NOTTINGHAM CITY – CHILDREN'S INTEGRATED SERVICES

NEGLECT TOOLKIT

Acknowledgements:

Nottingham City Children's Integrated Services have chosen to adopt the toolkit below to support the identification of neglect. This toolkit has been developed by the Nottinghamshire Safeguarding Children Partnership, who have adapted this toolkit which was initially developed by Jane Wiffin on behalf of Hounslow LSCB and then revised by North Somerset; to offer a 'Structured Judgement Approach' to the identification of child neglect and the tools for agencies to work in partnership with families to improve outcomes for the children and young people.

Introduction:

The child and young person's Neglect Toolkit is not a clinical tool to diagnose neglect but is designed to assist you in identifying and assessing children and young people who are at risk of and experiencing neglect. It is to be used when you are concerned that the quality of care of a child/young person you are working with suggests that their needs are being neglected. The toolkit can be used in a number of ways.

- Working in partnership with parents to assess levels of concerns and identify areas of strength
- Working with an adolescent to assist them in understanding their lived experience
- Identify priority areas for your intervention and areas of focus for change
- Used within Supervision to support and develop the practitioners assessment
- By using this toolkit in partnership with families it will support your practice and enable you to have honest conversations regarding levels of neglect and recognise strengths which can be extremely motivating for families when faced with professional worries.

This **tool** does not replace **assessments** such as the Early Help Assessments or Children's Assessments.

Using the Neglect Toolkit

The toolkit must be used in its entirety. By working through all the areas and scoring individual sections you will be able to identify strengths as well as areas of concern. Using the front sheet to give you a visual picture of the areas of good and worrying care you will be able to see where the areas of concern are or the extent of your concerns.

Examples of how this template could be used:

- Completed as a 'baseline' with families – you can then revisit it to monitor progress and change.
- To present to Initial and Repeat Child Protection Conferences to highlight the extent of concerns and the impact on the child.
- To support a request to transfer the case to another team (e.g. step across to social work team)
- As evidence for PLO, LPM and Care Proceedings.

Child and Young Person's Neglect Toolkit summary sheet.

Child's name: Click here to enter text.

Practitioner:

Date: 04/03/2021

Agency: Click here to enter text.

Is there an Early Help or statutory assessment for this child? **YES** ☐/ **NO**☒

Have you used the descriptors to inform your completion of the checklist? **YES**☒ / **NO**☐

Areas of Need	Level of Concern				Examples	Evidence of impact on the child/young person	Parents View
AREA 1: PHYSICAL CARE	**1**	**2**	**3**	**4**	During all home visits there was ample food in the home. Home smelt like cooking and children said they had eaten. The housing does need some repairs as highlighted by the housing patch manager on a home inspection. These repairs are to be carried out and during the course of our assessment the family has been redecorating. The family were previously at risk of eviction due to rent arrears, but have engaged well with a support worker and now the rent comes automatically straight out of the family's universal credit payments. Children have been seen to be	Children speak positively of the food their mother makes for them and seem to have enough energy to complete tasks. The housing does need repairs but the family are working to redecorate the house to make it feel more like a home. Additionally, this means Child A will have her own bedroom, meaning she can have more independence. I think the repairs will also mean once COVID restrictions are eased she will feel more at ease having friends round and not feel embarrassed by her home.	Mum and Dad agree that they work to make sure their children are fed. In the past home conditions may have been a problem, but they are now working to do up the house and have worked well with their homeless prevention support worker to make sure they stay in their home. Dad stays at the home a few days a week, but it is not his permanent address. His mother, with whom he lives, is vulnerable to COVID as she is in remission for cancer. As Dad has to continue working he sofa surfs to keep her safe. The parents say they work their best
Food	☒	☐	☐	☐			
Quality of housing	☐	☒	☐	☐			
Stability of housing	☒	☐	☐	☐			
Child's/young person's clothing/footwear	☒	☐	☐	☐			
Animals	☒	☐	☐	☐			
Hygiene	☒	☐	☐	☐			

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					appropriately clothed and clean on all visits, including an unannounced visit. Family do have a Staffordshire terrier who the girls loves very much. During home visits the family have made him stay outside as he can be boisterous around new people. Children's hygiene has always been seen to be good, both the children mentioning showering during their daily routines. School have historical reports of the children being unkempt but this has not been seen during assessment. On an unannounced visit the children were in their pajamas, but did not appear unclean.	If the children's hygiene levels were to get worse as we go out of lockdown, this could affect the children's social wellbeing and thereby their self-confidence.	to provide both of their children with appropriate clothing and footwear, but they still have 4 dependents who all want things all the time. Mum and Dad really like dogs and having dogs is important to them. Dad takes the dog out for walks and say that he is a part of the family. Mum and Dad have worked to make sure their children have good hygiene and understand the importance of cleanliness and presentation in order for the children to feel accepted by their peer group and their self-confidence and feelings of self-worth.
AREA 2:HEALTH					The children both have beds that have always had suitable bedding on them and clear paths leading to them. Both children have been given medical attention when needed, being taken to the doctor or A&E as appropriate. The GP reports that there have been no missed appointments. Neither Child A nor Child B present with a physical or learning disability. Their adult sister, with whom they live, has cerebral	The children have bedroom where they always sleep that are well presented giving them a sense of safety and consistency. Their bedrooms are appropriately decorated with their belongings, giving them a sense of being. The children know that if they feel unwell they can rely on their parents to seek appropriate medical care for them.	Mum and Dad have been working to make the house more livable, making their third bedroom into a bedroom for the adult sister to have to herself. Mum and Dad sleep on the sofa bed downstairs, despite having a 3-bedroom house, in order to make sure the children have suitable sleeping arrangements. Mum and Dad remain that they will always seek medical help for their children if they need it.
Safe sleeping arrangements	☒	☐	☐	☐			
Seeking advice and intervention	☒	☐	☐	☐			
Disability	☒	☐	☐	☐			

