Neglect Toolkit

Section 2

Tools for the Job

Contents

Common problems and how to overcome them

When working with neglect practitioners should be mindful of the following issues or barriers to effective assessment and interventions:

- A failure to observe or listen to children and see the world through their eyes

- A belief that neglect can be addressed solely by relieving poverty

- A failure to recognise children as part of a wider community, whose responses to the neglected child may be to bully or socially exclude them

- Taking a collective view of children in the same family, when an individual assessment is required

- A belief that parenting is innate and natural and therefore parental behaviours must be right

- A fear of imposing professional and class values on others

- Making assumptions about race and culture that could under or overstate the risks

- Viewing neglect as inevitable as the parents are unable to change their lifestyle/behaviour

- Developing pervasive belief systems that as long as the children seem happy, other omissions of care are less important

- A lack of knowledge of the impact and long term consequences of neglect

- An adherence to a belief in the adults rights to self-determination which may deny or be in conflict with the rights and/or best interests of the child

- Over identification with vulnerable parents, leading to denial of children's needs

- A belief that nothing better can be offered to children

- Studies have shown that when professionals have fixed views about the family and child, and the 'rule of optimism' develops, it is then difficult for workers to change their views about the family. This may occur in spite of compelling evidence of neglect and significant harm

- Neglect is usually seen as the mother's failure to provide care whereas little is known about male figures and the impact they have upon the children within the family

Try This....

✓ Share the chronology you have compiled with the family

✓ Think of creative ways to discuss the issues you are concerned about

✓ Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about

✓ Ask the family why they think you are visiting and use their response as a springboard to talk about issues

✓ If you have been involved with the family for a long time and you feel that when you talk about issues you are no longer making an impact, try and visit with a colleague to produce a new way of talking about the same things

✓ Be mindful of level of cognitive ability of the family and adjust your language accordingly (particularly relevant with families with significant learning disabilities)

There is a plan in place but I remain concerned for the child's safety

Try This....

✓ Discuss your concerns with your line manager, the named person within your organisation who has responsibility for child protection, or where the child is subject to a Child Protection Plan, the Chair of the Child Protection Conferences

✓ Ask for the review to be brought forward

✓ Produce a multi-agency chronology

✓ Reflect on concerns in relation to the child and parent and the effectiveness of the current plan

✓ Use tools/resources to consolidate concerns
✓ Seek legal advice about commencing the Public Law Outline (Social Care staff only)

The plan doesn't seem to be working, the family isn't cooperating – I feel 'stuck'

Try This....

✓ Review what you have done so far to engage the family – what has been most successful? What has been least successful and why?

✓ Discuss the case with your line manager

✓ If there are practical issues blocking progress attempt to resolve these. It may be that the home environment is so chaotic when you visit that you are unable to complete any assessment. If this is the case, plan carefully how you can assess the family in these circumstances.

✓ Resolve some of these practical issues that may be distracting the family (although be aware to the possibility that they are not being used as excuses to distract you)

✓ Think about what the family most likes to talk about, for example, the children, themselves, housing issues. Structure your visit and allow them 10 minutes at the beginning of the session to let off steam and then spend the remaining time looking at issues that you want to cover

✓ Plan your visits. Think carefully about what time you will visit, what you want to achieve from the visit and how you will do it

✓ Think carefully about how you are going to monitor and measure the issues of neglect. It is not acceptable to see this as ongoing activity that you cast your eyes over when visiting the family home. Use resources and tools to review change and feedback to the family what you perceive the situation to be

✓ Consider using creative ways to engage the family e.g. DVD, games

✓ Consider using a written agreement with the family

✓ Use observation as a method of gaining information and then feedback the issues to the family and engage in discussion about this

✓ Consider discussing your family within your team, possibly at a team meeting. Your colleagues may think of new ways of engaging the family or support to offer

✓ Consider having a colleague co-work with you. This will provide you with support and may also help to provide a fresh approach to the case

It's hard to effect change and work with issues of neglect within this family because sometimes parenting is 'good enough' and sometimes it isn't

Try This....

