# Enfield Safeguarding Children Partnership

## Neglect Strategy and Multi-Agency Guidance 2026-2030

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# 1 Introduction

Neglect is the most common and widespread form of child abuse; currently in the UK 40% of child protection plans are under the category of neglect and in over 50% of child safeguarding practice reviews neglect is known to be a factor. It is pervasive and its effects can have long-term consequences for the child's development and outcomes, but it can be the most difficult form of child abuse to recognise.

### In Enfield:

- 53% of child protection plans are under the category of neglect
- 82% of cases on a child protection plan entering public law outline (parents / carers have been sent a letter before proceedings) involve neglect

# 2 Aim of the strategy

The Enfield Safeguarding Children Partnership aims to reduce levels of neglect in the borough by providing an integrated, multi-agency response based on a thorough understanding of the impact of neglect on children's development and their lived experience. The ESCP will use multi-agency data to inform decision-making, identify trends and emerging risks, and evaluate the impact of activity to improve outcomes for children affected by neglect. This document will be reviewed annually.

### The key objectives are to:

- promote the early recognition of neglect and the use of preventative services
- ensure appropriate escalation of concerns around neglect
- end the cycle of neglect in families by tackling the root causes through provision of targeted support as well as on-going universal community support to help families cope with difficulties
- recognise and respond to the particular vulnerability of some groups of children, for example teenagers and disabled children
- recognise the impact of poverty and deprivation on families and work in a poverty-aware framework

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

- a child-focussed approach that understand children's lived experience and ensures they are "seen" and have a voice.
- timely responses at an appropriate level of intervention based on the child's needs
- "think-family" approaches that work with families in a respectful and empowering way with a focus on building on family strengths to promote resilience
- anti-discriminatory and culturally competent practice that recognises the diversity of service users and factors such as disproportionality and bias
- support being delivered through a Family Help approach, ensuring continuity of relationships for children and families as needs change

## 3 Definition of neglect

### Working Together 2026 describes neglect:

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

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

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

## 4 Recognition of neglect

Neglect can be difficult to identify because the harm is often cumulative over time and may not be easily observed. Unlike other forms of abuse there are often no notable incident on which professionals can focus attention. Professional curiosity is essential when neglect may be present; professionals should respectfully question explanations, explore inconsistencies, consider the child's daily lived experience and use information from across the professional network to identify hidden, cumulative or escalating harm.

- Neglect generally involves an omission and failure to do something rather than an intentional act and this can sometimes make it difficult for professionals to recognise neglectful parenting.

- The effects of neglect can be difficult to detect as there is often no obvious concerning incident or sudden or immediate threat to the child's wellbeing as is the case with other forms of abuse. However, the cumulative effects of long-standing neglect are just as harmful.

- Neglect can occur in a cycle with periods of stability punctuated by a crisis leading to referral and short-term intervention that leads to some improvement in parenting so that cases are closed but the underlying issues may not have been resolved leading to re-referrals.

- Neglect is also likely to co-exist with other forms of maltreatment and professionals should also be aware of any indicators of physical, emotional and sexual abuse.

- Neglect can affect children of all ages including teenagers.

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

The neglect matrix at appendix 3 provides professionals with some examples of how neglect may manifest and these should be considered alongside the London Safeguarding Children Procedures, Continuum of Help and Support available at:

(London Safeguarding Children Procedures)

## 5 Role of agencies

**All agencies should:**

- have an awareness and understanding of neglect that is rooted in child development
- be able to identify children who are experiencing neglect
- be professionally curious regarding possible neglect
- know how to make appropriate referrals to children and family services
- contribute to the assessment of families and the planning and review of interventions and services for neglect

**Health professionals** should be aware of:

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

**London Ambulance Service** should be aware of children coming to their attention whose presentation could be a result of inadequate supervision, medical neglect or home conditions.

**Housing** should be aware that poor home conditions can be an indicator of neglect.

**Schools** should be aware of:

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

**Early Years Settings and Family Hubs** should be aware of:

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

**Police** should be aware of young children coming to their attention because they are left alone or found outside either without adult supervision or with a parent/carer who is under the influence of drink or drugs. This may not meet the criminal threshold for police involvement but requires police referral to other agencies.