					palsy. Although there are historic concerns around Mum and Dad's engagement with services for this and care of the adult sister, she is now adequately cared for.		
AREA 3: SAFETY & SUPERVISION					The children have been exposed to unsafe situations, such a Child A witnessing a knife crime in the community and the Child B sustaining an injury after falling off her Segway. The children are also privy to disputes within the community, there being ongoing harassment between Mum and one of her neighbors. The children are aware of the conflict and are sometimes part of it, leading to an uncomfortable environment when they leave the house. The supervision of the children seems to be good, and Mum and Dad are aware of where the children are at all times. The children have a curfew of 9pm. The children were all at home during announced and unannounced visits. Child B said that she goes to the shops with her older sister and Child A sees friends in the area, but mostly stays home and plays on her mum's/sister's phone. Mum and Dad are aware of what the children are doing on their phones, Child A and Child B not having their own phones.	The children have been frightened by this, Child B saying that she is worried about stabbings, being worried that her or a family member would be stabbed. Child A has not expressed such a thing, but it is likely that she also experienced emotional distress as a result of this incident as well. The children also are fully aware of the constant back and forth between Mum and their neighbor which must play on their mind every time they leave the house. The children know that their parents are keeping tabs on them and that should they have any worries or be at risk of harm they can tell their parents and their parents will be there for them. Both children find happiness in the activities they do with their parents, giving them a sense of confidence and belonging. Child A and Child B cannot keep themselves safe from exploitation and therefore rely	The parents believe they keep their children adequately safe, and believe that the incident with the knife was a misunderstanding and that no one was ever at actual risk of being stabbed. The parents are also both deeply emotionally involved in the conflict with their neighbor, it affecting their wellbeing, meaning they are blinded to the impact it has on their children. The parents believe they supervise their children effectively and believe they understand the importance of supervision. Mum and Dad are aware of CSE and the risk it poses to their children. They say they sometimes see big groups of people in their area and try to make sure that their children are not involved with such people.
Safety awareness & prevention of harm	☐	☒	☐	☐			
Supervision of the child/young person	☒	☐	☐	☐			
Handling of baby/response to baby	☐	☐	☐	☐			
Care by others	☐	☐	☐	☐			
Responding to adolescents	☒	☐	☐	☐			

					Mum and Dad are aware of the dangers of CSE and exposure to drugs and knife crime that exist within the area. Whilst Mum and Dad are aware of the dangers, the children have not always been adequately safeguarded from these dangers, Child A being exposed to knife crime. However, a similar occurrence has not happened since and Mum and Dad are more aware of protecting their children from such anti-social behavior in their area. Child A has completed work at school around drug usage and knife crime.	on their parents to keep them safe. Since the last incident in the community involving a knife, the two of them have not come into contact with such things again. Were they to experience exploitation this could lead to trauma, feelings of shame and criminal activity.	
AREA 4: LOVE and CARE					Mum, Dad and their 4 daughters all have a very good bond. Both children said they would go to mum and dad if they were upset or frightened. Mum looks after the children's basic needs and shows emotional warmth towards her children. She sticks up for them when she feels like they are being wronged and has their best interests at heart. Mum has boundaries with her children, for example not letting them out after 9pm and not letting them on their phones for too long every day. She does afford her children a certain amount of freedom to go out on their own or	The children have a secure base and safe haven to seek out should they feel they need it. The family's closeness means that problems can be discussed openly and dealt with appropriately. The children know what is expected of them and these expectations are consistent. This means the children know where they stand with their parents, and they know why these boundaries are in place. This means there is not anxiety about what is expected by their carers and helps to build a robust moral compass.	Mum and Dad both consider their relationship with their children to be very good. Mum considers her children to be her friends, which can sometimes be inappropriate, but does ultimately safeguard her children appropriately and give them lots of emotional warmth. Mum and Dad think they give their children sufficient boundaries and good routines. Mum has previously stated that she only smokes in the kitchen with the door closed, but this has been unfounded during an unannounced visit. Mum does not think that smoking in front of her children is a
Parent/carer's response to the child/young person	☒	☐	☐	☐			
Boundaries and routines	☒	☐	☐	☐			
Young carers and household responsibilities	☐	☒	☐	☐			
Adult mental health	☒	☐	☐	☐			
Adult arguments and violence	☒	☐	☐	☐			
Adult substance misuse	☐	☒	☐	☐			
Pre birth	☐	☐	☐	☐			

					with their older sisters, but is close enough with them that they will let them know what is going on. The children's adult sister does have cerebral palsy which means she only has use of one side of her body. The other children do help to care for her, although Mum says that she takes responsibility for the majority of the care. Child A was until very recently sharing a bedroom with her adult sister and Child B often goes to the shops with the adult sister. Child B says sometimes people stare at the adult sister and call her names which Child B finds upsetting. Mum and Dad have been separated for the past 4 years as their relationship broke down following constant arguments. Although there is history on children's social care records that Dad has been physically abuse to Mum in the past, both have denied this as have the children. They have recently started having more contact again and are functioning better as a family unit. Mum says that they argue less now as Dad is pulling his weight around the house more and acting as a supportive figure for her and their children. Observing Dad with Mum and the children, no	The children are exposed to caring responsibilities due to having an older sister who is not physically able. Neither resent these responsibilities, but it is not down to them to care for their sister. The emotional toll of having a sister who is shunned by society also causes the children emotional distress and can lead to feelings of embarrassment, although Mum and Dad very much refuse to be embarrassed of their child and promote her inclusion in society. Not knowing the status of their parent's relationship does lead to feelings of unease for the children, but ultimately they both have good relationships with both of their parents and are not witnessing their parents abusing one another, and therefore do not worry about the safety of their parents. The effects of passive smoking cigarette smoke on children is severe and can lead to a number of health concerns for the children throughout their lives.	problem. Mum states she only smokes normal cigarettes and does not take any recreational drugs, and neither does Dad.