✓ Share chronologies between agencies (think about when you need consent for this)

✓ Use this to review the multi-agency plan

✓ Establish whether there is any pattern to decline or triggers that can be identified

✓ Consider the likely long-term outcome for the children without change and the impact of this

✓ Be clear about the outcomes sought

✓ Be mindful to use the same criteria with children with additional needs

> *The family have shown that they do know and understand what good parenting is…but they don't do it consistently*

Try This….

✓ Look for and require consistency; it is common for parents who have received support and services such as parenting skills programmes to have knowledge of what good parenting is. Often parents can talk about what they should be doing with their children and a lot of the time they demonstrate an ability to provide good enough care, however they are not always able to do this consistently.

✓ Consider involving individuals who can act as role models to parents, preferably in the home. There may be resources within the extended family for this. The aim of this exercise would be to have someone who is able to spend significant periods of time in the home assisting and guiding parenting. It might mean helping a young mother or father to safely bath a baby. Or helping a family to understand the necessity for good hygiene in the kitchen

✓ Keep the needs of the children in focus. Talk to the children and find out what their experiences are, e.g. what a day in their life is like.

✓ When you know that parents **can** care adequately some of the time it becomes harder to remain objective and there could be a tendency to err on the side of optimism. Record carefully when the dips in parenting occur and compile chronologies of accidents and issues around poor supervision

✓ Bear in mind that there has been a tendency to use a different criteria with regards to neglect for disabled children. The criteria should be the same. Disabled children are 3.4 times more likely to be abused and 3.8 times more likely to be neglected than non-disabled children[1]

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[1] Sullivan and Knutson, 2000

24 **A Day in the Life of a Baby**

What is the Baby's Daily Routine? Suggested questions for Assessment

Waking

What time do they wake up? What happens next? Who gets them up? Does the same thing happen every day?

Feeding

Is the baby breastfed? Are there any difficulties? What time does this happen?
Where does this happen? If bottles are used, are they sterilised? Who does this? How often does this happen? Where are the sterilised bottles kept? Who bottle feeds the baby? Is the baby held while feeding? If not, then what happens? E.g. prop feeding, in their cot etc. How well does the baby feed? Are there any difficulties? Is the baby 'burped' during and at the end of feeding? Is eye contact made with the baby? Have they had repeated episodes of thrush? Does the baby settle well after the feed? What is happening regarding weaning?

Dressing

Who dresses them? Where are they dressed? Is the nappy changed? Are there clean clothes? Does the same person dress them/change their nappy every day? Are the carers gentle when they dress the baby? Do they interact with the baby during dressing?

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

What happens to the baby? Do they go as well? If so, how do they get there (e.g. in a pushchair, car, carried in car-seat)? If they stay at home, who is looking after them? What is happening at this time? Are feeds being missed or rushed due to the school run? How are they dressed (taking into account the weather)? Where are they whilst parents/carers take the older children into school? E.g. are they left in the car?

During the Day

What happens during the day? Who is spending time with them? What do they do with the baby? What toys and books are available? What happens about sleeping during the day? What time are they sleeping? Where do they sleep? Do they go out of the house? Where do they go? Who goes with them? Does the same thing happen every day? What happens about feeding? What time does this happen? If bottles are used, are they sterilised? When does this happen?

Who does this? What happens about nappy changes? Who does this? Is there a good supply of nappies? How often are nappies changed? If there are pets, where are they? Are they spending long periods of time sat in front of television or sat in a car seat and/or pushchair for long periods? If they are beginning to explore their environment, what safety measures are being put into place, e.g. safety gates, plug socket covers, supervision by an appropriate person?