**Youth Justice** workers should be aware of those young people who are involved in offending and risky behaviour due to neglectful parenting and a lack of supervision or boundaries.

**Youth Services workers** should be aware of young people who spend large amounts of time unsupervised in the community, particularly late at night, and whose parents provide limited supervision and boundaries. Professionals should be alert to young people who are particularly vulnerable to risks such as exploitation/extra-familial harm, and substance misuse, because of neglectful parenting.

## 6 Poverty aware practice

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

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

## 7 Non-engagement

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

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

## 8 Culture and Neglect

Professionals should consider cultural norms and family backgrounds when assessing concerns. They should be mindful that some practices may differ across cultures but

do not necessarily constitute neglect. The focus should always be on the child's welfare and lived experience.

# 8 Referral and response

## 8.1 Thresholds and referral

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

| Level | Support |
|---|---|
| Level 1 No Additional Need | Universal Services |
| Level 2 Early Help | Family Help - Targeted Early Help |
| Level 3 Children with Complex and Multiple Need | Family Help - Child in Need |
| Level 4 Children in Acute Need | Child Protection |

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

## 8.2 Children's Social Care Family Help services

As of 2026 Early Help has been integrated into Children's Social Care in line with national reforms.

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

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

**For families with low support needs**; liase with the family and the professionals known to the family to establish what additional information, advice and guidance will

support families to maximise their income and access additional services and support e.g. charitable grants.

**For families with higher support, but low needs*;*** carry out a Family Help assessment and develop a plan alongside the family and professional network. The intervention length will vary depending on the family's level of need and the identified intervention plan will be reviewed at least every 6 months and will focus on working with families to address identified needs including those related to neglect (income maximation, increase parenting capacity, support access to/relationships with universal services such as health and education).

### 8.3 Children's Social Care Statutory Services

Children's Social Care provides a statutory service for children who meet the following criteria:

- Children in Need (level 3) – children whose development is being impaired and who need services to meet a reasonable standard of development. These will be cases where:
- parenting is inconsistent;
- the child's developmental needs are not being met;
- parents do not have the capacity to meet the child's basic needs;
- parents are unable to provide adequate supervision or fail to recognise risk or protect their children from dangers within and outside of the home.

- Child protection (level 4) – children who are at risk of significant harm requiring a statutory intervention. These will be cases where:

  - Parenting is absent or severely compromised
  - there is a persistent failure to meet the child's basic physical and developmental needs and/or a lack of emotional availability;
  - the child is failing to thrive;
  - the child has a medical condition that is deteriorating or not improving due to parents' missing health appointments or not following medical guidance
  - there is a serious lack of supervision and boundary-setting leading to the child being at risk of accident or injury or teenagers becoming involved in risky behaviour and being beyond parental control;
  - the home environment is seriously unsafe or unsanitary;
  - parents are non-engaging or are hostile towards professionals working with the family.

In these cases, the family will be allocated a social worker or family help practitioner who will carry out a child and family assessment to assess the level of harm and decide on the best intervention. All children will have a plan that is regularly reviewed at statutory review meetings.

Please note that Early Help is not a standalone statutory service in the same way that Child in Need or Child Protection services are**.** However, local authorities and partner agencies do have statutory duties to identify need early and work together to provide support to children and families.

**8.4**

Where neglect reaches the threshold of significant harm or involves criminal concerns, the police will be involved. This may include information-sharing, strategy discussions under section 47, joint investigations, and immediate protective action where necessary.