		concerns were raised. All seemed relaxed and happy in each other's presence and had a good rapport with one another. There has been no evidence of alcohol use in the house nor drug use. There have been reports of the smell of cannabis in the area, but this has been unfounded by social care. Mum does smoke inside the house in the presence of the children. An ashtray could be seen in the living room on one home visit, but there did not appear to be anything other than cigarette butts in the ashtray.		
AREA 5: STIMULATION and EDUCATION 0-2 years 2-5 years School Sport and Leisure Friendships Addressing bullying	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☒ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☒ ☐ ☐ ☐	During home visits during the COVID-19 lockdown period, it was clear that the girls were not engaging well with online school. Neither were on their lessons when we visited. However, Mum does show awareness as to what each of her children enjoy at school: she knows that Child A enjoys BTEC sport and would like to do more sport, something that has been difficult over lockdown. Both girls enjoy making Tiktok videos and include their parents in these, which helps the family to bond. Child B goes scrapping with her dad which also leads to quality time which they both enjoy. Due to COVID-19 restrictions,	Not engaging with schooling over the lockdown period will ultimately affect the children's overall school attainment and affect their long term educational and career prospects. However, this is a nationwide issue and schools will be putting in measures to help children catch up. Child A and Child B's parents showing an interest in their children's interests helps the children to explore their interests further and gain self-confidence. Having quality time with their family members gives the children a sense of belonging and self-confidence and	Mum and Dad say they promote their children's education and will give them any support they need. Mum and Dad will always stick up for their children, and want them to have friends. They do not think their children are bullies.

					possibilities for extracurricular activities have been curtailed, but the family do play board games with one another and the children do go out to play. Both Child B and Child A have reported that they have friends at school. Lockdown has been isolating in this sense, meaning that the children keep in contact with their friends online. Child A has a boyfriend, who lives around the corner from them. Mum and Dad are aware of this and do not allow them to have inappropriate unsupervised contact. Mum addresses when her children are being bullied. She may not always do this in the most courteous way, and make come across as rude to teachers and other parents, but is ultimately acting protectively of her children. In the past it is believed that Child A has bullied other children and been involved in tit for tat arguments online. Mum has struggled to accept this and insists that Child A is only sticking up for herself.	contributes to their emotional wellbeing. Having friends contributes towards the children's emotional wellbeing, although these friends will come and go as they are both at ages where maintaining relationships is difficult. Easing of COVID restrictions could help to give the children more contact with their peers. The children know that their parents are always on their side, although may model fiery behavior, such as shouting or being overly confrontational, which could lead them to have conflict later in life.	
CARER CAPACITY TO ACHIEVE CHANGE	☐	☒	☐	☐	At the moment I believe the carers show high commitment and low effort. For Mum and Dad to change their behaviors I believe it would take long term work with a	The children receive everything they need from their parents, making the feel safe, secure and looked after.	Mum and Dad do not currently recognize that any change needs to occur. Mum's family has a long history of social care involvement, and believes she looks after her

					worker who could empathize with them. This is a family that suffers directly from the effects of poverty and social exclusion, and the context within which they live must not be forgotten. The children are happy in Mum and Dad's care and receive the most important things they need from their carers, such as food, shelter, emotional warmth, adequate hygiene facilities and supervision. Although things could be improved with this family, and the position these children are in do mean they could be at risk of CSE, exposure to drugs and the effects of long term exposure to cigarette smoke, they do not reach the threshold for Child Protection and that universal services are in the best position to support this family with preventative work.	The children have a close bond with their parents, and may mean that sometimes they do not recognize their behaviors as problematic. For example, the children may feel proud of themselves for helping to care for their sister, or for standing up for their mum regarding her disputes with her neighbor. It is not the children's responsibility to do these things, and it is not their responsibility to see it as problematic.	children a lot better than she was looked after. Mum agrees that her children need to be protected from harm but does not accept that her children are currently at risk of harm.
Total number of each e.g. how many 1's, 2's, 3's and 4's	17	6			Green – 17 Yellow – 6		

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What actions are to be taken as a result of completing this?	What are the goals that any action plan needs to achieve?
Encourage Mum to smoke outside and educate Mum on the effects of cigarette smoke on children.	Protect the children from the harmful effects of cigarette smoke
Discuss risks of CSE/CCE/drug usage with parents	Keep the children safeguarded from exploitation and anti-social behavior
Family to be supported by universal services in terms of preventative work (as the family do not wish to have a support worker from social care) and to be re-referred to social care should the situation deteriorate	Keep the children safeguarded and prevent deterioration of the family situation

PHYSICAL CARE			
1.1 Food			
Child/young person is provided with appropriate quality and quantity of food and drink, which is appropriate to their age, stage of development, and ability. Meals are organised and there is a routine which includes the family sometimes eating together and appropriate support for feeding. Child/young person's special dietary requirements are always met. Carer understands importance of a balanced diet.	Child/young person is provided with reasonable quality of food and drink and seems to receive an adequate quantity for their needs, but there is a lack of consistency in preparation and routine. Child/young person's special dietary requirements are inconsistently met. Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide.	Child/young person receives low quality and/or quantity food and drink, which is often not appropriate to their age and stage of development and there is a lack of preparation or routine. Child/young person appears hungry. Child/young person's special dietary requirements are rarely met. The carer is indifferent to the importance of appropriate food for the child.	Child/young person does not receive an adequate quantity of food and is observed to be hungry. Lack of patience at meal times/provision of support for feeding. The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc. Child/young person's special dietary requirements are never met and there is a lack of routine in preparation and times when food is available. Carer hostile to advice about appropriate food and drink and the need for a routine.

