Nottingham City

Children's Integrated Services

NEGLECT PRACTICE GUIDANCE AND TOOLKIT

FINAL

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Nottingham City Council

Contents

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Foreword

Neglect has a profound and lifelong impact on children. Early and ongoing experiences of neglectful care and parenting dramatically affect the child's development in so many ways - including their physical and mental health, their ability to form attachments and healthy relationships, their ability to regulate behaviour and emotions and their sense of self-esteem and self-worth. Neglect can also kill. We must never under-estimate the risks that neglect poses to children and young people. Making a difference for children and young people experiencing neglect is one of our main priorities in Nottingham City Children's Integrated Services.

Neglect was identified as an area for improvement in the 2018 Ofsted Inspection of Local Authority Children's Services (ILACS).The pace and timeliness of our response to neglect remained a concern when Ofsted conducted a Focused Visit in February 2020.

"When children's situations are not improving, the response is too slow. The pace of response is weak and children are left living in neglectful situations for too long before action is taken". (Ofsted, 2020)

We believe in putting children at the heart of our practice. Child-centred and assertive social work practice empowers and enables families, giving them the opportunity to make sustainable changes that put the health, happiness and safety of their children first. Giving children and young people a voice, spending time to build relationships and understand their experiences, are key to understanding what life is like for them and what needs to change. By working with children and families, by involving and engaging them in developing a shared plan that provides the right help at the right time, we can make a difference for children in Nottingham.

Helen Blackman, Director Children's Integrated Services

Introduction

Purpose and Scope:

This document is for practitioners within Nottingham City's Children's Integrated Services Directorate. It provides guidance for practitioners in relation to Nottingham's practice model and how we apply this to our work with children experiencing neglect and their families.

The Nottingham City Safeguarding Children Partnership intend to publish a wider Strategy, expanding on this guidance, later in 2020. The Strategy will ensure that addressing neglect is identified as a key priority for all partners in Nottingham City and that all professionals working with children, young people and families are able to recognise neglect and understand their roles and responsibilities in tackling neglect.

Practice Model:

Children's Integrated Services believe that we need to keep children and families at the heart of our practice. To achieve this, we use a strengths-based model of practice and a Signs of Safety approach. This helps us to identify with families their strengths, which we can see is working well to keep children safe and those things that we are worried about. The language we use is simple, jargon free and accessible to both children and parents/carers. We are clear about what needs to change and who will make those changes.

This model is supported by approaches and tools, like Signs of Safety. For more information about Signs of Safety you can access briefings and resources here.

To support consistency and good practice, we have a set of practice standards that describe what 'good' looks like in Nottingham City. Practitioners should refer to these standards in implementing this guidance.

Voice of the Child:

In order to make a difference for children experiencing neglect it is important to spend time with them and their families. Investing the time to get to know them will help children and their parents/carers to share what life is like for them, what's working well, what they're worried about and what needs to change. This understanding will inform a strong assessment and a shared plan and help you to understand the child's lived experience.

Appendix 2 provides practitioners with some tools to help you explore 'a day in the life' of the child to understand their experiences and how they are impacting the child. You can also introduce the child/ren to Mind of my Own, an app they can access 24/7 on any device with access to the internet, so that they can share their experiences and feelings - when they're worried or when they're proud of something they've achieved. For more information on Mind of my Own click here.

When children are too young to communicate verbally, or have difficulties communicating verbally due to special educational needs or disabilities (SEND), practitioners should think about 'if this child could talk, what would they say?' Look for non-verbal indications, think about their attachment to parents/carer. For young people with SEND, practitioners should think about using different tools to help children to communicate their wishes, feelings and experiences. You can also use a version of Mind of my Own (called Express) that is accessible for younger children or children with SEND. For more information on Mind of my Own click here.

Practitioners should also consider the views of the wider network. This will include:

- Absent parents
- Family, friends or other community resources (faith groups etc.) that support the family

- Partners and other professionals

The language we use and the way we communicate as professionals will impact on the quality of interaction with the child, young person or family. It's important that practitioners use clear, non-professional (Plain English) language to ensure that everyone shares a common understanding of the strengths, worries and what needs to change and what is the 'bottom line'.

No one knew what was happening until the house was raided

"My experiences of being neglected as a child are with me every day. No one was there most of the time and, even when they were there, they weren't properly there as they were out of it. It was just hell.

Mum wouldn't even notice whether I had or hadn't gone to school as she was always upstairs smashed out of her face. I wanted to go to school as I didn't want a life like my parents. I had tried to speak to schools but they thought that because I was the good kid there wasn't really that much going on.

I think that children who are neglected might have a second life when they are at school or with their friends because if you can put a smile on your face and pretend that everything is OK then for a minute you can even fool yourself into thinking that everything is OK.

"I was often left by myself and I felt so lonely. I even felt lonely when mum and dad were in the house because they just weren't there, like mentally they were completely out of it."

I often felt low and one of my lowest points was when I tried to go and speak to my mum and dad about their drug use. They denied it all and just kept yelling and yelling, so I left. I didn't know what I was going to do, it was like everyone hated me and thought I was lying and I felt that I was completely alone. It felt completely hopeless. I took an overdose as I felt there was no way out. I wanted them to listen to me."

Sophie's Story

NSPCC - https://www.nspcc.org.uk/what-is-child-abuse/childrens-stories/sophies-story

Poverty and Neglect:

The link between poverty and neglect is recognised. You can access more information about the evidence base and learning here and or by logging in to your Research in Practice account and searching for 'neglect-in-the-context-of-poverty-and-austerity-frontline-briefing-2019'.

Many children in Nottingham live in poverty. Deprivation and financial instability are common challenges for many of our families.

However, practitioners should guard against the risk of 'excusing' or minimising neglect because a family is in poverty. Neglect is about a child's needs being unmet through a parent or carers action or inaction, to such a degree that there is impairment of a child's health and development. This can occur in families that are in poverty or in those who could be considered as 'well-off'. It should be noted that many parents are able to bring up their children happily and effectively in spite of limited financial resources – the parenting task is invariably more difficult, but these parents are able to maintain a focus on meeting their child's needs.

Identifying Neglect

Definition:

Neglect is defined in Working Together to Safeguard Children 2018 as:

"The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

a) provide adequate food, clothing and shelter (including exclusion from home or abandonment)
b) protect a child from physical and emotional harm or danger
c) ensure adequate supervision (including the use of inadequate caregivers)
d) ensure access to appropriate medical care or treatment

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

As well as the statutory definition, it is important to have regard to the specific needs of children that are often subsumed under the term 'failure to meet a child's basic physical and/or psychological (and/ or emotional) needs.

At Appendix 1 you can find a tool to help you to identify and explore neglectful care with the child and family. This will help you to gather and share evidence of your concerns and this will inform the development of your assessment and plan.

Neglect Types:

- Medical neglect – minimising or denying children's health needs and failing to seek appropriate medical attention or administer medication/treatments
- Nutritional neglect – failure to thrive/childhood obesity
- Emotional neglect – unresponsive to a child's basic emotional needs
- Educational neglect – failure to provide a stimulating environment, support learning or ensure school attendance
- Physical neglect – not providing appropriate clothing, food, cleanliness and living conditions
- Lack of supervision and guidance – failure to provide an adequate level of guidance and supervision

Neglect by Age Group:

Children and young people experience the impact of neglect differently at different ages.

In her 2007 work, 'Child Neglect: Identification and Assessment', Jan Horwath identified different main impacts at different stages of a child or young person's life as follows:

- Infancy (birth to 2 years)
- Pre-school (2 to 4 years)
- Primary age (5 to 11 years)
- Adolescence (12 to 18 years)

See Diagram 1 re: the experiences of neglect, by age, according to Horwarth's classifications.

It is important to remember that neglect should be seen in the context of each individual's experiences, and consideration should be given to whether the neglect began in this age group or has, in fact, been ongoing for several years.

Pre-Birth Harm / Prenatal Neglect

Whilst it is good practice that neglect should be seen through the experiences of the child, prenatal neglect can only be identified from observations of the experiences of the expectant mother and her family context, and so must be considered separately. Adverse experiences during pregnancy have been linked with a number of poor outcomes, including low birth weight, premature birth, higher risk of sudden infant death syndrome (SIDS) and impaired cognitive and social functioning. Prenatal neglect can be associated with factors including drug and alcohol use during pregnancy, smoking during pregnancy, failure to attend prenatal appointments or follow medical advice and exposure to domestic violence.

Adolescent Neglect

'Growing up Neglected' (July 2018), an analysis of Joint Targeted Area Inspections (JTAI), identifies that neglect of older children sometimes go unseen. Involvement with crime and anti-social behaviour, becoming the victim of exploitation or being exposed to other harm outside the home can be judged by some to be the product of young people knowingly making 'choices' that put them at risk. Alongside this, adolescents are often seen as more 'resilient' and their exposure to neglect can be minimised as they are seen as more able to 'cope'.

However, it is vital to consider the potential impact of chronic and persistent neglect and prior/current exposure to trauma when considering the needs of this older cohort and their families.

"Older children who suffer neglect may have been neglected for many years and can carry the legacy and impact of neglect at a younger age with them into adolescence. This means they are often not well equipped to cope with the many challenges that older childhood brings and may not get the support from parents to manage this transition".

For more information and advice regarding adolescent neglect you can access a briefing for professionals developed by the Children's Society and Luton Safeguarding Children Board by following this link: https://www.basw.co.uk/system/files/resources/basw_50733-9.pdf

Diagram 1 - Experiences of neglect by Horwarth's classifications

Experiences of neglect by age group – please note that the examples listed are intended to give an overview of what children may experience rather than provide an exhaustive list of ways in which neglect may present.

Age Group	Medical	Nutritional	Emotional	Educational	Physical	Lack of Supervision
Infancy (0-2 yrs)	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult.	Some parts of the brain e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Pre-School (2-4 yrs)	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200-1500 calories per day, and/or unregulated amounts of fat and sugar in the diet which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factors in delaying a child's language development e.g. through the amount of quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Primary (5-11yrs)	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, poor nutrition or inadequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of healthy weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
Adolescent (12+ yrs)	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing health services. There may also be risk-taking behaviour e.g. sexual activity.	Adolescents may be able to find food, but lack of nutritious food and cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age, young people who are isolated through neglect (e.g. through poor hygiene will struggle). Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be developed by their living conditions, inadequate clothing, personal hygiene and body odour. This can affect their self-esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury.

Elevating factors that can impact the child/young person's experience of neglect:

Experiences of neglect can also be affected by other factors in the child's life and some of these factors can elevate the risks for children.

Practitioners should always consider the impact of neglect in the context of the child's wider developmental needs, family and environmental factors and parenting capacity. Some considerations include:

- Does the child or young person have complex health needs or a disability?
- Is the child or young person missing out on education or not achieving in education?
- Does the child or young person have social, emotional or mental health needs?
- Are there communication barriers that could make identification of neglect more problematic?
- Are there wider parental risk factors – domestic abuse, substance misuse, learning disability or involvement in crime/ASB?
- Are there challenges for the family financially and are their housing arrangements secure?
- Do the family have a wider network of support within their community?
- What is the experience and impact of trauma for this family? What was life like for the parents when they were children? Are there mental health issues for the child/parent/carer that need to be resolved?
- How does their identity affect their experience of neglect? Have they experienced racism, homophobia or other discrimination/hate crime?

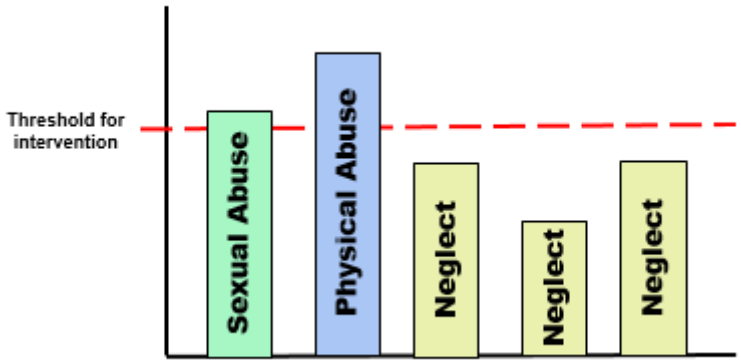
The Cumulative Impact of Neglect:

The complexity of multiple risks and needs and the cumulative impact of harm in relation to neglect has been recognised by the DfE ('Complexity and Challenge: a triennial analysis of SCRs 2014-2017 (March 2020) https://seriouscasereviews.rip.org.uk/)

In cases of neglect, it is often the identification of a pattern of concerns that prompts statutory intervention. In Nottingham, tools like the Safety Net audit in Duty Services help us to identify children with multiple referrals to identify if there is a pattern of concern that would indicate a persistent failure to meet a child's needs.

Children subject to child protection plans where neglect is a factor will often be impacted by other forms of abuse or harm and may be the subject of a plan where neglect is not the primary category. However, the impact of neglect for these children will still be profound and will have long-term impacts. It is critical that practitioners continue to identify and evidence the impact of neglect on the child's day to day experiences.