Socialising (Communication)

The baby will start to enjoy socialising within the first few weeks of life and this will increase over time with smiling and eye to eye contact. Is the mother/father/carer able to cue into the baby's need to communicate initially through fleeting face to face communication? Does the mother/father/carer support this communication by holding the baby's head up if needs be? Is the mother/father/carer aware of the baby's state and able to cue into when the baby feels sleepy, hungry or in pain and either doesn't want to start an engagement or has had enough of interacting for the time being? The baby gradually communicates more by moving and changing the shape of their mouth and tongue. This socialisation gradually turns onto play and babbling. Does the mother/father/carer mirror and respond to the baby's efforts to communicate i.e. promoting attunement? How does the baby respond to this communication?   How does the baby respond to facial expression when they are being calmed, talked to or played with? This is the voice of the child which is one of the most important considerations when carrying out an assessment.

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

Does the baby go with anyone to meet the other child(ren) at school? What happens when the other child(ren) are home from school? Do they engage with the baby? Is there an adult present if this happens? What happens during mealtimes? What about during the school holidays?

Evenings

What happens about feeding? Who does this? What happens at bath time? Who does this? How often does the baby have a bath? Where do they have a bath? Does the same person bath the baby? What do the parents/carers do in the evenings? Does the baby spend time with parents/carers in the evening? If so, what happens? What is on the television when the baby is around?

Bedtime

Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Are they changed for bed? What happens before they are put to bed? Do they have anything in with them e.g. bedtime toy? Does anyone read them a story? How are they settled? What happens if they do not settle? Is there a baby monitor? Who else is in the house at night? Is anyone put in charge of them at bedtime? What position do they sleep in? What is the environment like, e.g. regarding temperature?

Overnight

How often do they wake? What happens when they wake? Who goes to them when they wake? Does the same person go to them when they wake? Are they fed when they wake? Is their nappy changed when they wake? If there are pets, where do the pets sleep? Is the baby left to cry for long periods of time?

24 A Day in the Life of a Child

What is the Child's Daily Routine? Suggested questions for Assessment

Waking

Do they use a clock to get up? Does someone get them up? Do they have to get anyone else up? Does anyone else get up with them? Does the same thing happen every day? What time does this happen?

Breakfast

Do they have breakfast? What sort of food do they have? Do they have a choice? Who makes breakfast?

Dressing

Do they dress themselves? Do they help anyone else get dressed? Do they wash and clean their teeth before getting dressed? Who makes sure they are doing this? Is there hot water and clean clothes?

Getting to School

Does someone take them? Do they have to take anyone else? Do they cross busy roads? Who helps them do this? Do they get to school on time?

In School

What do they like about school? What don't they like about school? Who are their friends? What do they do with their friends? What do they like to do at break times? What do they eat at lunchtime? Do they have a favourite teacher or subject? Are they experiencing bullying? If they are starting school have they been toilet trained?

After School

How do they get home from school? Does someone meet them at school? If so, who is this? If not, then is there anyone at home to meet them? What do they do after school? Do they look after anyone else? Do they have anything to eat? What do they have? Who makes it for them? Do they prepare food for anyone else? Do they go out and play? Do they do homework? Are there any issues around doing homework?

Evenings

Do they have an evening meal? What time is this? Who prepares the meal? What is their favourite food? Do they have this often? Do they eat with their parents/carers/other family members? If not, where do they eat? Who do they tell if they are hungry and what happens about this? Do they watch tv? If so, what do they watch? Do they use the internet/social networking sites? Is this supervised? Who do they communicate with online? What do they talk about? Do they go out? If so, who are they with and where do they go? Do they communicate this information to anyone? Do they have to be in at a particular time? Do they like toys and games? Do they have any? What do their parents/carers do in the evenings? Do they spend time with parents/carers in the evening? If so, what do they do?

Bedtime

Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Do they like where they sleep? Do they wash and brush their teeth at bedtime? Do they change for bed? Who else is in the house at night? Are they put in charge of anyone else at bedtime?

School holidays/weekends

Do they look after anyone? Do they have chores/jobs to do? If so, what are they and who are they for? How else do they spend their time? Do they see friends? Who looks after them when they are not in school? Who supervises mealtimes?

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An Assessment Checklist

At each section consider whether there is anything that seems likely to have an impact on the child

Physical care and wellbeing

Is there any reason to be concerned about the child's physical care and wellbeing in terms of?