1.2 Quality of Housing			
The accommodation is in a reasonable state of repair and decoration and has all essential amenities such as heating, washing facilities, cooking and food storage facilities, adequate beds and bedding and a toilet. The accommodation is clean and tidy. Carer understands the importance of the home conditions to child/young person's well-being. Fire safety considerations in place; smoke alarms, clear exits etc. Outside space (if available) is suitable for children	The accommodation is in need of decoration and requires repair. It has some essential amenities - including heating, washing facilities, cooking and food storage facilities, beds and bedding and a toilet,. Carers are aware of the issues, and have taken steps to address them The accommodation is reasonably clean, but may be damp, but the carer addresses this. Some fire safety considerations in place; smoke alarms, clear exits etc. Carer recognises the importance of the home conditions to the child/young person's sense of well-being, but is hampered by personal circumstances. Outside space (if available) is partially suitable for children	The accommodation is in a state of disrepair, carers are unmotivated or unable to address this and the child/young person has suffered or may suffer accidents and/or potentially poor health as a result. The home appearance is bare and possibly dirty/smelly and there are inadequate or dirty amenities such as beds and bedding, toilet, clean washing facilities and cooking and food storage facilities. The whole environment is dirty and chaotic. The accommodation smells of damp and there is evidence of mould. Some fire safety considerations in place; smoke alarms, clear exits etc. Carer recognises the importance of some of the home conditions to the Child/young person's sense of well-being, but is hampered by personal circumstances. Outside space (if available) is unsuitable for children	The accommodation is in a dangerous state of disrepair and this has caused accidental injuries and/or poor health for the child/young person. The home conditions are dirty and squalid and there is a lack of essential amenities such as a working toilet, washing facilities, inappropriate dirty bed and bedding and poor or dirty facilities for the preparation and storage of food. Faeces, animals or harmful substances are visible and accessible by the child or young person, The accommodation smells strongly of damp and there is extensive mould which is untreated and the carer is unwilling to take advice about the impact of the home circumstances on child/young person's wellbeing. Fire safety risks not addressed (blocked exits, fire risks etc.) Outside space is hazardous.

1.3 Stability of Housing			
Child/young person has stable home environment without too many moves (unless necessary). Carer understands the importance of stability for child/young person.	Child/young person has a reasonably stable home environment, but has experienced house moves/ new adults in the family home. Carer recognises that this could impact on child/young person, but the carer's personal circumstances occasionally impact on this.	Child/young person does not have a stable home environment, and has either experienced lots of moves and/or lots of adults coming in and out of the home for periods of time. Carer does not accept the importance of stability for child.	Child/young person experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to children/young people sleeping in unsuitable circumstances). The home has a number of adults coming and going. Carer does not accept the importance of stability for child/impact of instability on the child. Child/young person does not always know these adults who stay over.

1.4 Child/young person's clothing/footwear			
Child/young person has sufficient clothing/footwear which is clean and fits appropriately. Child/young person is dressed appropriately for the weather and carers are aware of the importance of appropriate clothing/footwear for the child/young person.	Child/young person has clothing/footwear which is appropriate, but sometimes poorly fitting, unclean and crumpled. The carer gives consideration to the appropriateness of clothing/footwear to meet the needs of the Child/young person, but their own personal circumstances can get in the way.	Child/young person has clothing/footwear which is dirty and crumpled, in a poor state of repair and not well fitting. The child/young person lacks appropriate clothing for the weather and does not have sufficient clothing to allow for regular washing. Carer(s) are indifferent to the importance of appropriate clothing/footwear for the child/young person.	Child/young person has clothing/footwear which is filthy, ill-fitting and smelly. The clothing/footwear is usually unsuitable for the weather. Insufficient clothing/footwear. Child/young person may sleep in day clothing and is not provided with clean clothing when they are soiled. The carer is hostile to advice about the need for appropriate clothing/footwear for the wellbeing of the child/young person.
1.5 Animals			
Animals are well cared for and do not present a danger to children/young people or adults. Children and young people are encouraged to behave appropriately towards animals.	Animals look reasonably well cared for, but contribute to a sense of chaos in the house. Animals present no dangers to children, young people or adults and any mistreating of animals is addressed.	Animals 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 and young people is not addressed.	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 and young people.

1.6 Hygiene			
The child/young person is clean and is either given a bath/washed daily or given encouragement appropriate to age and/or ability. The child/young person is encouraged/supported 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/young person's appearance. Access to appropriate hygiene/sanitary/continence products.	The child/young person is reasonably clean, but the carer does not bath/wash the child/young person regularly and/or the child/young person is not consistently given encouragement appropriate to age and/or ability. The child/young person does not always clean their teeth, and head lice and skin conditions etc. are treated in an inconsistent way. Nappy rash is a problem, but parent treats if given encouragement and advice.	The child/young person looks unclean and is only occasionally bathed/ washed and is not given encouragement appropriate to age and/or ability. There is evidence that the child/young person does not brush their teeth, and that head lice and skin conditions etc. are not treated appropriately. Carer does not address concerns about nappy rash and is indifferent to concerns expressed by others. Carers do not take an interest in child/young person's appearance and do not acknowledge the importance of hygiene to the child/young person's wellbeing	The child/young person looks dirty, and is not bathed or washed or encouraged to do so. The child/young person does not brush teeth or cannot do this independently and is not supported. 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 resistant to concerns expressed by others about the child/young person's lack of hygiene. Suitable hygiene/sanitary/continence products not available.