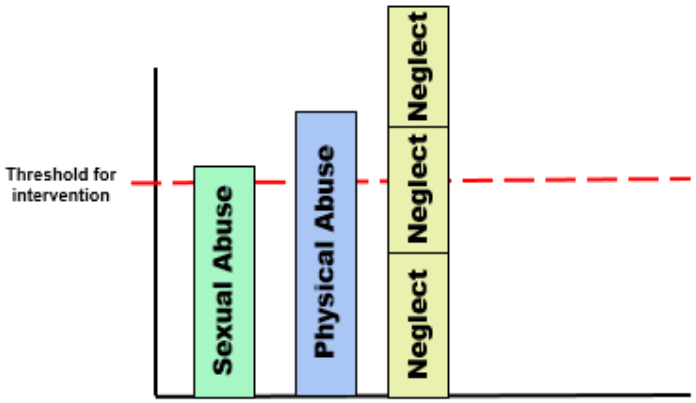
Identifying patterns of neglectful care means that it is critical to maintain a thorough and analytical chronology for each child. Chronologies help practitioners to identify and evidence persistent failures to meet a child's needs through a child's lived experience. Guidance on the completion of chronologies is available in the Liquid Logic Help section, LCS General Guidance.



Adapted from Sheffield Local Safeguarding Children's Partnership resources – https://www.safeguardingsheffieldchildren.org/sscb/safeguarding-information-and-resources/neglect-strategy-1

With neglect, there can be a tendency for a 'starting over' approach rather than seeing a pattern over time and therefore it never reaches the threshold for intervention. Other types of abuse tend to have an obvious trigger, e.g. because of a particular incident. This is not the case with neglect.

This highlights the importance of **RECORDING** of concerns regarding neglect - so that patterns can be established and the true level of neglect and concern recognised. Good recording will help when seeking support from other agencies.



Adapted from Sheffield Local Safeguarding Children's Partnership resources – https://www.safeguardingsheffieldchildren.org/sscb/safeguarding-information-and-resources/neglect-strategy-1

Child protection system is triggered when threshold of likely significant harm has been reached.

Physical and sexual abuse, where a serious precipitating incident comes to light which clearly reaches the threshold at once.

Many chronic cases may be characterised by a lengthy pattern of actions or incidents, none of which is in itself sufficient to trigger intervention. They have to get added together like this.

Responding to Neglect

FAMILY PROFILE

Three children (6, 5 and 3 years) and mother. Parents recently separated and father living elsewhere.

Reason for referral

Primary school raised concerns in relation to mother's mental health and that she had periods when she was hospitalised. There were financial issues due to mother's inability to work. Children's presentation was at times grubby and they appeared unkempt. There was a reliance on food parcels and the children's diet was not balanced. There were also concerns about school attendance.

Assessment

A home visit identified poor home conditions. The three year old wet the bed meaning the mattress was not suitable to sleep on. There was no bedding or mattresses for the older children. There were no carpets on the floor, the house was sparsely furnished and it was not being regularly cleaned. The children were not registered with a dentist and it was not clear if their immunisations were up to date. Mother felt isolated due to where the family lived and not being near extended family and friends for support. Mother could not drive due to the medication she was taking. Neighbours were not willing to help as the relationship had broken down. Mother was being supported by adult mental health services who felt she was making progress. Mother had low self-esteem and was struggling to manage the behaviour of the five year old. School's view was that the older children were negatively affected by mother's mental health.

Support provided

A family support worker engaged with mother and started to build a relationship. The home conditions were addressed and mother was supported to purchase new mattresses, protectors and bedding on the understanding the condition of the home improved. Mother noted down her concerns and received regular monitoring through home visits. She was given advice on routines to help her to maintain the improved conditions of the home. A new sofa and carpets were sourced from a support group which mother used to attend. The school nurse followed up outstanding health appointments and immunisations with the health visitor. Mother was encouraged to ensure the children registered with and visited a dentist. Work was undertaken on a one to one basis with mother using solution-focused approaches and self-empowerment and self-esteem work. The work with mother ensured she was able and ready to make sustained changes.

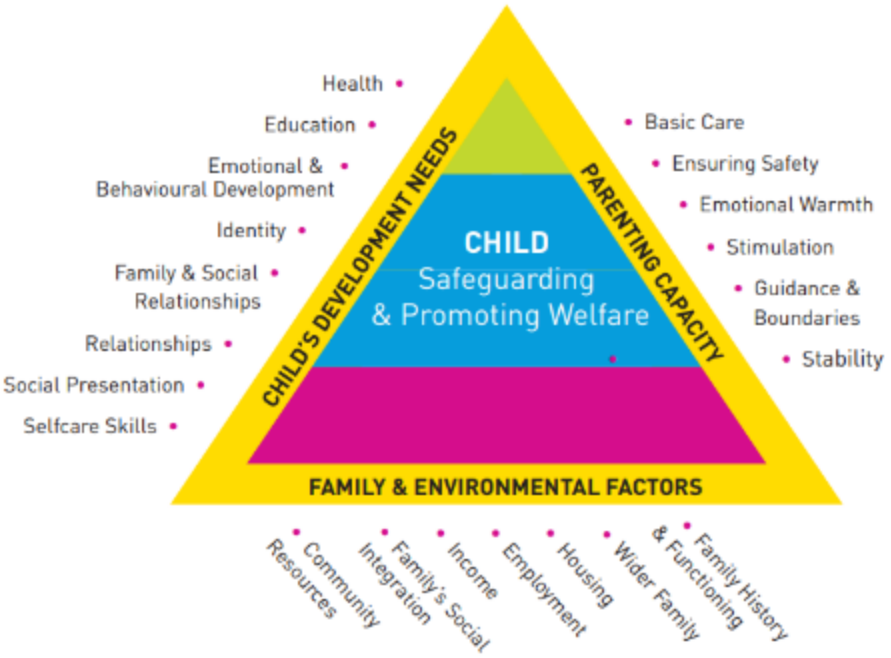
Outcome

Mother was supported to be rehoused nearer family and friends which allowed the three year old to access a local nursery and mother to access a local support group. The family's finance stabilised with advice and guidance which allowed a balanced diet to be introduced. Mother has on-going mental health needs however she has a better understanding of how to manage these. As a result the children are more settled and happier.

Adapted from a case study developed by Hampshire Safeguarding Children's Partnership – https://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2016/11/HSCB-Neglect-Strategy-2016-2018.pdf

Assessing Neglect

It is important that assessments are holistic and analytical.



Assessments should be based on a sound knowledge of 'what life is like' for the child, young person and family. Spending time getting to know the child and understanding what their day to day experiences are will support a robust assessment. Children should always be seen during assessments. Workers should always see the child's home – where do they sleep, what do they eat, does the home environment meet the child's needs?

Children should ideally be seen in a range of settings because children need the opportunity to express themselves away from parents/carers. It is important to observe the home and the child's attachment and interaction with parents/carers but, where age-appropriate, practitioners should spend time with the child outside of the family home.

Not all children in a family will be treated the same or have the same roles or significance within a family. For example there may be a child who is perceived to be different, perhaps due to an association by the parent/s with a difficult birth, the loss of a partner, the child's age or needs, an unplanned child or a stepchild or a change in life circumstance. Negative feelings may be projected onto one child but not others in the family.

Assessments should be comprehensive and child focused, with clear descriptions and analysis of the daily effects of living with neglect. Assessments must be analytical. Information gathered throughout the assessment and during ongoing work with the child and family should be considered – what does this information tell you about what life is like for the child, what does it mean for the long-term prognosis for change and the potential long-term impact for the child?

Workers should be careful not to become too focussed on the issues of the adults in the household – it's important to remain child-centred and think about what the impact of that behaviour is on the child/ren. The child/ren, and the impact of the neglect parenting on them, must be visible throughout the assessment.

'J' is a primary school-age boy and a carer for his mother who has used alcohol for many years. He is constantly anxious about his mother's wellbeing and attempts to control her drinking, while also caring for his younger sister. The child describes how he and his sister go to the pub with their mother most nights and the child says he does this to monitor his mother's drinking. The child tells his mother when to stop drinking and if she does not listen the child asks the barman to stop serving his mother. The child speaks of being at the pub 'very late, being really tired and hungry, wanting to go home to bed and mother refusing'. The assessment describes frequent occasions when there was a lack of food in the house and no bedding on the children's beds. The younger child is described as very emotionally distressed and has been seen by an educational psychologist who diagnosed her as 'hyper alert' and in need of one to one support in school at all times, to enable her to access education. The child speaks a great deal about death and dying, being burnt in her house and not living until the next day.

Example from 'Professional Responses to Neglect; In the Child's Time' (Ofsted, 2014)
https://www.gov.uk/government/publications/professional-responses-to-neglect-in-the-childs-time

The assessment of risks, strengths and safety factors in parenting requires a holistic, multi-agency assessment using professional judgement. Any assessment needs to consider the impact of patterns of care over time on the child along with the nature of the neglect (types, frequency and chronicity). The table below indicates some of the risk and protective factors to support such professional judgement. Where neglect is suspected the list can be used as a tool to help assess whether or not the child is exposed to an elevated level of risk. This list is neither exhaustive nor listed in order of importance.

Elevating Risk Factors	Strengths and Safety Factors
Basic needs of the child not adequately met	Support network/extended family meets child's needs; parent or carer works meaningfully and in partnership to address shortfalls in parenting capacity
Interruptions in early attachment e.g. birth difficulties, prematurity, early complex health needs / separation.	Good health, history of adequate development. Personality factors – easy temperament, positive disposition.
Child with a disability / learning difficulty, complex needs	Secure attachment; positive and warm parent-child relationship. Supportive family environment. Parent/carer has good coping skills.
Family structure – single parent with lack of support, high number of children in the household and poor support networks.	Supportive family environment. Extended family support and involvement, including caregiving help.
Substance misuse by parent or carer	Substance misuse is 'controlled', presence of another 'good enough' carer.
Dysfunctional parent-child relationship. Lack of affection to the child. Lack of attention and stimulation to the child. Early parenthood.	Good attachment. Parent-child relationship is strong. Family expectations of pro-social behaviour. Stable relationships with parents. Supportive adults outside of family who serve as role models/mentors to the child.

Social isolation / lack of social support, ambivalence / hostility to helping organisations.	Supportive family environment. Access to health care and social services. Supportive adults outside of family who serve as role models/mentors to the child.
Mental health difficulties of the parent/carer. Parent/carer has learning difficulties or chronic ill health.	Capacity and motivation for change; capacity to sustain change. Support available to minimise risks. Presence of another 'good enough' parent/carer.
Father's criminal convictions	Household rules / structure. Parental monitoring of the child. Family expectations of pro-social behaviours.
Low maternal self-esteem	Mother has a positive view of herself. Capacity and motivation for change.
Experience of domestic abuse in the household.	Recognition and change in previous patterns of domestic abuse.
Early parenthood	Support for parent / carer in parenting task. Parent / carer cooperation with provision of support services. Maturity of parent / carer.
Economic disadvantage, long term unemployment, homelessness, multiple house moves, exposure to racism/discrimination.	Access to health care and social services. Consistent parental employment. Adequate housing.
Negative, adverse of abusive childhood experiences of parent/carer	Positive childhood. Understanding of own history of childhood adversity. Motivation to parent more positively.
History of abusive parenting. Dangerous, damaging expectations on the child. Child left home alone.	Abuse addressed in treatment. Appropriate awareness of the child's needs. Age appropriate activities and responsibilities are provided.
Failure to seek appropriate medical attention. Children not taken to medical appointments.	Evidence of parent engaging positively with agency network (health) to meet the needs of the child.

Assessments should take into account the wider family network and the family history to help to identify wider risks to the child or protective factors that should be considered during assessment. A clear understanding of the family's background and previous involvement with services is required at the start of assessments and this can be gained by completing a Genogram (family tree), social history and starting a chronology. Effective use of chronologies and genograms will help to build the evidence of neglect to help to identify patterns and support further intervention or alternative permanence arrangements if things do not improve.

It is often difficult to raise issues with about neglect because it requires practitioners to question their own value base and to communicate with parents on matters which are personal and difficult to raise, for example, smells, dirt or hazards in the house. As part of the assessment process practitioners need to ensure that their specific concerns are clearly and explicitly understood by parents who can then be informed about what needs to change in the care of their children, why and in what timescales. It is important to be honest, clear and sensitive, not to use jargon and check that parents have understood what has been said to them. The whole family is key to the process of assessment, they need to know what the

assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes.

Fathers, father figures and the wider family need to be engaged in the assessment in order to understand the role they have in the child's life. Care of children is likely to be more effective where there is positive support from fathers and most children want and benefit from this contact.

Where fathers may pose a risk to the child, it is imperative that they are engaged with the assessment process so that risks are identified, understood and managed.

An essential part of any assessment process is evaluating parents'/carers' ability and motivation to change. This is characterised by parents accepting responsibility for their own actions; sustaining changes over time; and taking up offers of support and resources from services. Practitioners should note evidence of changes and improvements made as a result of previous interventions and the impact of this for the child. Capacity to change should be considered at an early point.

Practitioners should guard against being overly optimistic about the potential for parents to effect lasting change and provide consistently good parenting. Change is not always possible and even when positive change occurs, practitioners need to be mindful if it is so minor that it does not really improve the child's experience of harm. Furthermore practitioners also need to monitor that positive changes are sustained over time.