Nutrition and Feeding

- Is the child regularly fed?
- Does the child eat enough food?
- Does the child eat appropriate food?
- Is the child patiently handled during feeding?
- Does the parent/carer seek help regarding nutrition/feeding problems?
- Is the child punished for not eating?
- Is the child encouraged to eat?
- Is the child encouraged to develop appropriate skills?
- Are there flexible routines?
- Is the parent/carer aware of the child being over or under weight?
- Is there evidence that the child is thriving?

Physical Warmth

- Is the child appropriately dressed for the weather?
- Is the bedroom appropriately heated?
- Is the house in general appropriately heated?

Physical Health (includes dental)

- Are physical health needs are anticipated by parent?
- Do physical health needs get an appropriate and timely response from parents/carers?
- Is expert advice is sought appropriately regarding non-emergencies?
- Is expert advice is sought appropriately regarding emergencies?
- Is expert advice is acted upon?
- Are any additional needs of the child understood and appropriately responded to?

- Does the parent/carer ignore or not recognise the need for diagnosis and/or treatment of physical health needs?
- Does the parent/carer act in a way that increases the likelihood of poor outcomes for physical health?
- Is there appropriate and active management of any head lice?

Mental and Emotional Health

- Does the parent/carer ignore or not recognise the need for diagnosis and/or treatment of mental and emotional health needs?
- Does the parent/carer refuse to allow or provide or facilitate diagnosis and/or treatment of mental and emotional health needs?
- Does the parent/carer act in a way that increases the likelihood of poor mental and emotional health? (This may include not taking known appropriate measures and/or not acting on advice in this respect)

Safety and Protection

- Is the child left alone inappropriately?
- Are all babysitters of an appropriate age and capability? And known to the child? And are adults or young people without obvious problems that may affect their ability to care for the child?
- Are there safe physical boundaries? For example, not allowed/able to wander from home; parents have clear ideas of limits of play areas
- Is there safety equipment, for example, stair-gates and fireguards? Is the equipment in use?
- Is there a safe bed/cot to sleep in?
- Can the windows and doors be opened by a child if unsafe for them to do so?
- Are dangerous household substances (e.g. bleach and cleaners) kept safely?
- Are dangerous personal items (e.g. medication, needles and drugs) kept safely?
- Is dangerous household equipment (e.g. knives, lighters, electrical appliances) accessible to children?
- Is there effective supervision in potentially dangerous situations in and outside of the home?

⚉ Is the child expected/allowed to do inappropriate dangerous tasks, e.g. cooking, lighting fires, supervising very young siblings etc?

⚉ Is there a history of fire setting, in or outside of the home, by any member of the family?

⚉ Is the area immediately around the home safe? E.g. are there accessible dangerous objects, balconies, stairwells etc?

Cleanliness

⚉ Is general hygiene in the home reasonable?

⚉ Is animal mess cleaned up promptly? Or is it left within reach of the child?

⚉ Is old food cleared away?

⚉ Is rubbish disposed of safely?

⚉ Does the child have clean clothing available?

⚉ Does the child smell? If they do, are they teased/rejected by peers?

⚉ Is there bedding available? If so, is it clean and dry?

⚉ Is food stored hygienically?

⚉ Is the toilet cleaned on a regular basis?

⚉ Are there facilities for washing and bathing? Are they used regularly?

⚉ Does the house have an unclean smell?

Possessions and Personal Space

⚉ Does the child have his/her own clothing?

⚉ Does the child play with age appropriate toys?

⚉ Does the child have toys of his/her own?

⚉ Does the child have personal space (e.g. bedroom), including personal privacy?

⚉ Does the child have appropriate personal possessions?

Animals and Pets

⚉ Are the pets appropriately cared for?

⚉ Are the needs of the pet(s) prioritised over those of the child?

⚉ Are pets safe in terms of harm to the child?