HEALTH			
2.1 Safe sleeping arrangements			
Carer has information on safe sleeping and follows the guidelines. There is suitable bedding and carers having 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 sleeping and recognises the importance of the impact of alcohol and drugs on co-sleeping. There are appropriate sleeping arrangements for children and young people. Suitable bed and specialist equipment in place (if needed) and maintained.	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. Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer on safe sleeping, but this is sometimes inconsistently observed. Sleeping arrangements for children/young people 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. Carer does not recognise the risk of 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/young person. Poorly maintained bed and/or specialist equipment.	Carer indifferent about or resistant to 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 smoke in the household. Carer unwilling to follow advice about the impact of their drug and alcohol use on safe sleeping for the baby. Sleeping arrangements for children/young people are not suitable and carer is resistant to advice regarding this. Carer not concerned about impact on child/young person or risks associated with this, such as witnessing adult sexual behaviour. Unsuitable bed and/or lack of necessary specialist equipment.

2.2 Seeking advice and intervention			
Advice sought from professionals/ experienced adults on matters of concern about child/young person's health. Appointments are made and consistently brought to them. Preventative care is carried out such as dental/optical and all immunisations are up to date. Carer ensures child/young person completes any agreed programme of medication or treatment.	Advice is sought about injury/illnesses, but this is occasionally delayed or poorly managed as a result of carer difficulties. Carer understands the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments. Immunisations are delayed, but eventually completed. Carer is inconsistent about ensuring that the child/young person completes any agreed programme of medication or treatment, recognises the importance to the child/young person but personal circumstances can get in the way.	The carer does not routinely seek advice about childhood injury/illnesses but does when concerns are serious or when prompted by others. Child not consistently brought to appointments such as health, dental and optical. Immunisations not up to date, even if a home appointment is offered. Carer does not ensure the child/young person completes any agreed programme of medication or treatment and is indifferent to the impact on child/young person's wellbeing.	Carer does not attend to childhood illnesses/injury, unless severe or in an emergency. Childhood illnesses allowed to deteriorate before advice/care is sought. Carer resistant to taking advice from others (professionals and family members) to seek medical advice. Child not brought to appointments such as health, dental and optical, immunisations not up to date, even if a home appointment is offered. Carer does not ensure that the child/young person completes any agreed programme of medication or treatment and is resistant to advice about this from others, and does not recognise likely impact on child/young person.

2.3 Disability			
Carer positive about child/young person's identity and values him/her. Carer meets needs relating to child/young person's disability. Carer is proactive in seeking appointments and advice and advocating for the child/young person's well-being.	Carer does not always value child/young person and allows issues of disability to impact on feelings towards the child child/young person. Carer is inconsistent in meeting the needs relating to child child/young person's disability, but does recognise the importance to the child/young person but personal circumstances get in the way. Carer accepts advice and support but is not proactive in seeking advice and support around the child/young person's needs.	Carer shows anger and frustration at child/young person's disability. Often blaming the child and not recognising identity. Carer does not ensure needs relating to child/young person's disability are being met, and there is significant minimisation of child child/young person's health needs. The carer does not seek or accept advice and support around the child child/young person's needs, and is indifferent to the impact on the child/young person.	Carer does not recognise child/young person's identity and is negative about child/young person as a result of the disability. Carer does not meet the needs relating to child/young person's disability, which leads to deterioration of the child/young person's well-being. Carer refuses to follow instructions to seek help for the child/young person, and is resistant to any advice or support around child/young person's disability.

SAFETY & SUPERVISION			
3.1 Safety awareness and prevention of harm (both in the home and outside)			
Carer aware of safety issues and there is evidence of safety equipment use and maintenance.	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.	The carer does not recognise dangers to child/young person and there is a lack of safety equipment, and evidence of daily dangers to the child/young person. Carer indifferent to advice about this and does not recognise or acknowledge the impact on the child/young person.	Carer does not recognise dangers to the child/young person's safety and is resistant to advice regarding this, does not recognise the importance to the child/young person, and can hold child/young person responsible for accidents and injuries.
3.2 Supervision of the child/young person (including digital technology /exposure to appropriate material)			
Appropriate supervision is provided in line with age and stage of development. Carer recognises the importance of appropriate supervision to child/young person's well-being. Parent/child/young person always aware of each other's whereabouts.	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/young person away from home. Shows concern about when child/young person should be home. Carer aware of the importance of supervision, but does allow personal circumstances to impact on consistency.	There is very little supervision indoors or outdoors and carer does not always respond after accidents. There is a lack of concern about where child/young person is or who they are with and the carer is inconsistently concerned about lack of return home or late nights. Carer indifferent to importance of supervision and to advice regarding this from others.	Complete lack of supervision. Young children contained in car seats/pushchairs for long periods of time. The carers are indifferent to whereabouts of child/young person, and often do not know where child/young person is or who they are with, and are oblivious to any dangers. There are no boundaries about when to come home or late nights. Carer resistant to advice from others regarding appropriate supervision and

	Parents unsure of child/young person's whereabouts.		does not recognise the potential impact on children's wellbeing.
3.3 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 does not always handle the baby securely 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. Continues to handle the baby insecurely even after advice has been provided. 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 resistant to advice to pick baby up, and provide comfort and attention. Carer does not recognise importance to baby.