Families may co-operate with plans although their motivation in doing may be related to a wish to be seen to be compliant to remove the safeguarding work rather than any understanding or acceptance of the need for change to meet their child's needs. Such motivation is less likely to lead to sustained change and therefore outcomes for the child remain unaltered.

The model below, taken from Horwath and Morrison (1999), of parental motivation to change provides a framework to help with the identification of compliance and whether it is genuine commitment, tokenism, avoidance or externally motivated compliance which seeks approval from others.

GENUINE COMMITMENT

Talk the talk & walk the walk

Parent recognises the need to change and makes real efforts to bring about these changes

TOKENISM

Talk the talk

Parent will agree with the professionals regarding the required changes but will put little effort into making change work

While some changes may occur they will not have required any effort from the parent. Change occurs despite, not because of, parental actions

COMPLIANCE/APPROVAL SEEKING

Walk the walk: disguised compliance

Parents will do what is expected of them because they have been told to "do it"

Change may occur but has not been internalised because the parents are doing it without having gone through the process of thinking and responding emotionally to the need for change

DISSENT/AVOIDANCE

Walk away

Dissent can range from proactively sabotaging efforts to bring about change to passively disengaging from the process

The most difficult parents are those who do not admit their lack of commitment to change but work subversively to undermine the process (i.e. perpetrators of sexual abuse or fictitious illness)

Assessments should capture the voice of the child or young person. Direct work with the child should be visible on the child's file and should evidence their wishes and feelings. Views should be sought from parents/carers and other agencies/professionals to build a thorough and balanced perspective of the risks and strengths in the family.

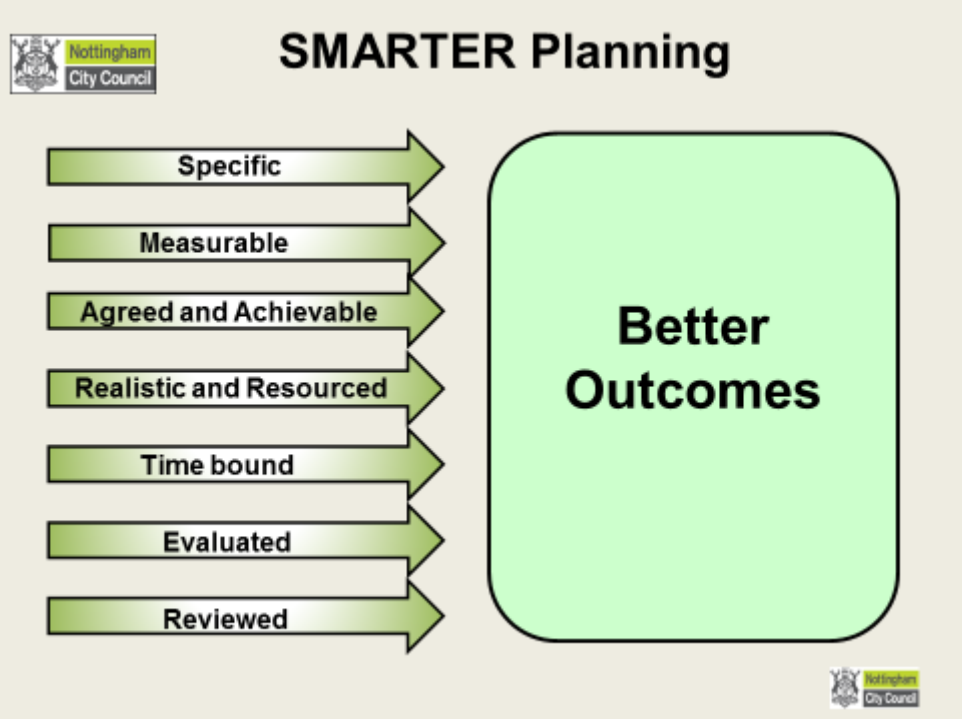
Remember to use your Signs of Safety tools to support you in identifying what you are worried about, what is working well and what needs to change.

A sound assessment is central to informing planning and intervention. However, a number of national reviews have explored concerns about the 'start-again' syndrome or 'assessment paralysis', whereby assessment was viewed as the child protection intervention rather than as a process which helped to identify the most appropriate intervention. Assessments are a continuous process that should co-exist with interventions (you do not have to wait until the end to ensure services are in place). Assessments can include stages: gathering information, analysis/interpretation, formulating plans and applying interventions which do not always follow in sequence. Assessments should be updated every 12 months, or when there is a significant event, but practitioners should be mindful of the impact for the child, family and practitioner of repeat assessments. Effective planning and intervention are central elements of the social work role and key to supporting families to achieve positive change.

Planning and Intervention:

Plans should be clear about what needs to change - who is doing what and by when. The most effective plans are developed with families so that the actions are owned and achievable. Plans that are imposed, without engaging the family and wider network, are unlikely to achieve sustainable change. Actions should be specific and use language that the child/family and other partners will understand. They should prioritise the action that needs to be taken to change the child's experience of neglect so that the plan is realistic. It should focus on a handful of 'bottom lines' (circa 5-7 actions) that describe what needs to happen to make things better.

You can request support as a practitioner in Nottingham City from the Targeted Support Team, who are trained to lead Family Network Meetings and Family Group Conferences to co-produce and agree a plan with the family and their wider network.



From the very start of our involvement with a family, workers should be thinking about what the plan would be if the current plan doesn't work. Workers should build contingencies into their plans and they should explore multiple options in their planning. We know that change can be hard to achieve and sustain for families with very complex needs so we need to be thinking about what would happen if the child/ren could not remain with their parents. Are there family members who may be able to care for the child? If so, can we support these relationships whilst we are working with the parents to make things better? Thinking about how we plan to give children a sense of security and permanence, either by improving things with their families or finding alternative care, is a key focus.

Plans should always be shared with the child/family and other partners.

Often workers will have to broker support or treatment to address the wider needs / risks in the family, coordinated through their plan. Appendix 3 provides some of the pathways of support for issues we regularly identify in families in Nottingham. You can also access lots of information about what's available to support families at Ask Lion - https://www.asklion.co.uk/kb5/nottingham/directory/home.page

Progress against plans should be reviewed regularly in Core Groups and Reviews to ensure that drift and delay is avoided and to ensure that the family/partners are held to account for delivering against the plan.

What happens when things don't change?

You'll need to consider what the barriers to progress are? Do the family have the capacity to change? Are they motivated to change? Are parents/carers displaying disguised compliance? For more information about disguised compliance you can read two short briefings.

https://www.trixonline.co.uk/website/news/pdf/policy_briefing_No-197.pdf

https://learning.nspcc.org.uk/media/1334/learning-from-case-reviews_disguised-compliance.pdf

When you've been working with a family for over 12 months and you don't feel that progress is being made, you should always escalate these cases to your Manager. If you're currently working with a family who have had previous periods of social work involvement, you must take the time to read the case file to understand why the changes haven't been sustained – what do you need to do differently this time to have a long-term impact? If visits to see children are regularly unsuccessful and you have not seen the child/ren alone, or their living conditions recently, you must flag this to your Manager.

Depending on the framework you're working within there will always be opportunities to flag and escalate concerns when concerns are escalating or where progress is not being made quickly enough. Keeping the child at the heart of your practice means that, at times, you will have to escalate your worries and challenge families/carers and partners to do the right thing for children. It's important that you have opportunities to reflect when cases feel 'stuck' or you feel that they're 'drifting'. When you share your worries, if you feel that the response is not appropriate (your concerns are minimised, are not taken seriously or are not acted upon) you should continue to escalate through management tiers (Team Manager, Service Manager, Head of Service and Director of CIS) until you are reassured that you have been heard.

You obviously have Child in Need, Child Protection and Child in Care Reviews to explore concerns with the Chair, family and partners. In addition to this, in Nottingham City we have a multi-agency Consultation Forum, chaired by the Head of Children's Social Work. This is a non-judgemental, reflective space to think about the case and develop plans to help move things forwards. To schedule a case for discussion on the Consultation Forum contact Ben White – ben.white@nottinghamcity.gov.uk.

In some cases, you'll need to consider using other levers to achieve change for children. This might include taking a case to a Legal Planning Meeting to see whether it meets the threshold for Public Law Outline or Proceedings. For children who are at imminent risk of entering care, you may be asked to present the case

to Edge of Care Panel to access support from intensive and therapeutic services like Multi-Systemic Therapy (MST), MST-Child Abuse and Neglect (MST-CAN), Edge of Care Hub and the PAUSE programme, for mothers who have had children removed from their care previously.

The hints and tips (prepared by Natalie Grant, Team Leader – Children & Adults Legal Team) below will help you to think about how to present your evidence:

Hints and Tips – things to think about when presenting a neglect case in a legal process.

When you bring a case to legal planning meeting consideration will be given to whether the threshold is met for legal intervention. If legal intervention is agreed, it will be either to enter the pre-proceedings ('PLO') process, or to issue care proceedings.

Whether your case is going through the PLO process, or straight to Court, you will be allocated a Solicitor. Every case is different and your allocated Solicitor will be able to advise you on the particular circumstances of your case. The following are some general points of guidance:-

- **Pre-proceedings** - bear in mind that you will need to evidence the support and work that you have done if the case progresses to Court. Setting clear expectations in collaboration with the family and recording whether these are met avoids any suggestion of confusion when the case reaches the Court. Consider using checklists for home conditions, with an agreed baseline of what is acceptable. There are some helpful resources online – you could try this one - http://www.socialworkerstoolbox.com/home-conditions-scoring-sheet/ - or research one that will work for your families.

- **The devil is in the detail.** When you are drafting evidence for Court, you should bring the child's lived experience to life for the reader. Magistrates, Judges and Solicitors only read about families on paper and need to be helped to see the reality on the ground. Sometimes you will have access to photographs, or perhaps police body worn camera footage which is great evidence, but most of the time your written evidence is all the Court has. Remember that in addition to your professional analysis, your SWET is a witness statement and should tell as clearly as you can what have seen, heard, smelled etc. Whilst a lawyer might say something like 'chronically poor home conditions', you shouldn't hold back from being as descriptive as you can, e.g. 'there was a pungent odour which caught in my throat as I entered the house, making me gag' or 'there was a brown sticky substance on the bathroom floor next to the cat's litter tray, which was overflowing'.

- **Think about basic safety.** If you have reached the stage of seeking the removal of a child from their family, you need to address the issue of immediate safety. Think about whether there are any hazards in the home that present an immediate risk to the child's safety. Choking hazards, trips and falls, lack of food and associated failure to thrive could all meet the test and should be highlighted if present. In extreme cases there will be a risk of serious injury or even death to a child, which should be stated in your evidence.

- **Link your observations to the child**. You are undoubtedly the professional involved in the Court process who knows the child best. The child is a name on the page to strangers without you bringing them into the Courtroom and being the voice of the child. Although the child will have a Guardian appointed to represent them, you will know them best. You will have observed any impact of their circumstances upon them and you can relay that child impact to the Court, and the Guardian. Some of the most powerful evidence in any proceedings is direct observations of and/or work with the child.

- **Don't assume knowledge from your audience – you're the expert.** Neglect cases are not automatically allocated to a Judge, so will often be heard by Magistrates. Whilst there are some very experienced Magistrates hearing care cases, not all of them have in depth knowledge of child development. Remember that you are an expert and spell out your case for the Court. If you describe

cluttered home conditions, go on to explain the impact that has in terms of the child having no safe place to play, impacting on their development. State the obvious and demonstrate that you have thought carefully about the consequences of the facts you are describing.

- **Think in the short, medium and longer term.** In the same way that you need to highlight the short term safety issues, you also need to draw the Court's attention to the longer term consequences of the neglect that the child is experiencing. Things very often improve when a case escalates to legal intervention, only to decline again when the 'spotlight' is off. This may be part of a pattern of improvement and decline that has gone on for months or years through child protection processes. Consider in your evidence whether that roller coaster effect of improvement and decline is harmful, whether any improvement is likely to be sustained, and what the impact of further decline would be on the child. Neglect cases often do not meet the test for removal of a child from home on an interim basis, so the case falls to be determined at a Final Hearing with the long term care plan being the focus. Tell the Court in plain terms what you think the child's life is likely to look like next year, in five years' time, and into adulthood. The Court will be presented with short term improvements and needs to be directed by you to look at the bigger picture.

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: Click here to enter text.

Date: Click here to enter a date.