## 9 Monitoring interventions and outcomes

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

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

## 10 Training

There is an expectation that professionals who work directly with children and families attend the ESCP training on Neglect to help them:

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

## 11 Resolving professional differences

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

If professionals or agencies have any disagreements in connection with this policy, this will be resolved under the ESCP escalation and resolution policy available at: Enfield Safeguarding Children Partnership Escalation and Resolution Protocol

**Appendix 1:**

***Recognising neglect:*** practice guidance for professionals

### Types of neglect

| | |
|---|---|
| **Physical** | Not meeting basic care needs such as food, clothing, shelter, safety |
| **Medical** | Not ensuring basic preventative medical and dental care, missing immunisations and health appointments, not seeking medical treatment as needed |
| **Educational** | Not ensuring the child receives a suitable education |
| **Nutritional** | Not providing a suitable, healthy diet, diet is severely limited or extremely poor nutritionally |
| **Emotional** | Not providing warm, nurturing care or stimulation, lack of interaction with the child; this is in contrast to emotional |

| | |
|---|---|
| | abuse which involves specific actions such as humiliating or intimidating them. |
| **Lack of supervision and guidance** | Not being aware of where children and young people are, leaving children home alone, not supervising younger children in potentially hazardous environments including failing to provide close and continuous supervision when young children are in or around water, lack of boundaries for teenagers, not monitoring online activity, lack of suitable child-care |

### *Categories of neglect*

| | |
|---|---|
| **Disorganised** | Inconsistent or chaotic parenting, family in constant crisis, frequent changes in family life |
| **Depressed/passive** | Unmotivated or unable to understand or meet children's needs, parents feel powerless to change anything, failure to meet basic care needs, may be linked to depression or mental ill health |
| **Severe deprivation** | Complete failure to meet needs leaving children dirty, hungry and in unsafe situations, lack of any parenting, children left on their own for long periods |

*Types of neglect describe how neglect is experienced in a child's day-to-day life across various areas, while categories of neglect describe the underlying pattern or context of parenting. In practice, multiple types of neglect may be present and arise from a single category of neglect affecting a child.*

### Risk factors and vulnerabilities

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

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

- The impact of parental substance misuse can negatively affect parents' ability to meet the child's physical and emotional needs or set appropriate boundaries. It can also mean parents prioritise buying drugs or alcohol over buying food or paying household bills. Parents may also be physically and emotionally "unavailable" to children whilst using substances.

- Domestic abuse can have a negative impact on the victim's emotional and mental wellbeing as well as their physical wellbeing which in turn may affect their ability to provide basic care or emotional warmth.

- Parents with learning difficulties may not be able to understand their child's needs or how to meet them.

- Parents who experienced neglect or harm as a child or adverse childhood experiences may also have difficulty understanding appropriate standards of parenting.

## Children at greater risk

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

- children with disabilities
- children under the age of 3 who are more reliant on carers and who are not regularly seen by the professional network (see also appendix 2 on emotional neglect of babies and young children)
- teenagers who may be overlooked by professionals due to their increasing independence
- young carers
- babies with complex medical needs or those with young parents who are not being supported in their parenting role

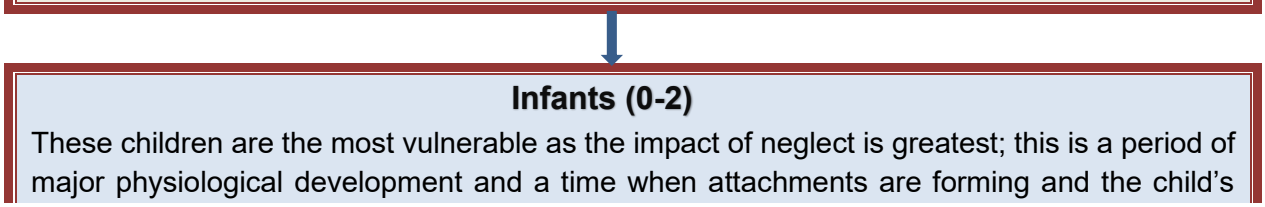
Professionals should also be aware of differences in the standard of care given to each sibling in the family, especially if there are concerns that individual siblings are being treated differently.

## Impact of neglect

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

**Pre-birth**

Neglect may begin during pregnancy where the mother misuses substances or does not engage with ante-natal services there is a lack of preparation for the child's birth.



**Infants (0-2)**

These children are the most vulnerable as the impact of neglect is greatest; this is a period of major physiological development and a time when attachments are forming and the child's

interactions with their carer is crucial to this development. Neglect can interfere with important neurological developments and the formation of attachments.