3.4 Care by others			
Carer ensures that Child / young person has suitable levels of supervision for their age, need and ability. Carer allows Child / young person age and developmentally appropriate opportunities and encouragement to learn independence skills (i.e. Use public transport, walk to school, visit friends or relatives alone).	Baby, toddler or young child is occasionally in the care of an older child who has the necessary maturity and responsibility. Carer inconsistent in raising the importance of a child/young person keeping themselves safe from others and provides some advice and support. Carer aware of the importance of safe care, but sometimes is inconsistent because of own personal circumstance.	Baby toddler or young child is left in the care of another child who does not have necessary maturity or responsibility. Baby toddler or young child is left in the care of an unsuitable and / or dangerous adult. Child / young person is left in the care of someone they do not know. Child/young person found wandering and/or locked out. Carer does not raise awareness of the importance of child/young person keeping themselves safe from others and provides no advice and support. Carer is indifferent to the importance of safe care of the child/young person and leaves the child/young person with unsuitable or potentially harmful adults and does not recognise the potential risks to the child/young person.	Carer leaves baby toddler or young child with no supervision. Child / young person who isn't able to look after themselves, is left on their own. Child under 16 years old is left alone overnight. Child /young person often found wandering and/or locked out. Carer does not provide any advice about keeping safe, and may put adult dangers in the way of the child/young person. Carer resistant to advice or professional challenge about giving safe care and impact of children/young people being left with unsuitable and/or unsuitable or dangerous adults. Carer does not let child / young person know how long they will be out. Carer does not give consideration to the age, developmental maturity or the wishes and feeling of the child / young person (i.e. young person who is frightened of being in the house alone

			continues to be left)
3.5 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. Carer 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 or seeking to address either directly or by seeking support of risky and challenging behaviour. 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.

LOVE AND CARE			
4.1 Parent/carer's response to the child			
Carer talks warmly about the child/young person and is able to praise and give appropriate emotional reward. The carer values the child/young person's identity and seeks to ensure child/young person 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/young person is listened to and carer responds appropriately. Child/young person is happy to seek physical contact and care. Carer responds appropriately if child distressed or hurt. Carer understands the importance of consistent demonstrations of love and care.	Carer talks kindly about the child/young person and is positive about achievements most of the time but allows their own difficulties to impact. Carer recognises that praise and reward are important but is inconsistent in this. Carer recognises child/young person's identity and is aware of the importance of ensuring child/young person develops a positive sense of self, but sometimes allows personal circumstances to impact on this. Child/young person is main initiator of physical interaction with carer who responds inconsistently or passively to these overtures. Child/young person not always listened to and carer angry if child seeks comfort through negative emotions such as crying. Does not always respond appropriately if child/young person distressed or hurt. Carer understands the importance of demonstrations of love and care, but own circumstances and difficulties sometimes get in the way.	Carer does not speak warmly about the child/young person and is indifferent to the child/young person's achievements. Carer does not provide praise or reward and is dismissive of praise from others. Carer does not recognise the child/young person's identity and is indifferent to the importance of ensuring that the child/young person develops a positive sense of self Carer seldom initiates interactions with the child/young person and carer is indifferent if child/young person attempts to engage for pleasure, or seek physical closeness. Emotional response is sometimes brisk or flat and lacks warmth. Can respond aggressively or dismissively if child distressed or hurt. Carer indifferent to advice about the importance of love and care to the child/young person.	Carer speaks coldly and harshly about child/young person and does not provide any reward or praise and is ridiculing of the child/young person when others praise. Carer is resistant to advice about the importance of praise and reward to the child/young person. Carer hostile to the child/young person's 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/young person and responds negatively to overtures for warmth and care. Responds aggressively or dismissively if child/young person distressed or hurt. Carers will respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities. The emotional response of carers is harsh, critical and lacking in any warmth. Carer hostile to advice about the importance of responding appropriately to the child/young person.

4.2 Boundaries and routines			
Carer provides consistent boundaries and ensures child/young person understands how to behave and to understand the importance of set limits. Child/young person is disciplined appropriately with the intention of teaching proactively.	Carer provides inconsistent boundaries and uses mild physical and moderate other sanctions. The carer recognises the importance of setting boundaries for the child/young person, but is inconsistent because of own personal circumstances or difficulties.	Carer provides few boundaries, and is harsh and critical when responding to the child/young person'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/young person harshly and cruelly, when responding to their behaviour. Carer uses physical chastisement and harsh other methods of discipline. Carer hostile to advice about appropriate methods of disciplining.
4.3 Young carers and household responsibilities			
Child/young person contributes to household tasks as would be expected for age and stage of development. Does not take on additional caring responsibilities. Carer recognises the importance of appropriateness regarding caring responsibilities.	Child/young person has some additional responsibilities within household. These are manageable for age and stage of development and do not interfere with child/young person's education and interfere minimally with leisure opportunities.	Child/young person has onerous caring responsibilities that interfere with education/leisure opportunities. Carer indifferent to impact on child/young person.	Child/young person has caring responsibilities which are inappropriate and significantly impact on child/young person's education/leisure opportunities. This may include age inappropriate tasks, and /or intimate care. The impact on the child/young person's well-being is not understood or acknowledged. Carer is resistant to advice about the inappropriateness of caring responsibilities.