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**	Click here to enter text.	Click here to enter text.	Click here to enter text.
Food	☐	☐	☐	☐			
Quality of housing	☐	☐	☐	☐			
Stability of housing	☐	☐	☐	☐			
Child's/young person's clothing/footwear	☐	☐	☐	☐			
Animals	☐	☐	☐	☐			
Hygiene	☐	☐	☐	☐			
AREA 2:HEALTH					Click here to enter text.	Click here to enter text.	Click here to enter text.
Safe sleeping arrangements	☐	☐	☐	☐			
Seeking advice and intervention	☐	☐	☐	☐			
Disability	☐	☐	☐	☐			
AREA 3: SAFETY & SUPERVISION					Click here to enter text.	Click here to enter text.	Click here to enter text.
Safety awareness & prevention of harm	☐	☐	☐	☐			

Supervision of the child/young person	☐	☐	☐	☐			
Handling of baby/response to baby	☐	☐	☐	☐			
Care by others	☐	☐	☐	☐			
Responding to adolescents	☐	☐	☐	☐			
AREA 4: LOVE and CARE					Click here to enter text.	Click here to enter text.	Click here to enter text.
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	☐	☐	☐	☐			
AREA 5: STIMULATION and EDUCATION					Click here to enter text.	Click here to enter text.	Click here to enter text.
0-2 years	☐	☐	☐	☐			
2-5 years	☐	☐	☐	☐			
School	☐	☐	☐	☐			
Sport and Leisure	☐	☐	☐	☐			
Friendships	☐	☐	☐	☐			
Addressing bullying	☐	☐	☐	☐			
CARER CAPACITY TO ACHIEVE CHANGE	☐	☐	☐	☐	Click here to enter text.	Click here to enter text.	Click here to enter text.
Total number of each e.g. how many 1's, 2's, 3's and 4's							

What actions are to be taken as a result of completing this?	What are the goals that any action plan needs to achieve?

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. Parents unsure of child/young person's whereabouts.	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 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 health and wellbeing services.	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 seeks emotional support from	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 around the child or young person and sometimes unable to mitigate any	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 development.

	other adults. Carer generally collaborates with relevant health and wellbeing services.	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.	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	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	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.	Alcohol and drugs (and/or drug use equipment) never stored safely, and the carer unwilling to advice relating to safe storage.

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. Social activities the needs of the child or young person.	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. Substance use occasionally impacts on the family finances but carer seeks to minimise impact on child or young person.	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 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.	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 consistent supportive networks for child or young person. The carer involves the child/young person in their using behaviour (i.e.

	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.	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.	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 wherever carer decides, usually child friendly places, but sometimes child	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 neighbourhood.	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

	time taken up with adult outings because of carers needs.	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. Recognises when child/young person good at something and ensures they are able to pursue it	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 activities, even if child/young person is good at it	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 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.

Appendix 2

A Day in the Life Tools

a) A Day in My Life (Baby)
b) Day in My Life (Pre-School Child)
c) Day in My Life (Primary School Child)
d) Day in My Life (Teenager)
e) Resources

Acknowledgements:

These tools were initially developed by Hampshire Safeguarding Children Partnership, in consultation with children and young people.

Introduction:

The prompt sheets can help practitioners to explore the child's experience of care and parenting. They can be used in direct work with the child and age appropriate tools can be used to help children describe and visualise what life is like for them on a day to day basis. Some ideas include using a 24 hour clock, a cartoon strip or words and pictures as creative ways to explore and capture the child's lived experience.

A Day in My Life (Baby)

Things to think about when assessing the appropriateness of the daily routine of a baby.

Waking

- Do I wake early or later in the morning?
- Am I attended to when I wake up or after a while?
- Who gets me up and ready in the morning?
- What do they do to help me?

Feeding

- Do I like milk from a bottle or am I breastfed?
- If I have an alternative feeding protocol (e.g. tube fed) is this protocol appropriately adhered to? Has this been confirmed with relevant professionals?
- Am I easy to feed or can it be difficult sometimes?
- Do I have my milk at the same time every day?
- Who gives me my milk and how often do I have it?
- Do they hold me whilst I am feeding or am I propped in a cot or bouncer?
- Are my bottles clean and sterilised and who does this?
- Am I 'burped' during and at the end of feeding?
- Do I have reflux or a tendency to be 'sickie'?
- Do I have a Choking protocol? Is it being adhered to?
- Am I settled and contented after a feed?
- Are there plans to wean me onto food?
- Do I have eye contact with my carer whilst feeding?
- If I breast feed, have I had repeated episodes of thrush and has medical advice been sought?

Dressing

- Who changes my nappy and helps me to get dressed? Is this the same every day?
- Are my clothes clean and appropriate for the weather?

Getting to school (if there are school age children in the house)

- Do I join in on the school-run or does someone else look after me during this time?
- If I do go to school, how do I get there?
- Do I stay in the car to wait if my siblings are being dropped off at the classroom?
- If I stay at home, who looks after me?

During the day

- What do I like to do during the day?
- Who do I spend the most time with and where do they take me?
- Do I go to baby and toddler groups to make friends or do I go wherever my carer needs to go?
- Does my carer help me to learn by playing with toys and books with me?
- Do I sleep in the day and is that at regular times each day?
- Do I like to sleep at home in my cot, or out in my buggy or car seat?
- Who feeds me and is this at the same time each day?
- Is my nappy changed regularly and by whom?
- Do we have any pets in the house?
- How am I protected from any pets?
- Am I ever left alone unsupervised with any pets?
- Do I like to watch a lot of television?
- Do I like to sit a lot in car seats or pushchairs during the day?
- Am I encouraged to explore my environment? If so, can I do so safely, e.g. not climb the stairs unsupervised or put my fingers in plug sockets?

Socialising (communication)

- Do I have regular eye contact and communication time with my carer? This is really important very early on in my life.
- Does my carer find it easy to understand my needs from my cues (e.g. tired, hungry, in pain, overstimulated)?
- Does my carer encourage my sounds and babbling development?
- Does my carer respond to my noises or mirror my sounds?
- Do I respond to their facial expressions when they are trying to calm me / talk to me / play with me?
- Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs)
- Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs)

After school (if there is a school age child in the house)

- Do I go to the school to meet my sibling or do I stay at home? Who looks after me?
- What happens to me when my sibling(s) are home – do they play with me nicely?
- Is our carer around to make sure the play is appropriate?
- Do I join in meal times as appropriate to my needs?

Evenings

- Do I have a regular night time routine?
- Do I feed well in the evening?
- Do I have a bath and if so how often?
- Who baths me and do I bath with any of my siblings?
- Do I watch TV with any of my family in the evenings? If so is what I watch okay for my age?

Bedtime

- Do I go to bed at the same time every night?
- Am I put to bed or do I fall asleep whenever I am tired enough?
- If I am placed in my cot, do I settle well by myself?
- Where do I sleep?
- Do I go to sleep with toys?
- Am I read a bedtime book?
- How do I like to sleep (on my back / front)?
- Does my carer use a monitor?
- Who is normally in the house at night time?

Overnight

- Do I sleep well at night or do I tend to wake?
- How often do I wake?
- What happens when I wake up?
- Does my carer respond or am I left to cry / self soothe?
- Do I have feeds during the night?
- Do I often need a nappy change during the night?
- Where do the pets sleep in the house?

Medical / Health (Can apply at any time of the day or night)

- Have I had my medication / treatment as required?
- Have medical professionals instructions been adhered to?
- Is all my equipment maintained and operating effectively?
- Are my measurements being recorded (e.g. height, weight & saturation levels) as required by my health professionals?
- Am I or my carer's sleep deprived as a result of my condition?

For inpatient babies

- Am I being visited regularly and appropriately by my family?
- Am I having my social and emotional needs being met while I am in hospital?

Day in My Life (Pre-School Child)

Things to think about when assessing the appropriateness of the daily routine of a pre-school child.

Waking up in the morning

- What time do I normally get up?
- Do I normally sleep well? Am I kept awake by TV or anything?
- Do I wet the bed? If so is there someone to help with the sheets?
- Does someone help me get up or do I get myself up?
- Do I have to get anyone else up?
- Is there anyone else up when I get up?
- Are my mornings the same or is it different every day?

Breakfast

- Do I eat breakfast in the morning? What food is available? What do I like to have? Is it the same every day or different?
- Is there someone to help me make breakfast?
- Do I eat my breakfast with others or by myself?
- Do I eat my breakfast at the table or in front of the TV?
- If I have an alternative feeding protocol (e.g. tube fed) is this protocol appropriately adhered to? Has this been confirmed with relevant professionals?
- Do I have a Choking protocol? Is it being adhered to?

Dressing

- Do I have enough clothes?
- Are my clothes clean, the right size for me, right for the weather?
- Does someone help me get dressed or do I do it myself?
- Do I have water/a toothbrush and does someone help me to wash and brush my teeth?

Childcare

- Do I go to any childcare settings – pre-school / nursery / childminder? How far away is it? How do I get there? Who takes me / picks me up? Is it the same people each day or does that change regularly?
- Do I attend appropriate and relevant activities for my development such as short breaks for disabled children.
- Do I tend to arrive at my setting on time or am I late?
- Do I have meals at my childcare setting? Do I tend to eat them well?
- Do I like my setting? Do I settle well there? Do I interact well with other children there? What do I like doing when I am there?
- Do I see anyone for extra help with my behaviour or development in the setting e.g. Portage?
- Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs)

- Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs)

At home

- How much time do I spend at home? Who is there to look after me? Is there anyone else who looks after me other than my main carers?
- Do I have any siblings? How is care split between us?
- Do I watch TV and if so, is what I watch okay for my age?
- What type of food do I eat at home? Do I have regular meals? Who makes them for me? What is my favourite food? Do I eat that food all the time or do I try new things?
- Do I eat with others, and at the table, or do I eat by myself?
- Is there anyone I can tell if I am hungry and do they provide food for me?
- Do I have toys and games at home? Are they age appropriate / help me to learn? What is my favourite toy to play with?
- What do my carers do? Do we spend time together or do our own things?
- Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs)
- Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs)

Bedtime

- Do I go to bed at the same time every night?
- Who decides when it is bed time?
- Does someone help me wash and get ready for bed?
- Where do I sleep?
- Do I like where I sleep?
- Who else is in the house at night time?
- Do I have my own room or do I share with others?
- Do I have what I need in my room (bed, curtains, warm floors)?
- Do I sleep well at night or do I get up a lot?

Medical / Health (Can apply at any time of the day or night)

- Have I had my medication / treatment as required?
- Have medical professionals instructions been adhered to?
- Is all my equipment maintained and operating effectively?
- Are my measurements being recorded (e.g. height, weight & saturation levels) as required by my health professionals?
- Am I or my carer's, sleep deprived as a result of my condition?

For inpatient children

- Am I being visited regularly and appropriately by my family?

- Am I having my social and emotional needs being met while I am in hospital?

Day in My Life (Primary School Child)

Things to think about when assessing the appropriateness of the daily routine of a child.

Waking up in the morning

- Do I use a clock to get up?
- What time do I normally get up?
- Does someone help me get up or do I get myself up?
- Do I have to wait for someone to help me get up if I require it?
- Do I have to get anyone else up?
- Is there anyone else up when I get up?
- Who else is at home when I get up?
- Are my mornings the same or is it different every day?
- If I need medicine or other interventions, does someone help me with them?

Breakfast

- Is there food available in the cupboard for breakfast?
- Do I eat breakfast in the morning? What do I like to have? Is it the same every day or different?
- Is there someone to help me make breakfast or do I do it myself?
- If I have an alternative feeding protocol (e.g. tube fed) is this protocol appropriately adhered to? Has this been confirmed with relevant professionals?
- Do I have a Choking protocol? Is it being adhered to?
- Do I need to make breakfast for other people?
- Do I eat my breakfast with others or by myself?
- Do I eat my breakfast at the table or in front of the TV?

Dressing

- Do I have enough clothes? Do I have the right school uniform?
- Are my clothes clean, the right size for me, right for the weather?
- Do my shoes fit? Are they right for the weather?
- Does someone help me get dressed or do I do it myself?
- Do I have water/a toothbrush and does someone help me to wash and brush my teeth?
- Do I need appropriate assistance as a result of my additional needs with my personal hygiene over and above age related expectations?
- Do I think I look ok in my clothes? Do I have a positive body image? Do I think I look fat/thin in my clothes? Do I get bullied or picked on because of how I look or what I wear?

Getting to school

- Do I go to school? How far away is it? How do I get there? Are there busy roads to cross? Does someone take me to school or do I go by myself?
- Do I need to take anyone else to school i.e. younger siblings?
- Do I tend to arrive at school on time or am I late?

In school

- Do I like school?
- What is my favourite bit? Which bit don't I like so much?
- Do I have any friends there?
- Are my friends the same age or older/younger?
- What do I do at breaks? Do I have a snack?
- Do I eat school dinners or packed lunch? Am I hungry at school?
- Do I have the right things for school – uniform, coat, wellingtons, PE kit?
- Do I have a favourite teacher or someone I like to talk to?
- Do I fall asleep in class or struggle to concentrate?
- Do I see anyone for help at school either for my development or behaviour – ELSA, school counsellor, support worker etc?
- Are my medical and care needs (e.g. medication and moving and handling protocols) appropriately met while at school and consistent with at home?
- Is there anyone that I don't like at school or think is mean?
- Have I ever been bullied?
- Do I go on school trips?

After school

- How do I get home from school?
- Do I go home at the end of the school day or do I go to afterschool clubs?
- Does someone meet me at the end of the day and take me home or do I go to friends' houses or somewhere else?
- Is there anyone at home?
- Do I watch TV and if so, is what I watch okay for my age?
- Do I play any video games? Do I play online? Does anyone supervise me when I play online? Do I play with other people online and do I know who they are?
- Do I have a Facebook account, or other social media account?
- Do I have my own mobile phone and do I use this to message friends? Who are the friends? Are they all from school or are there others? Have I met them all? Do I send any photos or picture messages?
- Do I have homework to do and does anyone help me with it?
- Do I like doing my homework, does anyone check that I have done it?
- Is my home to school communication book maintained?
- Do I have to look after anyone else?
- Is there food available?
- Does anyone help me get some food?