- Do the parents/carers ensure the child learns to behave appropriately with pets, and take appropriate responsibility for them (if age appropriate)?

- Is a significant proportion of family income being spent on the pets(s)? To the detriment of the child?

- Is access to, or ill-treatment of a pet, being used to control or punish the child?

- Are animals harmed by any member of or visitors to the household?

Visitors to the Household

- Is the child's home often frequented by 'visitors', i.e. adults or young people who have no significant relationship with them?

- Is the child left in the care of 'visitors'?

- Does the presence of 'visitors' disrupt the child's normal routines or result in inappropriate routines?

- Do the needs of the 'visitors' take priority over those of the child?

- Do 'visitors' stay overnight?

- Are 'visitors' genuinely friends of a parent, or are they exploiting or abusing a parent?

Parent/carer's Emotional Involvement with the Child

- Is the child comforted when distressed?

- Does the parent expect comfort from the child when the parent is distressed?

- Is the child denigrated?

- Is the child praised/rewarded for achievements?

- Does the parent/carer emphasise or punish failure?

- Does the parent/carer have limited physical and emotional contact with the child?

- Is affection shown and expressed?

- Do the parents/carers have a negative attitude towards the child?

- Do the parents lack emotional maturity?

- Is there a sense of belonging and security in the family? I.e. a sense of the parents/carers commitment to the child and to protect the child?

- Is the child free to express themselves?

Consider also the way in which the parent interacts with the child in the following terms:

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Style of Interaction	Indicators
Controlling overt hostility	• Physically abrupt
	• Physically rough
	• Angry
	• Impatient
Controlling covert hostility	• Ignores child's mood and wishes
	• Demonstrates pseudo-sensitivity
	• Child's wishes not seen as important
Unresponsive	• Parent distant and emotionally unavailable
	• Parent disinterested in chid
Sensitive	• Parent is alert to child and child's needs, and attuned to them
Inept - all of the above	• Parent unable to maintain coherent pattern of sensitivity

Routines

- Are routines regarding meals, bedtimes, access to television, school attendance, homework, age appropriate?
- Are routines consistent and consistently applied?
- Is there evidence of age appropriate baby-led care or is the baby being forced into a routine at too young an age?

Controls

- Is the child locked or shut in rooms or a cupboard etc?
- Is the child subject to punishment or sanctions that cause damage or pain?
- Is the parent able to instigate/ maintain appropriate controls and/or maintain structure/routines and/or ensure safety and protection?

Parent's/Carer's Expectations of the Child

- Are the parent's/carer's expectations age appropriate?
- Are the parent's/carer's expectations ability appropriate?
- Is there awareness of the child's needs?
- Is there awareness of the child's developmental progress?
- Are the parent's/carer's expectations realistic?
- Are the parent's/carer's expectations consistent?
- Is the child expected or allowed to act as a carer for the parent/carer or sibling?

Domestic Violence and Abuse

- Does the child experience domestic violence and abuse as a part of family life?
  (*'Experience*' means being aware of, not just being actually involved in it or seeing it)

Parent/Carer Behaviour

- Is the parent/carer able to instigate and maintain basic routines?
- Is the parent's/carer's behaviour chaotic and/or unpredictable and/or inconsistent?
- Does the parent/carer allow multiple carers? Do they have a relationship with the child?
- Does the parent/carer allow age/gender appropriate carers?
- Does the parent/carer leave the child unattended?
- Does the parent/carer provide reactive rather than proactive care?
- Does the parent/carer treat animals better than the child?
- Does the parent/carer acquire possessions for themselves, but markedly less so for child?
- Does the parent/carer provide better living conditions for themselves then for child? (For example, bedrooms).
- Does the parent/carer help the child to know right from wrong?
- Does the parent/carer involve the child in criminal/drug related/anti-social behaviour?
- Does the parent/carer attempt to address child's inappropriate behaviour? For example, committing offences, causing damage, being abusive and/or threatening, not attending school and so on.

◉ Does the parent/carer allow, encourage, or fail to prevent bullying by siblings?

