to happen. Parents/carers see the child, other factors, or involvement of services as the cause of their difficulties and place full responsibility to change on them.
4	Parents/carers are unaware or indifferent to their responsibility to change and often look to others to instigate or enable this to happen. Parents/carers see the child, other factors, or involvements of services as the cause of difficulties and largely place responsibility to change on them.
6	Parents/carers can acknowledge, understand, and accept their responsibility to change but not always proactive in initiating change themselves, sometimes looking to others to instigate change. At times, the parents/carers may place some responsibility on the

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	child or other factors as the cause of difficulties and place some responsibility to change on them but do also recognise the need for change within themselves.
10	Parents/carers acknowledge, understand & accept their responsibility to change & are proactive in initiating change themselves, or with limited support from others, inc. community-based resources, friends or extended family Parents/carers do not blame the child for difficulties experienced. Parents /professional see and hear from child a positive change

Sustaining Change	
0	Parents/carers are resistant, or do not/cannot recognise the need to change for the child's benefit, despite episodes of intervention to bring about change. There is a dependency on service involvement to bring about & sustain change.
4	Parents/carers are only able to sustain changes for the child for a short space of time or whilst there is service involvement, despite episodes of intervention to bring about change. There is an overreliance on service involvement to bring about & sustain change.
6	Parents/carers have engaged with previous interventions which brought about positive change for the child. There is evidence of positive change to the child's lived experience, but the parents/carers have not been able to embed & sustain this over time. Parents/carers are willing to engage again with intervention aimed at sustaining change.
10	Parents/carers acknowledge the need for change and engage with activities to bring about change if needed. There is evidence of positive change to the child's lived experience and the parents/carers are able to understand, embed and sustain change over time. Child is saying things are better and this is over time. Parents and Professional have evidence of measured change.