- Do I need to get food for anyone else?
- Do I play out with friends after school? Who and where do we go?
- Do I like to play with toys? Do I have toys and games at home to play with?
- Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs)
- Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs)

Evenings

- Do I have a dinner in the evening and what time is this?
- Who makes the food?
- What do I eat?
- Do I have a favourite food? Do I eat that food all the time or do I try new things?
- Do I eat with others, and at the table, or do I eat by myself?
- Is there anyone I can tell if I am hungry and do they provide food for me?
- Do I watch TV and what do I watch?
- Do I use the internet or social networking sites? What device do I use – laptop / tablet / phone? Does anyone check what I am doing on the internet / are there any parent controls?
- What sites do I visit online and what do I do?
- Do I chat online or share any information or pictures? What do I talk about?
- Do I go out in the evening and if so, who do I go out with? Where do I go and what I do there?
- Do I have to be home by a set time?
- Does my carer know who I play with?
- What do I do with my family in the evenings?
- What do my carers do?
- Do we spend time together or do our own things?
- Is there an appropriate behaviour management plan in place and is this adhered to?

Bedtime

- Do I go to bed at the same time every night?
- Who decides when it is bed time?
- Is my bedtime appropriate to my needs?
- Does someone help me wash and get ready for bed?
- Does someone help me to wash and brush my teeth?
- Where do I sleep? Do I like where I sleep?
- Who else is in the house at night time?
- Do I have to look after anyone else at bed time?
- Do I have my own room or do I share with others?
- Do I have what I need in my room (clean bed, curtains, warm floors)?

School holidays/weekends

- What do I do in the school holidays?
- Do I attend appropriate and relevant activities for my development such as short breaks for disabled children.
- Do I have to look after anyone?
- Do have chores / jobs to do? If so what are they?
- Do my carers look after me during the holidays or are they at work? If at work where do I go – to holiday camps or friends houses?
- Is there anyone else who looks after me?
- Do I go on days out and play with friends?
- If I get free school meals during the term what happens in the holidays?
- Is there food to eat at home? Is there someone around to help make food and supervise mealtimes?

Medical / Health (Can apply at any time of the day or night)

- Have I had my medication / treatment as required?
- Have medical professionals instructions been adhered to?
- Is all my equipment maintained and operating effectively?
- Are my measurements being recorded (e.g. height, weight & saturation levels) as required by my health professionals?
- Am I or my carer's, sleep deprived as a result of my condition?

For inpatient children

- Am I being visited regularly and appropriately by my family?
- Am I having my social and emotional needs being met while I am in hospital?

Day in My Life (Teenager)

Things to think about when assessing the appropriateness of the daily routine of a teenager.

Waking up in the morning

- Do I use a clock to get up?
- What time do I normally get up? Is it early i.e. in time for school / college?
- Do I have to wait for someone to help me get up if I require it?
- Do I have to get anyone else up?
- Is there anyone else up when I get up?
- Are my mornings the same or is it different every day?
- If I need medicine or other interventions, does someone help me with them?

Breakfast

- Do I eat breakfast in the morning? What do I like to have? Is it the same every day or different?
- Do I need to make breakfast for other people?
- Do I eat my breakfast with others or by myself?
- If I have an alternative feeding protocol (e.g. tube fed) is this protocol appropriately adhered to? Has this been confirmed with relevant professionals?
- Do I have a Choking protocol? Is it being adhered to?

Dressing

- Do I have enough clothes? Are they clean, the right size for me, right for the weather?
- Do I know how to look after myself, e.g. washing and brushing teeth etc?
- Do I need appropriate assistance as a result of my additional needs with my personal hygiene over and above age related expectations?
- Do I have a positive body image? Do I think I look ok? Do I think I look fat in my clothes? Are my clothes ‘on trend’.

Getting to School

- Do I go to school / college? How far away is it? How do I get there?
- Do I need to take anyone else to school i.e. younger siblings?
- Do I tend to arrive at school on time or am I late?

In school

- Do I like school / college?
- Do I have any friends there?
- Do I hang out with them in breaks?

- What do I do in free periods?
- Do I have lunch – canteen food or packed lunch?
- Do I have a favourite teacher or someone I like to talk to?
- Do I see anyone for help at school for my learning or behaviour – ELSA, school counsellor, support worker etc?
- Are my medical and care needs (e.g. medication and moving and handling protocols) appropriately met while at school and consistent with at home?
- Have I ever been bullied?

After school

- How do I get home from school?
- Do I want to go home or do I avoid going home?
- Do I go home at the end of the school day or do I go to friends houses or hang out somewhere else?
- Do I have a job to go to?
- Does anyone meet me and take me home?
- Is there anyone at home?
- Do I watch TV and if so, is what I watch ok for my age?
- Do I have homework to do and does anyone help me with it?
- Do I like doing my homework, does anyone check that I have done it?
- Is my home to school communication book maintained?
- Do I have to look after anyone else?
- Is there food available?
- Does anyone help me get some food?
- Do I need to get food for anyone else?
- Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs)
- Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs)

Evenings

- Do I have a dinner in the evening and what time is this?
- Who makes the food?
- What do I eat?
- Do I eat with others, and at the table, or do I eat by myself?
- Is there anyone I can tell if I am hungry and do they provide food for me?
- Do I watch TV and what do I watch?
- Do I use the internet or social networking sites? What device do I use – laptop / tablet / phone?
- Do I have a phone? Do I use it to send photos and images? Are the photos appropriate? Am I part of any online group chats, e.g. via Whatsapp?
- Does anyone check what I am doing on the internet / are there any parent controls?
- What sites do I visit online and what do I do?
- Do I chat online or share any information or pictures? What do I talk about?

- Do I play games on a console? Do I play online / 'live' games? Do I know who I am playing with?
- Do I go out in the evening and if so who do I go out with?
- Do I drink alcohol and / or use any illegal drugs or misuse substances? If so where do I get the alcohol / substances from? Who do I use them with? Is anyone else aware?
- Where do I go and what I do there?
- Do I have to be home by a set time?
- Does my carer know who I hang out with?
- What do I do with my family in the evenings? What do my carers do?
- Do we spend time together or do our own things?
- Is there an appropriate behaviour management plan in place and is this adhered to?

Bedtime

- Do I go to bed at the same time every night?
- Who decides when it is bed time?
- Is my bedtime appropriate to my needs?
- Where do I sleep?
- Do I like where I sleep?
- Who else is in the house at night time?
- Do I have to look after anyone else at bed time?
- Do I have my own room or do I share with others?
- Do I have what I need in my room (clean bed, curtains, warm floors)?

School holidays/weekends

- What do I do in the school holidays?
- Do I attend appropriate and relevant activities for my development such as short breaks for disabled children?
- Do I have to look after anyone?
- Do have chores / jobs to do? If so what are they?
- Do my carers look after me during the holidays or are they at work?
- If left unsupervised, how long for?
- Do my carers know what I do during the day and who I'm with?
- Do I have friends to spend time with? Do my carers know them? Where do I know them from? Are they the same age as me?
- What do my friends like doing?
- Do I have any hobbies?
- If I get free school meals during the term, what happens in the holidays?
- Is there food to eat at home?
- Is there someone around to help make food and supervise mealtimes?
- Do I have my own money? Where do I get it?

- Do I have a job to earn money?
- Do I seem to have more money / things than I would be able to afford by myself?

Relationships

- What are my relationships like with my family and friends? Do I have lots of friends or just a few?
- Do I get on ok with my parents /carers? What about my siblings? If I don't get on with them is there anyone else that I talk to or spend time with?
- Who else is close to the family / around a lot?
- Do I spend lots of time in other people's houses / sleep elsewhere?
- Do I have a girlfriend / boyfriend? Do they make me happy? Are they the same age as me or older / younger? Where did I meet them? Where do I go with them?
- Am I sexually active with anyone / different people? Am I practicing safe sex? Do I know where to go to get advice on safe sex?
- Do I identify as Lesbian, Gay, Bisexual or Transexual? If so am I able to discuss this with my family / friends and are they supportive?

Independence

- Do my parents have appropriate expectations of me given my age and any additional needs I may have?
- Do I or my carer's have the appropriate and necessary equipment and support to facilitate my independence?
- Do I have the support and assistance that I need to explore my independence?
- Do I have access to my own space and private time?

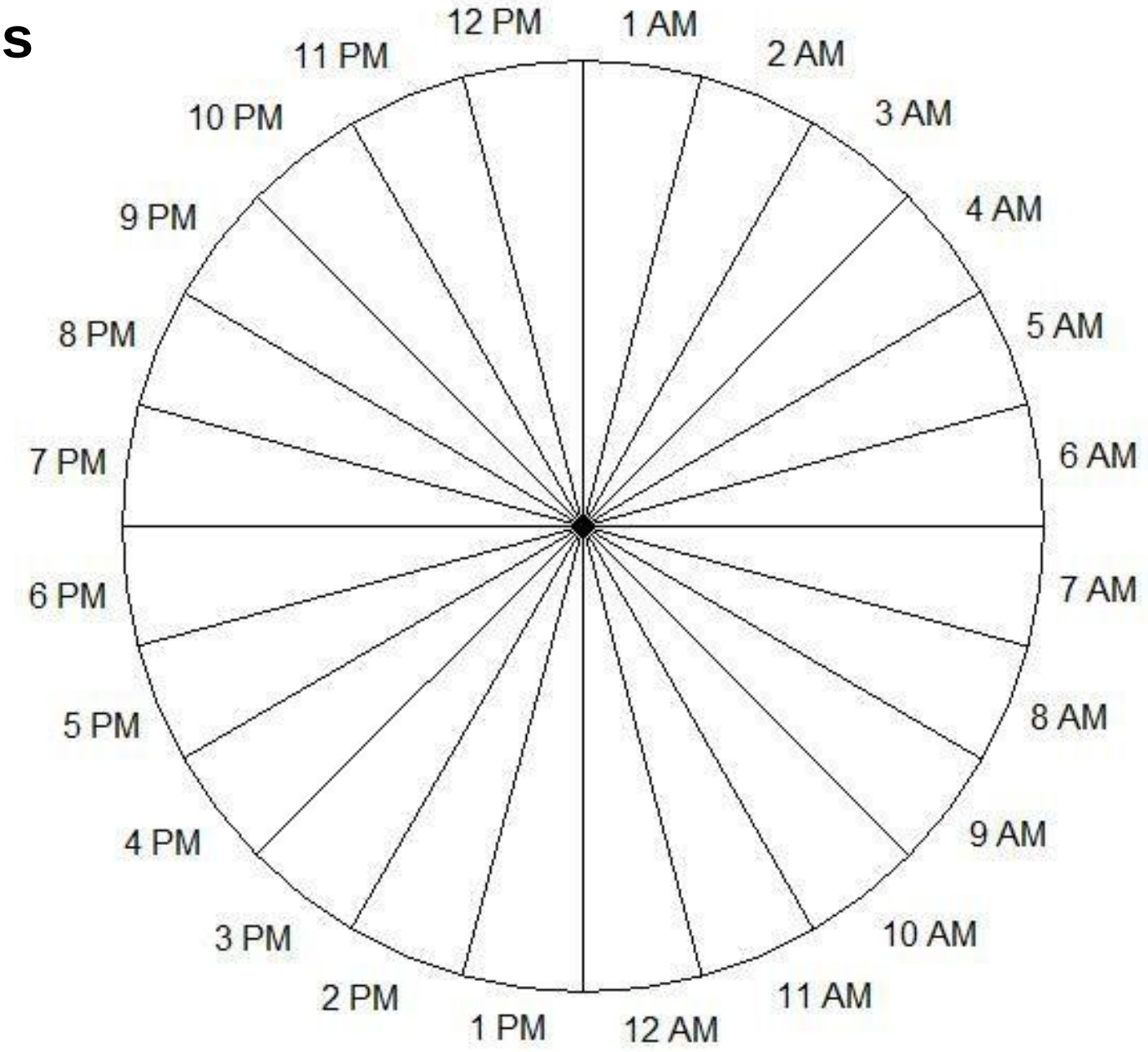
Medical / Health (Can apply at any time of the day or night)

- Have I had my medication / treatment as required?
- Have medical professionals instructions been adhered to?
- Is all my equipment maintained and operating effectively?
- Are my measurements being recorded (e.g. height, weight & saturation levels) as required by my health professionals?
- Am I or my carer's, sleep deprived as a result of my condition?
- Do I have any mental ill health needs? Do I or have I previously self-harmed? Do I have a 'healthy' approach to food or am I secretive about what I eat?

For inpatient children

- Am I being visited regularly and appropriately by my family?
- Am I having my social and emotional needs being met while I am in hospital?