**Pre-school (2-5)**

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

**School-age (5-12)**

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

**Adolescents**

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

## Neglect and child exploitation

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

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

## Neglect tools

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

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

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

https://www.socialworkerstoolbox.com/

Neglect-and-Abuse-Picture-Cards-for-Chilc

Neglect-Flash-Cards-Scenarios-Reflection-(

neglect-matters-parents-guide.pdf

Understanding-Neglect-and-Getting-Help-(

### What is my home like for me

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

The tool is available at: What is my home like for me

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

The *London Safeguarding Children Procedures* are underpinned by **Working Together to Safeguard Children 2026.** This sets out what should happen in any local area when a Child or Young Person is believed to need support. Effective safeguarding arrangements should aim to meet the following two key principles:

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

The scope of this guidance relates to all professionals and agencies who come into both direct and indirect contact with infants and babies aged 0-2 years, as well as their parent(s)/carer(s). This is so that all agencies: have an awareness and understanding of emotional neglect; understand their role in implementing Enfield's neglect strategy;

can identify children who are experiencing emotional neglect; can apply the thresholds for intervention in cases involving neglect; are aware of referral pathways to children's social care in Enfield and what services can offer; can contribute to the assessment of families and the planning and review of interventions and services for neglect.

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

Professionals who come into contact with children aged 0-2 and their families need to be aware of how to best identify, support and safeguard children and their families, where there are challenges in consistently meeting their child's emotional needs. Some parent(s)/carer(s), for example those who are affected by post-natal depression or other mental health difficulties, may find it difficult to respond in a sensitive, consistent and attuned manner to meet their child's emotional needs. Evidence suggests these children are sometimes missed by services because the child's basic needs are being met (such as feeding and hygiene), and due to the child's inability to verbalise and communicate in line with their stage of development. The following indicators may be attributable to a range of factors, but are also consistent with emotional neglect in childhood:

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

Should any professional have concerns that a child is at risk of, or has suffered significant harm, they should follow local protocol and contact MASH

- Phone: 020 8379 5555 (Monday to Thursday from 9am to 5pm, Friday 9am to 4:45pm)
- Email: childrensmash@enfield.gov.uk
- Out of office hours on: 020 8379 1000 (select option 2 and you will be transferred to an advisor
- https://cp.childrensportal.enfield.gov.uk/web/portal/pages/home

## Appendix 3: Indictors of neglect and levels of harm

| | Level 1 No Additional Need (Universal Services) | Level 2 Early Help (Family Help) | Level 3 Children with Complex and Multiple Need (Family Help + Children in Need) | Level 4 Children in Acute Need (Child Protection) |
|---|---|---|---|---|
| **Description of care** | Care is child-focussed and all the child's needs are met. Parents are aware of standard of care required and consistently meet these standards. | Care is adult-focussed and generally of a reasonable standard and parents are aware of standard of care required but family circumstances or parental attributes sometimes make it difficult to provide for all the child's needs. | Care is neglectful with the child's needs secondary to parent's needs and evidence emerging that their development is being impaired as a result of care. Parents unaware or indifferent to required standards of care. | Neglect is acute and chronic. The child's needs not considered, and neglect is causing significant harm. Parents are hostile to professional advice on standards of care. |
| **Physical care** | All child's physical needs are met.<br>Home environment is safe and stable. | Some inconsistencies in meeting the child's physical needs.<br>Home environment is reasonably safe and stable. | Some evidence of child's needs not being met; child occasionally appears hungry, inappropriate clothing, lack of hygiene.<br>Home environment is not kept in a good state; tenancy is at risk and/or experience of several moves. | Child's needs consistently unmet; child frequently appears hungry and dirty and wearing inappropriate clothing.<br>Home environment is dirty and unsafe, unstable or overcrowded. |
| **Health** | Appropriate medical advice and treatment sought; immunisations, developmental checks up to date. | Occasional delays in seeking medical advice and treatment; some difficulties in keeping up | Does not routinely seek medical advice and treatment or immunisations | Does not seek medical advice and treatment except where severe or urgent. Routine |

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