4.4 Adult behaviour			
Adult mental health			
Carer able to meet the practical and emotional needs of the child or young person. Carer aware of impact of parental mental distress on parenting role and child/young person and is able to mitigate risks when experiencing mental distress. Age appropriate discussions take place around mental health and wellbeing. Social activities meet the needs of the child or young person. The carer carries out all domestic tasks within the home. Child or young person contributes to domestic tasks in a manner appropriate to their age and development. Carer does not experience unusual beliefs around the child or young person. Carer seeks emotional support from other adults. Carer collaborates with the relevant	Carer generally able to meet the practical and emotional needs of the child or young person. Makes alternative arrangements with trusted person if unable to meet needs of child or young person. Carer generally able to mitigate risks to child or young person when experiencing mental distress. Age appropriate discussions generally take place around mental health and wellbeing. Social activities generally meet the needs of the child or young person. The carer carries out most domestic tasks within the home. Child or young person contributes to domestic tasks in a manner appropriate to their age and development. Carer does not experience unusual beliefs around the child or young person or sometimes experiences unusual beliefs about the child or young person but is able to mitigate any risks to the child or young person.	Carer often unable to meet the practical and emotional needs of the child or young person due to their mental distress. Carer unaware of impact of parental mental distress on parenting role and child and unable to mitigate risks when experiencing mental distress. Carer unable to mitigate risks to child or young person when experiencing mental distress. Discussions take place around mental distress and mental health that are inappropriate to child or young persons' age and understanding or cause the child/young person to be afraid. Carer sometimes seeks emotional support from the child or young person. Social activities are mostly focused on the needs of the adult. Carer experiences unusual beliefs	Carer unable to meet the practical and emotional needs of the child or young person due to their mental distress. Carer unaware of impact of parental mental distress on parenting role and child and unwilling to mitigate risks when experiencing mental distress. Carer unwilling to mitigate risks to child or young person when experiencing mental distress. Discussions take place around mental distress and mental health that are inappropriate to child or young persons' age and understanding or cause the child/young person to be afraid. Carer seeks emotional support from the child or young person. Social activities are focused on the needs of the adult. The carer carries out little or no domestic tasks within the home. Child or young person routinely contributes to household domestic tasks in a manner inappropriate to their age and

health and wellbeing services.	Carer seeks emotional support from other adults. Carer generally collaborates with relevant health and wellbeing services.	around the child or young person and sometimes unable to mitigate any risks to the child or young person. The carer carries out some domestic tasks within the home. Child or young person contributes to domestic tasks in a manner inappropriate to their age and development. Carer unwilling or unable to collaborate with relevant health and wellbeing services.	development. Carer experiences unusual beliefs around the child or young person and unwilling to mitigate any risks to the child or young person. Carer unwilling to collaborate with relevant health and wellbeing services.
Adult arguments and violence			
Carers do not argue aggressively and are not physically abusive in front of the children/young people. Carer has a good understanding of the impact of arguments and anger on children/young people and is sensitive to this.	Carers sometimes argue aggressively in front of children/young people, but there is no physical abuse of either party. Carer recognises the impact of severe arguments on the child/young person's wellbeing but personal circumstances sometimes get in the way.	Carers frequently argue aggressively in front of children/young people and this leads to violence. There is a lack of awareness and understanding of the impact of the violence on children/young people and carers are indifferent to advice regarding this.	Carers argue aggressively frequently in front of the children/young people and this leads to frequent physical violence. There is indifference to the impact of the violence on children/young people and carers are hostile to advice about the impact on children/young people.
Adult substance misuse			

Alcohol and drugs are stored safely within the home. The carer models low consumption or does not drink alcohol or use substances in front of the child/young person. Carer engages with relevant health and wellbeing services to ensure their wellbeing. The carer is able to respond to emergency situations should they arise. The carer discusses safe and legal use of substances, being aware of the child/young person's development, age and understanding. The carer recognises and responds to the child/young person's concerns and worries. Substance use does not impact on the family finances. There is a consistent network of family and supportive others. Adult visitors to the home are vetted by carer in best interests of child or young person.	Alcohol and drugs are generally stored safely. Carer responds to advice relating to safe storage. The carer sometimes drinks to excess or uses substances. Carer aware of impact of using substances to excess in front of child or young person and makes safe arrangements for child or young person when using substances. Carer generally engages with relevant health and wellbeing services to ensure their wellbeing. The carer is generally able to respond to emergency situations should they arise or makes other safe arrangements for the child or young person. The carer generally discusses safe and legal use of substances, being aware of the child/young person's development, age and understanding. Carer generally emotionally available and consistent in their ability to care for child or young person. If using substances makes other safe arrangements for child or young person.	Alcohol and drugs (and/or drug use equipment) are not always stored safely in the home. Carer sometimes responds to advice relating to safe storage. The carer often drinks alcohol to excess or uses substances in front of the child/young person. The carer lacks awareness of the impact substance use in front of child/young person. Carer inconsistent in engagement with relevant health and wellbeing services. The carer is unable to respond to emergency situations should they arise. The carer discusses and uses substances in presence of child/young person and does not consider child or young person's development, age and understanding. Carer emotionally unavailable and inconsistent in their ability to care for child or young person as a result of substance use. Sometimes makes other safe arrangements for the child or young	Alcohol and drugs (and/or drug use equipment) never stored safely, and the carer unwilling to advice relating to safe storage. The carer drinks alcohol to excess or uses substances in front of the child/young person. The carer unwilling to acknowledge the impact their substance use has on their child/young person. Carer does not engage with relevant health and wellbeing services. The carer is unwilling to acknowledge substance use means they are unable to respond to emergency situations should they arise. The carer discusses and uses substances in presence of child/young person and does not consider child or young person's development, age and understanding. Substance use regularly impacts on the family finances but carer unwilling to minimise impact of this on child or young person. Carer unwilling to engage with supportive networks when using substances. Carer denies value of