Resources



Nottingham City Council

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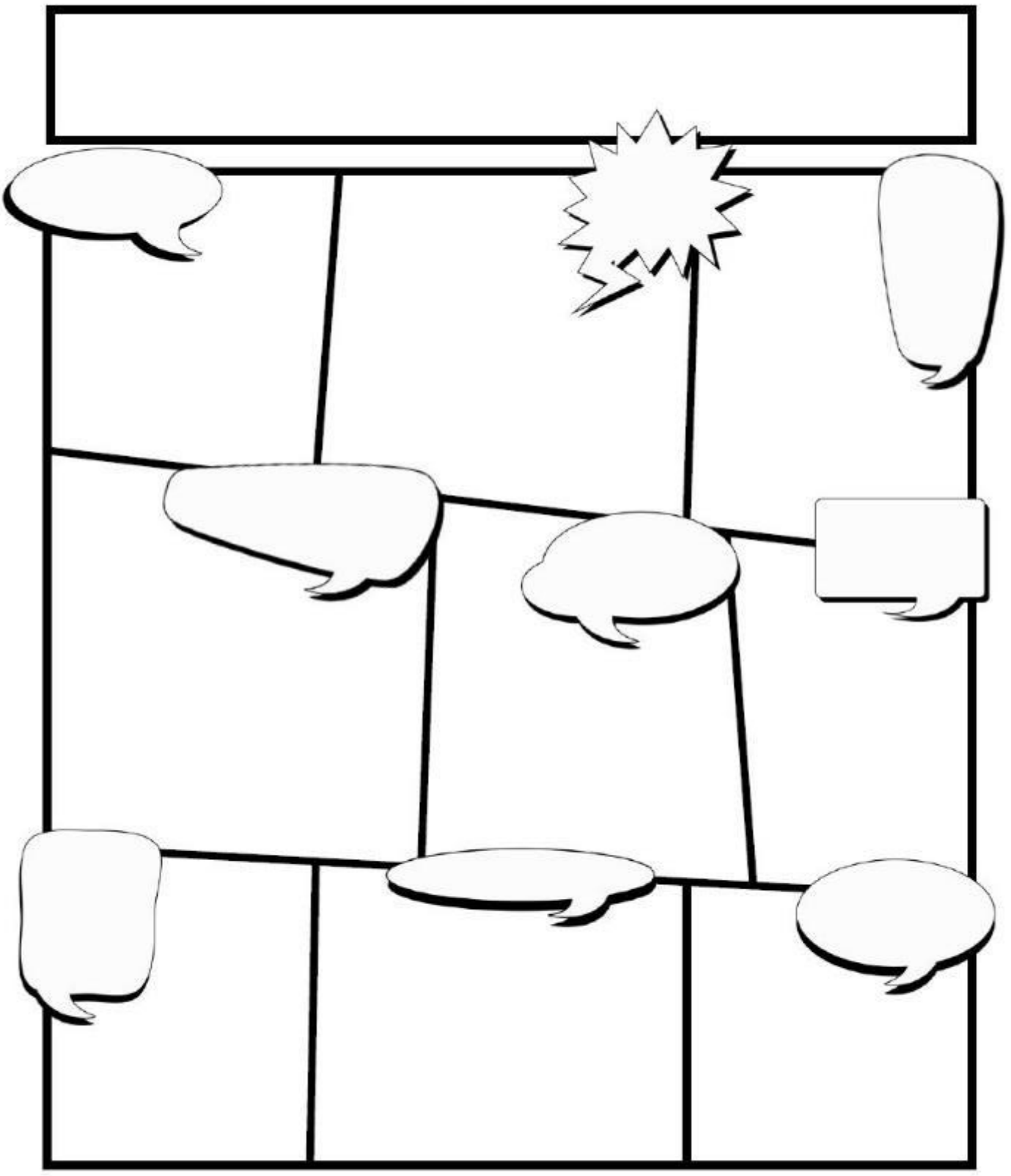

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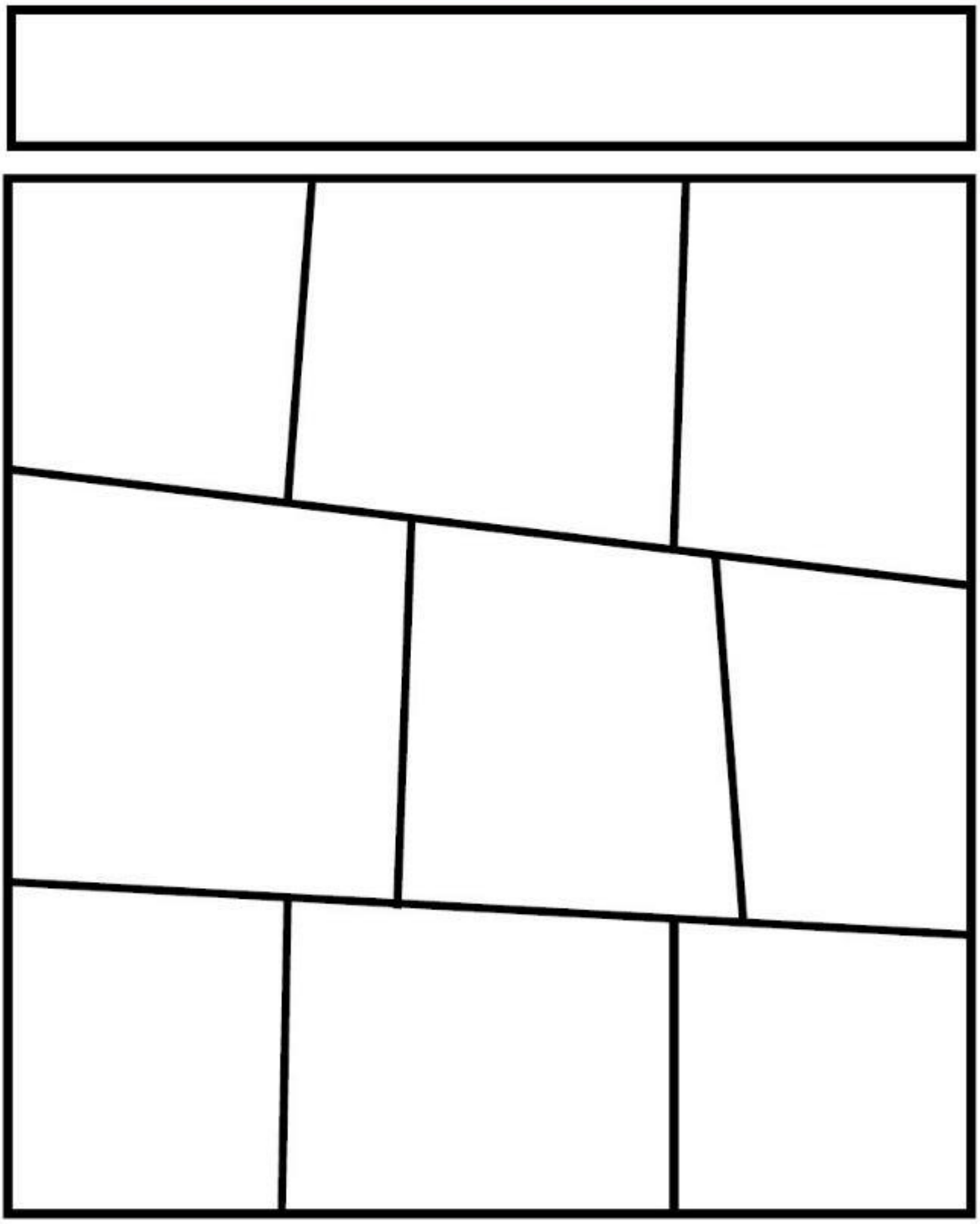

The Leeds Safeguarding Children's Partnership have developed some really helpful visual cue cards – you can access them here.

You can also access free Picture Exchange Communication System (PECS) resources (they're used in lots of schools) online – you can register for free on most websites – try https://www.twinkl.co.uk/ and search PECS cards.

Appendix 3 –

SUPPORT AND INTERVENTION PATHWAYS

Domestic Abuse

Juno Women's Aid

Juno Women's Aid work with women, children and teens living in **Nottingham City**. When necessary, they also work in conjunction with other local agencies and organisations to safety plan and support survivors.

Make a referral
You can make a referral via the forms below. If you need to discuss any aspect of your referral please call the Juno Women's Aid agencies line on **0115 947 6490,** 9 am – 5 pm, Monday to Friday

- Information and advice
- Drop-ins and one-to-one support
- Healthy relationship courses and therapeutic groups
- Refuge and emergency accommodation
- Foster care for family pets
- Training for healthcare professionals in domestic abuse awareness

Link for referral forms: https://junowomensaid.org.uk/professionals/

Juno Women's Aid Programmes

The Freedom Programme
Based on Pat Craven's book, The Freedom Programme, our **10-week course** proactively explores the behaviours we experience in current and/or former intimate relationships.

Stronger Families
The Stronger Families programme is a therapeutic programme for children (**aged 5 – 16**) and their mothers who've experienced domestic abuse.

Escape The Trap
Escape the Trap is an innovative and exciting programme, which has been developed by Cathy Press (MBACP Senior Accredited Counsellor and Supervisor) in acknowledgement of the rising numbers of young people aged **13-16 years** identified as being vulnerable to **teenage relationship abuse.**

Young Voices
The Young Voices Project will provide one to one support to children and young people aged **5–18 years** who are living with, or have experienced, domestic violence or abuse (DVA) and live within **Nottingham city**.

Link for referrals forms https://junowomensaid.org.uk/our-programmes/

Equation
Equation delivers education to the whole community to prevent domestic abuse and sexual violence, promote gender equality and raise aspirations for healthy relationships. They provide practical tools and guidance to support the well-being and safety needs of survivors.

Service Directory
https://www.equation.org.uk/library/local-services
This directory details services for men, women and children experiencing domestic abuse in Nottingham and Nottinghamshire. It includes referral flowcharts for women, men, lesbian women, gay men and bisexual people.

Equation provide information on local guidance and services:
Animals
Civil and Criminal Justice
Children and Young People
DART (Domestic Abuse Referral Team)
Forced Marriage
'Honour'-Based Violence and Abuse
Housing and Refuge
MARAC (Multi-Agency Risk Assessment Conference)
Men Experiencing Abuse
Risk Identification Checklists
Sexual Abuse and Violence

The website also includes practical guidance on the following subjects
Forms of Domestic Abuse
Animal Abuse
Female Genital Mutilation (FGM)
Forced Marriage
Homicide
'Honour'-Based Violence and Abuse
Multiple Perpetrators
Sexual Violence and Abuse
Stalking
Supporting Survivors

Equation's Domestic Abuse Service for Men

https://www.equation.org.uk/service-for-men/

This service will provide time-limited support to men who are experiencing domestic violence and abuse.

- Risk assessment will be undertaken to identify risk of harm to the client using a DASH RIC form (you may already have completed one of these as part of your support).
- The type of support provided will be identified against risk level and need.
- Support may include practical and emotional assistance, and signposting to other specialist services such as counselling
- Assessment will be made to ensure that work with the individual is appropriate and safe.

Women's Aid
Women's Aid is the national charity working to end domestic abuse against women and children.
https://www.womensaid.org.uk

Refuge
The freephone, 24-hour National Domestic Abuse Helpline 0808 2000 247
https://www.nationaldahelpline.org.uk/Supporting-a-survivor#what-can-i-do

Men's Advice Line
https://mensadviceline.org.uk/frontline-workers/
Men's Advice Line is a confidential helpline for male victims of domestic abuse and the frontline workers supporting them. They offer advice and emotional support to men who experience abuse, and signpost to other vital services that help keep them and their children safe.

They support men in heterosexual and same-sex relationships. If you're a frontline worker supporting a man who is being abused, you can contact them for confidential advice and information.

Respect
https://respectphoneline.org.uk/frontline-workers/

Respect Phoneline is an anonymous and confidential helpline for men and women who are harming their partners and families. They provide specialist advice and guidance to help people change their behaviours and support for those working with domestic abuse perpetrators.

If you're working with a perpetrator of domestic abuse you can call for confidential advice and information. They provide you with advice and guidance on working with domestic abuse perpetrators safely. They will explain why anger management courses, mediation and couples counselling are not safe interventions and signpost you to local domestic violence perpetrator programmes instead.

The Nottingham City Sanctuary Scheme
Nottingham City Council runs a Sanctuary scheme which supports survivors of domestic abuse to remain safely within their own homes. If you would like further information on this please e-mail sanctuary@nottinghamcity.gov.uk.

Domestic Violence Disclosure Scheme
https://www.nottinghamshire.police.uk/clareslaw

If you live in Nottinghamshire, you can find out if your partner has a violent past thanks to the Domestic Violence Disclosure Scheme.

About 'Clare's Law'
Clare's Law – is an initiative, which enables people to check their partner's history of domestic violence. It is hoped that knowing this information will allow a person to consider whether or not they are at risk from their partner.

It has the following benefits:

- 'right to ask', under which people can seek information disclosure from the police about their partner's previous domestic violence convictions.
- 'right to know', under which the safeguarding agency makes a decision whether a disclosure should be made to protect a potential victim in and ensure their safety.

Drug and Alcohol Misuse - Child

CGL

Change Grow Live (CGL) offer one to one support to young people that misuse substances, this is usually face to face support. CGL also offer support to family members that are affected or have been effected by the impact of substance misuse. Referrals can be made online: https://www.changegrowlive.org/jigsaw-young-person-family-service-nottingham/info

CAMHS

For young people that are experiencing mental health difficulties and have co-morbid substance use needs (dual diagnosis), there is a Child and Adolescent Mental Health Team - Head 2 Head. This service can be referred into by professionals, but they do have a self-referral process, for more information see the link: https://www.nottinghamshirehealthcare.nhs.uk/camhs-head-2-head-team

HEALTH SHOP

The Health Shop Nottingham also offer free advice on a drop in basis around alcohol, drugs and sexual health. This is often a good way to introduce young people to accessing confidential support on a less formal basis, including information around safe substance use and needle exchange. Drop in info is available by telephoning 01158441855 or visit the website on: https://www.nottinghamshirehealthcare.nhs.uk/the-health-shop

Drug and Alcohol Misuse – Parent/Carer

Nottingham Recovery network: Offers free advice, support and treatment for people misusing drugs and alcohol.
To access the service contact the Wellbeing Hub - you can call, go to the website or walk into the hub, no appointment needed.
Telephone - 0800 028 5598
E-mail - info@nottinghamwellbeinghub.org
Website - https://www.nottinghamwellbeinghub.org
Where to go - Wellbeing Hub Nottingham
73, Hounds Gate
Nottingham
NG1 6BB
Opening Times
Monday, Tuesday, Thursday, Friday: 9:00-17:00
Wednesday: 9:00-19:00
Saturday: 09:30-12:00
Sunday: Closed
Reception Opening Hours
Monday to Friday, 09:00-17:00

Change Grow Live (CGL) work with people who are affected by someone else's use, and offer brief, 1-2-1 psycho social interventions, group work and consultation service for professionals.

To refer to this service you can call, email or walk in
Telephone - 0115 948 4314
E-mail - jigsaw@cgl.org.uk
Address - 2 Russell Place, Nottingham. NG1 5HJ
Opening hours - Monday - Friday 9-5pm
Website - CGL Jigsaw Website

Double Impact works with 18 yrs plus with addictions and issues facing recovery. Their aim is to break the cycle of addiction.
Their services include:

- educational groups
- accredited courses to build self-esteem and employment skills
- housing support
- volunteering experiences
- advice for family members, and
- safe places for people to socialise and support each other.

By enabling access to these vital tools, services and opportunities, our charity helps people suffering substance misuse to achieve the independence and well-being that come with a sustained recovery.

Referrals:
Telephone - 0115 8240366
E-mail - team@doubleimpact.org.uk
Website - https://www.doubleimpact.org.uk/

Child and Adolescent Mental Health

GP – If you have concerns in relation to a child and young person's mental health a good starting point if the registered GP who will be able to offer advice and support and make appropriate referrals.

Schools and education provider – Many schools provide in house counselling service. It's worth contacting the child's school to make enquires around their provision for children and young people's emotional health and wellbeing. The school may be linked in with the CAMHS Mental health support team, check with individual provisions for more info on this.

Targeted CAMHS service - Child/Adolescent Mental Health Services across Nottingham are working together to support children and young people with behavioural, emotional or mental health needs. You will also be able to request support from **SHARP** (Self-Harm Awareness Raising Project).

http://www.asklion.co.uk/bemh refer via the online form or contact 0115 8764000

Community CAMHS services – The Community Child and Adolescent Mental Health Service (CAMHS) teams offer treatment for mild to severe emotional health and mental health needs, for young people up to the age of 18 and their families.

Some of the young people we see are experiencing things such as anxiety, post-traumatic stress disorder, attention deficit hyperactivity disorder, autism spectrum disorder, depression and bipolar.

The support we give is part of a wider group of agencies to make sure that young people receive the right treatment from the right service.

Community CAMHS has three teams covering different areas across Nottinghamshire. There are also specialist teams which provide further support, these are:

- Eating Disorders Team
- What About Me (WAM)
- Head 2 Head
- CAMHS Crisis and Home Treatment Team
- Intellectual Disability Team (IDD)
- Children Looked After and Adoption Team
- Paediatric Liaison Team
- Primary Mental Health Team
- Substance Misuse Service (SMS)
- Face It

https://www.nottinghamshirehealthcare.nhs.uk/camhs-professionals

CAMHS crisis team - Our service is for young people experiencing a mental health crisis. This includes young people who:

- are at risk of immediate and significant self-harm
- are an immediate and significant risk to others due to their mental health
- are being considered for admission to a mental health inpatient unit
- are in acute psychological or emotional distress that is causing them to not be able to go about their daily activities, such as going to school and looking after themselves

CAMHS Single Point of Access for Self-Referral which is responded to within 72 hours: 0115 854 2299

CAMHS Crisis Team for urgent assistance: 0115 844 0560

Alternatively you can the Nottinghamshire Mental Health helpline helpline number on 0300 303 0165. This number is available to anyone in mental health crisis at anytime, anywhere across Nottingham and Nottinghamshire.

Base 51 - The Base 51 Counselling Service provides time and space for young people aged 12 to 25 to talk about their troubles and explore difficult feelings in an environment which is dependable, free from intrusion and confidential. Counsellors at Base 51 respects young people's viewpoint while helping them to deal with specific problems, cope with crises, improve their relationships, or develop better ways of living.

Email: mailto:counselling@base51.org.uk

Telephone: 0115 9525040

Kooth - Online and face to face counselling for children and young people. Online service is anonymous to young people

Email: info@xenzone.com

Telephone: 07715906131

Website: https://www.kooth.com/

Harmless/Tomorrow Project - Harmless is a user led organisation that provides a range of services about self-harm and suicide prevention including support, information, training and consultancy to people who self-harm, their friends and families and professionals and those at risk of suicide.

Harmless was set up by people who understand these issues and at the heart of our service is a real sense of hope. We know that with the right support and help life can get better. We hope that you find this site a safe and helpful resource. We provide drop-in, crisis café, short and long-term support and psychotherapy. Under The Tomorrow Project we additionally deliver suicide crisis and bereavement services.

Email: info@harmless.org.uk

Address: 1 Beech Avenue

Nottingham

NG7 7LJ

Telephone number: 0115 8800280

They also use social media to connect and can be found on Twitter and Facebook

Below are a number of services which may also help support children and young people during difficult times.

YoungMinds Crisis Messenger

Provides free, 24/7 crisis support across the UK if you are experiencing a mental health crisis

If you need urgent help text YM to 85258

All texts are answered by trained volunteers, with support from experienced clinical supervisors

Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.

Samaritans

www.samaritans.org

If you're in distress and need support, you can ring Samaritans for free at any time of the day or night.

Freephone (UK and Republic of Ireland): 116 123 (24 hours)

Email: jo@samaritans.org

Childline

www.childline.org.uk

If you're under 19 you can confidentially call, email, or chat online about any problem big or small

Freephone 24h helpline: 0800 1111

Sign up for a childline account on the website to be able to message a counsellor anytime without using your email address

Chat 1:1 with an online advisor

The Mix

www.themix.org.uk

If you're under 25 you can talk to The Mix for free on the phone, by email or on their webchat. You can also use their phone counselling service, or get more information on support services you might need.

Freephone: 0808 808 4994 (13:00-23:00 daily)

Calm Harm app

www.calmharm.co.uk

A free app providing support and strategies to help you resist or manage the urge to self-harm

Download from Google Play or App Store

MeeTwo app

www.meetwo.co.uk

A free app for teenagers providing peer support and resources. Young people can share what's going on for them and send supportive messages to others. All messages are fully moderated.

Download from Google Play or App Store

Parental Mental Health

The family GP would always be the first option wherever possible, as they tend to have the most up to date local information about counselling and therapeutic services available locally and can discuss any medication options/give a medical overview. If the GP is not an option and counselling or therapeutic support is required, there are several services available:

Two of the most appropriate services for therapeutic support are:

Let's Talk Well Being offer therapeutic support which includes Cognitive Behavioural Therapy (CBT), counselling, Mindfulness Based CBT (MBCT) groups, Interpersonal Psychotherapy, Eye Movement Desensitisation Reprocessing (EMDR), employment support, guided self-help education and group therapies

Referrals can be made through the GP or self-referral online by following this link: https://www.nottinghamshirehealthcare.nhs.uk/letstalkwellbeing

Trent PTS – Offer a range of Psychological therapies across 3 community bases within the city, commissioned by the NHS, they can also offer a range of therapies, face to face, online or over the phone. Referral by telephone **0115 896 3160. Or by following the link:** https://www.trentpts.co.uk/

Attendance at School

If a child you are working with is not attending school or their education provision, you can contact the Attendance Officer or the person responsible for attendance in the setting. An Attendance Officer will arrange to meet parents, to try to resolve any issues preventing the child from attending school regularly and where necessary make the appropriate referral to the Education Welfare Service. Please see attached for a list of Attendance Officers for individual schools.

file:///\\nccfsw2k122\users1\keaves\Copy%20of%20School%20Attendance%20Officer%20List.xlsx

Education Welfare Service

If you are concerned about a child you are working with who has not attended school and school are not proactive in taking action to ensure attendance then you can contact the Education Welfare Service – EWS Specialist for advice and guidance. Alternatively, a Check and Challenge can be completed, this form can be found on the EWS website; this form can be completed by any professional. The Check and Challenge referral will be investigated by an Education Welfare Officer where information and intervention will be fed back to the referrer.

elaine.parker@nottinghamcity.gov.uk

tina.stuart@nottinghamcity.gov.uk

Check and Challenge

The Check & Challenge form can be completed for many reasons, which include reporting truants, reporting addresses where truants harbour, school refusers, children without a school place (WASP), child employment etc.

educationwelfareservices@nottinghamcity.gov.uk or call the Check & Challenge line on: 0115 876 1949

School Admissions

If a child you are working with, who is of school age and is not on roll at an education provision and not being Electively Home Educated an admission form can be completed which is on the NCC website. The admissions department will process the application and do the necessary checks before a school place is offered.

schooladmissions@nottinghamcity.gov.uk

Fair Access Panel

If the child has been out of education for more than 1 term, is new to the City, has an attendance of below 70%, has safeguarding concerns ,is at risk of or subject to domestic abuse, is leaving a secure unit or is at risk of permanent exclusion their case may be heard at the Fair Access Panel.

The Fair Access Panel is a bi monthly panel of Senior Leaders that discuss placing these cases into the most suitable education provision for available for them.

FairAccess@nottinghamcity.gov.uk – Exclusions@nottinghamcity.gov.uk

Ask Us (Formally Parent Partnership)

Ask Us is an organisation that have a telephone helpline for parents/carers and professionals to support with paperwork related to educational issues, giving information and advice regarding statutory processes and attendance with parents at school or other education related meetings. They also offer support to parents/carers of children and young people with special educational needs or disabilities who live in Nottingham or Nottinghamshire.

enquiries@askusnotts.org.uk

Housing

Nottingham City Homes

Nottingham City Homes (NCH) are an Arm's Length Management Organisation (ALMO) who manage the Local Authorities Housing stock.

If a NCHs tenant is at risk of eviction due to rent arrears, they can get support through their Rent Account manager who will refer them to the Tenancy Sustainment Officer (TSO). The role of the TSO is to offer a home visit to support tenants to manage finances, set up payment plans, complete charity applications and ultimately make rent payments. If the tenant does not engage with the TSO and they are a family living in the property, their case will be discussed at the Eviction Prevention Panel prior to a warrant being issued.

Call 0115 915 4920 or **email**

Eviction Prevention Panel

The Eviction Prevention Panel (EPP) is a fortnightly meeting where families or vulnerable tenants are discussed and a plan put in place to support them to prevent eviction.

If you have a family whose case has been discussed at the EPP you will be asked to support your family to attend a Homelessness Risk Assessment at Housing Aid. An appointment can be made by responding to the HRA letter that your family would have received or contacting Sarah Glazebrook at Housing Aid. At this appointment, a payment plan will be set up with NCHs and an appointment with Welfare Rights offered to discuss any further debts that your family may have.

housing.aid@nottinghamcity.gov.uk

Anti- Social Behaviour

If a NCHs tenant is at risk of eviction due to anti- social behaviour their Housing Patch Manager (HPM) can be contacted to discuss ways to support, also a referral to the Family Intervention Project could be explored. HPMs can be found on NCHs website by typing in the address of your client.

Find your **Housing Patch Manager.**

paul.martin@nottinghamcity.gov.uk

veronica.fairley@nottinghamcity.gov.uk

Housing Aid

Families without a home can present as homeless at Housing Aid. Alternatively, they can complete the online application on Nottingham's Housing Aid website. An appointment will be offered, where they will be assessed and may be asked to provide documentation to support their application. They will

be allocated a Housing Advisor who will investigate their homelessness eligibility, which can take up to 5 days, once eligibility is confirmed it can take up to 56 days to explore intentionality. If the family have nowhere to stay, they may be offered temporary accommodation. If the family are found intentionally homeless after investigations, they will be asked to leave temporary accommodation and seek their own housing.

housing.aid@nottinghamcity.gov.uk

NPRAS

Nottingham Private Rented Assisted Scheme (NPRAS) is a scheme to support people that have gone through the homeless route to secure private rented accommodation. Clients can be supported with a deposit and the first months' rent.

If a client is at risk of being evicted from a private rented property and they have been issued with a section 21, Housing Aid will offer support by negotiating with landlords any terms that may prevent the eviction from going ahead.