Social activities the needs of the child or young person.	Substance use occasionally impacts on the family finances but carer seeks to minimise impact on child or young person. The child/young person's needs are generally met and a network of family and supportive others are involved. There is a network of family and supportive others. This can fluctuate at times due to carers use. Adult visitors to the home are generally vetted by carer in best interests of child or young person. The carer generally recognises and responds to the child/young person's concerns and worries. Social activities generally meet the needs of the child or young person.	person when under the influence of substances. Substance use regularly impacts on the family finances and carer unable to minimise impact of this on child or young person. Carer inconsistent in engagement with supportive networks. This often fluctuates to carer's substance use. Carer's substance use sometimes causes parent or carer's behaviour to be erratic and frightening to child or young person. Carer sometimes endorses and glamourizes substance use to child or young person and is unable to acknowledge the impact of this on the child or young person. Adult visitors to the home are not vetted by carer in the best interests of child or young person. The carer does not always recognise and respond to the child/young person's concerns and worries about the carer's circumstances. Social activities are mostly focused on the needs of the adult.	consistent supportive networks for child or young person. The carer involves the child/young person in their using behaviour (i.e. asking the child to get the substances or prepare the substances). Carer substance use consistently causes parent or carer's behaviour to be erratic and frightening to child or young person. Carer unwilling to make other safe arrangements for the child or young person when under the influence of substances. Carer endorses and glamourizes substance use to child or young person and is unwilling to acknowledge the impact of this on the child or young person. Adult visitors to the home are not vetted by carer in the best interests of child or young person. Carer The carer significantly minimises and is resistant to advice around their use or refuses to acknowledge concerns. There is an absence of supportive family members or a social network.

			The carer does not recognise and respond to the child/young person's concerns and worries about the carer's circumstances. Social activities are focused on the needs of the adult.

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

STIMULATION & EDUCATION:			
5.1 0 – 2 Years			
The child is well stimulated and the carer is aware of the importance of this.	There is inadequate stimulation and the child 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 child with little stimulation and the child is left alone unless making serious and noisy demands.	The carer does not provide stimulation and the child's mobility is restricted (confined in chair/pram). Carer gets angry at the demands made by the child. Carer hostile to advice about the importance of stimulation and paying attention to the child's needs for attention and physical care.
5.2 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/young person. Carer provides all toys that are necessary. Finds a way even if things are unaffordable (uniform, sports equipment, books etc.). Outings: Carer takes child/young person to child centered 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/young person'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	The carer provides little stimulation and does not see the importance of this for the child/young person. 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/young person 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/young person left to make their own arrangements to plays outdoors in	No stimulation is provided and carer hostile to child 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/young person prevented from going on outings with friends or school

	wherever carer decides, usually child friendly places, but sometimes child time taken up with adult outings because of carers needs.	neighbourhood. Child has responsibilities in the house that prevents opportunities for outings.	
5.3 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/young person 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. Carer occasionally sanctions 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 often sanctions days off where not necessary Carer does not recognise child/young person's need for education and is collusive about child/young person not seeing it as important	Carer hostile about education, and provides no support and does not encourage child/young person to see any aspect positively. Total lack of engagement and no support for any aspect of school such as homework, outings etc.
5.4 Sport and Leisure			
Carer encourages child/young person to engage in sports and leisure, if affordable. Equipment provided where affordable, or negotiated with agencies/school on behalf of child/young person. Carer understands the importance of this for child/young person's wellbeing.	Carer understands that after school activities and engaging in sports or child/young person's interests is important, but is inconsistent in supporting this, because own circumstances get in the way. Does recognise what child/young person is good at, but is inconsistent in promoting a positive approach	Child/young person makes use of sport through own effort, carer not motivated and not interested in ensuring child/young person has equipment where affordable. Does not recognise the value of this to the child/young person and is indifferent to wishes of child/young person or advice from others about the importance of sports/leisure	Carer does not encourage child/young person to take part in activities, and may be active in preventing this. Does not prevent child/young person from being engaged in unsafe/unhealthy pursuits. Carer hostile to child/young person's desire to take part or advice from

Recognises when child/young person good at something and ensures they are able to pursue it		activities, even if child/young person is good at it	others about the importance of sports/leisure activities, even if child/young person is good at it
1.5 Friendships			
This is supported and carer is aware of who child/young person is friends with. Fully aware of the importance of friendships for the child/young person.	Carer aware of need for friends, does not always promote, but ensures friends are maintained and supported through opportunities for play etc. Aware of importance to child/young person.	Child/young person 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/young person.
5.6 Addressing Bullying			
Carer alert to child/young person being bullied and addresses immediately.	Carer aware of likelihood of bullying and does intervene when child/young person asks.	Carer unaware of child/young person being bullied and does not intervene.	Carer indifferent to child/young person being bullied.

CARER CAPACITY TO ACHIEVE CHANGE			
High effort and high commitment to change – Genuine commitment Carers genuinely say and do the 'right things' for the 'right reasons', regardless of whether professional is watching and identifying their own solutions.	Low effort and high commitment - seeking approval Carers agree wholeheartedly with professional input and may be show their praise and gratitude to professionals. Report they have tried everything but no change is evidenced.	High effort and low commitment – tokenistic compliance Carers seem to comply, but not for the right reasons and without engaging e.g. attend parenting groups to 'get workers off their back' but don't attempt the techniques suggested.	Low commitment and low effort – showing dissent or avoidance. Carers are overtly hostile, or actively disengage or block professional involvement e.g. will not answer the door or are hostile in interactions.