NPRAS@nottinghamcity.gov.uk or via telephone 0115 876 1644

Children & Families

Any 16 or 17 year old who presents as homeless will be required to have had a CIN assessment to establish level of need. If assessed as not being CIN they are then the responsibility of Housing Aid as automatic priority need.

candfdirect@nottinghamcity

housing.aid@nottinghamcity.gov.uk

Food Poverty

Foodbanks aim to provide emergency food and support to people locked in poverty. Food bank providing food, basic provisions, support and advice for those in need. They support and encourage food banks to provide compassionate, practical support to people in crisis to tackle the root causes that lock people into poverty and build people's resilience so they are less likely to need a food bank in the future.

PROFESSIONALS IDENTIFY PEOPLE IN NEED

Food banks partner with a wide range of care professionals such as doctors, teachers, health visitors, early help practitioners and social workers to identify people in crisis and give them a food bank voucher to access emergency food.

CLIENTS RECEIVE FOOD

People bring their voucher to a food bank centre where it can be redeemed for three days' emergency food. Volunteers welcome people and offer them further support to help resolve the crisis they face.

Further details of where a foodbank is near you go to Ask Lion at
https://www.asklion.co.uk/kb5/nottingham/directory/results.page?directorychannel=0&qt=food+banks+&term=&sorttype=relevance

Poverty

Sharewear – Sharewear Clothing Scheme is a registered charity, registered in England and Wales.
Contact details
Contact Tel number - 07724 118666
Email - info@sharewearclothingscheme.org
Address - Sharewear Nottingham 41 – 43 Daybrook Nottingham NG5 6BB
How to get clothing support from Sharewear - Families who are receiving any kind of support from social services or voluntary projects and require help with clothing please ask them about having a referral for support with clothing and bedding. If they are not a current referral agency for us please ask them to get in touch and we will arrange for them to become one of our referral partners.
Making a Referral - Sharewear Clothing Scheme operates a referral system, and works with several organisations across Nottinghamshire including charities and statutory agencies. Referral forms can be found at https://sharewearclothingscheme.org/referrals/
Where to get the clothing once I have been referred to Sharewear?
Sharewear currently operate out of two locations, Nottingham and Sutton-in-Ashfield.
Nottingham referral opening times: Wednesday & Friday 10.30am – 2pm

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Debt support

Welfare Rights Service - Nottingham City Council

Welfare Rights offers advice about debt, benefits, housing, employment and more. Nottingham City Council funds and directly delivers welfare rights advice across the city with the aim of improving the income and living standards of Nottingham people.

Contact number - 0115 915 1355 (Lines are open Monday to Friday 8:30am to 4:50pm)

National Money Advice Service

The main aim of the project is to help those who are in fuel debt. Completing energy trust applications to clear arrears. Also, support for applications for white goods. Securing vouchers for those with pre pay meters and disabilities.

0300 500 5000 Fuel Debt / 0115 962 6519 The Fuel Project

For further support or for more debt advice services go to Ask Lion
https://www.asklion.co.uk/kb5/nottingham/directory/results.page?directorychannel=0&qt=debt+support+services+&term=&sorttype=relevance

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Shoeaid works to provide suitable and functional footwear to men women and children here in the UK and the world, providing Opportunity, Dignity and Equality

Shoeaid is a charity that provides shoes to families for adults living below the poverty line, not having the correct footwear to attend job interviews, for example, can seriously impact their chances of obtaining employment and affect their self-esteem.

The Shoeaid website is - https://www.shoeaid.co.uk/

Online referral can be found at - https://www.shoeaid.co.uk/contact-form/

Employment

Provider	Location	Details	More information
DWP	National	DWP staff will support individuals currently out of work and in receipt of benefit or those at risk of redundancy. They can tailor the support to the individual and refer to the most relevant provider to meet the needs. As well as work coaches offering the employment support, there are also specialists who will support in the following areas; Disabilities, Domestic abuse survivors, safeguarding, self employment and youth provisions	Offices in Nottingham; Loxley House Parliament Street Bulwell www.gov.uk
DWP/Priority Families	Nottingham	Priority Family Employment Advisors work with DWP and the Local Authority/partners to support individuals within the city around employment and benefits.	Katy.pearson@nottinghamcity.gov.uk 07771 837588 Rob.harrod@nottinghamcity.gov.uk 07920 181547 Monica.bryce@nottinghamcity.gov.uk 07920 155014
Belong	Nottingham	**Eligibility**	**Contact details**

		Migrants and refugees **Provision details** • Assisted job search • Application forms • CV help • Careers advice • Interview techniques • ESOL	Call 0115 979 0015 or email enquiries@belongnottingham.co.uk
Bestwood Directions	Bestwood Bulwell Top Valley Basford	Help with CV's and letters of application, assistance in completing application forms. Advice on benefits and debts, bus passes for interviews, training and employment, careers advice, advice on benefits, phoning employers, writing letters of application.	The Bestwood Partnership / Bestwood Directions Bestwood Community Centre Gainsford Crescent Nottingham NG5 5HT Telephone: 0115 9755758 Email: admin@bestwood.org.uk
CT Skills	Nottingham	**Eligibility** 18-64 City Residents Training provider supporting clients with functional skills, apprenticeships and sector based employability skills	Head Office, Unit 1, Priory Court, Derby Road, Nottingham, NG9 2TA | 0115 9599 544 https://www.ctskills.co.uk/
DBC	Nottingham	**Eligibility** 18-64 City Residents	**Phone:** 0115 947 2891 **Address:** 2 Arkwright Street, Nottingham NG2 2GD

		Training provider supporting clients with functional skills, apprenticeships and sector based employability skills	https://www.dbc-training.co.uk/
Futures - Step Into Work	Nottingham	**Eligibility** 18-24 YO City Residents, JSA, Identified as RED claimants **Provision Details** The programme aims to tackle literacy, numeracy, ESOL, IT, behaviour and attitudinal change through Mentor Support and bespoke Education and Skills Funding Agency (ESFA) funded provision. As this provision is tailored to the individual there is no set package that will be delivered to all.	**Address:** 57 Maid Marian Way, Nottingham NG1 6GE **Phone:** 08000858520 https://www.the-futures-group.com/
National Career Service	Nottingham	National Careers Service are able to offer a drop-in CV service to all customers at their offices on Maid Marian Way.	Nottingham Futures Centre 57 Maid Marian Way Nottingham NG1 6GE (next to Ingeus). For all City and conurbation offices phone 0115 9601597 https://www.the-futures-group.com/
Nottingham Jobs	Nottingham	Nottingham Jobs is the City Council's employment and skills brokerage service providing specialist support to employers and job seekers within	https://www.nottinghamjobs.com/ Tel: **0115 876 4508**

		Nottingham and its neighbourhoods. It is delivered in partnership with the DWP and Futures with funding from the European Social Fund.	Nottingham Jobs Nottingham City Council 4th Floor, Loxley House Station Street Nottingham NG2 3NG
Nottingham Libraries	Nottingham	**Eligibility** Open to all. **Provision Details** Nottingham City Libraries have a range of services that can help jobseekers find work and training. Full details of the services available (link is external) can be found on their website. These include: Job Information Points – careers advice, job hunting, college information Public Computers with Microsoft Office and Broadband Internet Access Printing Facilities – there is a charge for this One to One help sessions – covering basic IT skills Access to specialist electronic resources – specialist business online resources	Drop in at local libraries across the City or visit the website.
Right Track Social Enterprise Ltd	Nottingham	**Eligibility** Open to all **Provision** Rebuild your confidence	Sally Davies Right Track Social Enterprise Ltd Tel: 0115 9200300 RTSE website

		Fully recognise your skills – and why they're important to an employer Help you look for work Help you achieve a City and Guilds Employability and Personal Development Award or Certificate (Level 1 or Level 2)	
Way to Work	National	Way2Work is especially for people who are facing personal and economic barriers to finding a job such as lack of basic maths and language skills, single adult families, people from BAME communities, over 50s, and people with disabilities or health conditions which have a long-term and significant impact on their daily lives.	**https://www.nottinghamjobs.com/way2work/** way2work.admin@nottinghamcity.gov.uk
Womens Centre	Nottingham	**Eligibility** Wherever possible courses are free* to women on benefits, unemployed and/or in low paid work Please contact with regards to eligibility for free course placements Castle College courses require and Admin Fee - this is a £10 once per year fee that only applies to specified courses, those marked **Provision Details** Computers for Beginners Introduction** Preparation for CLAIT**, Pre-CLAIT**, CLAIT OCR Level 1** Using a Computer NOCN Entry Level** Computers for Beginners Introduction**, ECDL (BCS 1 & 2)	Nottingham Women's Centre 30 Chaucer Street Nottingham NG1 5LP Tel: 0115 941 1475 http://www.nottinghamwomenscentre.com/

		Preparing to Teach in the Lifelong Learning Sector (C & G 7303)** Building Self Confidence**, Job Application CV & Covering Letter Writing Preparing for an Interview, Introduction to Career Preparation NOCN E3, Personal Finance BCS Level 1, Business Startup Introduction** Introduction to Recognising Employment Opportunities NOCN E3 Business Start-up "Undertaking an Enterprise Project" NOCN Level 1**	
Work and Health Program	Nottingham	**Eligibility** 1. Person with a disability or long term health condition 2. An ex-offender (someone who has completed a custodial or community (link is external) sentence) or an offender (someone who is serving a community sentence) 3. A carer 4. An ex-carer 5. A homeless person 6. A former member of Her Majesty's (HM) Armed Forces (AF) 7. A member of the HM AF reserves 8. A partner of current or former Armed Forces personnel 9. A person for whom a drug or alcohol dependency (including a history of) presents a significant barrier to employment 10. A care leaver 11. A refugee 12. A victim of domestic violence	Referral via local Jobcentre

		13. A young person in a gang . **Provision** WHP offers participants personalised support to address work and health challenges and find sustainable employment.	
Family Intervention Project YEIX (Youth Employment Initiative)		**Eligibility:** 16-29 year old Young people and adults within the above age range that are NEET **Provision** Support to remove barriers to becoming work ready or gain employment.	Contact: FIP@nottinghamcity.gov.uk 0115 8765964

Early Help Services

Play and Youth activities in a city provide a range of services for young people to enhance their spare and leisure time. These offer children and young people enjoyable opportunities that help them develop key personal, social and life skills and encourage them to achieve, raise aspirations and become active citizens. To enable the delivery of the above sessions, members of the Youth and Play Service have undergone training on safeguarding awareness and how to identify the non-verbal signs of when young people are experiencing or at risk of harm such as domestic abuse (not necessarily directed at the young person), self-harm and mental health;

Play and Youth Workers make sure that everyone who visits the site has fun safely They aim to offer positive experiences for children and young people

Sessions are provided at low cost or free within the city.

They welcome all children and we can make adjustments or provide additional support

For play sessions Due to Ofsted guidance, children who wish to attend independently (without their parents/carers), 5th Birthday must be from 1st September (Year 1)

Play sessions are for children aged between 5 and 13 years old.

Youth sessions are for young people aged between 13 and 17 years old or 11 and 19 years old.

Play and Youth sessions are open access which means that children and young people are free to arrive and leave unaccompanied over the age of 8.

Membership

All children between the ages of 5 and 19 years old who wish to access play or youth sessions must complete a membership form which are available by contacting the centres below

Venues

Bulwell Riverside

Telephone - 0115 8762220

Clifton Young Peoples Centre

Telephone - 0115 8762777

Forest Fields Play Centre

Telephone - 0115 9155672/ E-mail hysongreencc2@nottinghamcity.gov.uk

The Ridge Adventure Play Ground

Telephone 0115 8761890/ E-mailtheridge@nottinghamcity.gov.uk

Phoenix Adventure Playground

Telephone 0115 8763888/ E-mail phoenixap@nottinghamcity.gov.uk

Children's Centres offer provision for under 5's and their families, they form part of the 0-19 services provided by Early Help Teams. Each Children's Centre has a timetable of activities and provision (click here). The provision is accessible to families and their children in addition to the universal sessions there are more specialist services and activities that can be accessed to support children with their individual needs. The Children's Centres runs eight group based core programmes that families can be referred on to. There is a City Wide referral form that needs to be completed if you are referring a family on to one of these programmes.

Peep Watch me Grow (0-9 months)/ Peep Inbetweenies (9-18 months)/ Peep Getting Ready for Nursery (18mths +)

Peep supports parents/carers to improve their baby's life chances and create the best start for their baby, by making the most of everyday learning opportunities at home – listening, talking, playing, singing and sharing books and stories together.

Parenting Programmes - Triple P - 8 week programme (0-10 years)/ Triple P Discussion Groups 2hr session (0-12 years)/ New Forest Parenting Program (NFPP

Freedom Programme - The Freedom Programme is a 10-week information and support programme built around the realities and effects of domestic abuse for women only.

Volunteering An 8 week course aimed at supporting parent/carers develop their knowledge, skills and experience in the areas of education, employment or training.

The Children's Centre promotes the welfare and development of all children that accesses its provision within each setting in partnership with parents and other relevant agencies.

Once a family register to use a children's centre they can take part in activities or use services across all centres in Nottingham.