Psychological maltreatment

Consider the possibility of psychological maltreatment in the following terms. These behaviours by a parent or carer are likely to cause significant long-term damage to a child.

Conditions	Example
Spurning	Belittling, degrading and other non-physical forms of hostility or rejection Shaming and/or ridiculing child for showing normal emotions Consistently singling child out for criticism and/or punishment and/or to do chores, and/or to receive fewer rewards Public humiliation Private humiliation Scapegoat Blanking
Terrorising	Placing child in unpredictable or chaotic circumstances Placing child in recognisably dangerous situations Setting unrealistic expectations with the threat of loss, harm or danger if they are not met Threatening or perpetrating violence against the child Threatening or perpetrating violence against a child's loved ones or objects Inconsistent application of rules so child does not know where the goalposts are
Isolating	Confining or unreasonably limited the child's freedom of movement within their environment Placing unreasonable limitations on social interactions with peers or adults in community
Exploiting and corrupting	Modelling, permitting or encouraging anti-social behaviour (such as prostitution or substance misuse) Modelling, permitting or encouraging developmentally inappropriate behaviour (such as prettification, infantalisation, living a parent's/carer's unfulfilled dream). Restricting or interfering with cognitive development
Denying emotional responsiveness	g detached and uninvolved racting with child only when absolutely necessary ng to express affection caring and love for the child

Leisure Activity

- Does the child have access to age inappropriate DVD, computer games etc?

- Does the child have access to pornography?

- Does the child have uncontrolled access to the internet?

- Does the child have unrestricted access to late-night television?

- Is the child supervised by a responsible person during potentially dangerous leisure activities?

- Is the child allowed to take part in age inappropriate activities?

Self-Harming

- Self-harming may include using drugs or alcohol or deliberate exposure to danger.

- Does the child experience self-harming, or threats of self-harming by a parent/carer or sibling as part of family life?

- Is the child self-harming, or threatening self-harm?

Educational Needs

- Does the parent/carer ensure the child receives an appropriate education?

- Does the parent/carer allow and/or recognise the need for treatment and/or services regarding serious educational problems or needs?

- Is the parent/carer involved in the child's education? (E.g. assisting with homework, ensuring child has equipment, engaging with teachers as appropriate, and so on)

- Is the child unable to access the curriculum or fully benefit from the educational experience? (E.g. because of their or others behaviour in class, relationships with peers and/or adults in school, ability to concentrate and/or learn, punctuality and/or attendance, social skills and/or acceptability and so on)

Parents/Carers Attitudes to Professionals

- Are parents/carers likely to refuse (actually or effectively) to be involved with professionals?

- Is there any history of disguised or non-compliance?

- Do parents/carers accept that professional involvement is appropriate?

🌐 Do parents/carers accept that professional involvement is necessary?

History and Context

Is there a history or context of current concerns in terms of:

🌐 Abuse or neglect?

🌐 Mental ill health?

🌐 Learning disability?

🌐 Drug or alcohol misuse?

🌐 Poverty or financial problems?

🌐 Homelessness?

🌐 Frequent changes of home and/or school?

🌐 Child going missing, with or without parents/carers?

🌐 Addictive behaviour by parents/carers?

The Child

🌐 Is the child seen as being 'difficult'? (Crying, refusing to engage with parents or in play)

🌐 Is the child 'passive'? (vacant facial expression, failing to respond to adults, reluctant to play)

🌐 Is the child able to enjoy social intercourse, take turns, and respond to adult interest?

🌐 Does the child have a secure attachment to parent/carer?

🌐 Does the child have strong feelings of self-worth and self-confidence?

If there are concerns regarding the child's behaviour, demeanour, development and/or emotional well-being, consider the following in more detail. These checklists are intended for use by professionals who are involved in identifying possible issues for a child and parents/carers. An 'expert' opinion - for example from a psychiatrist - is not necessarily required in this context, but may be if issues appear to warrant exploration in more detail.

Attachment relationships:

Consider any concerns regarding the child in the following terms, these are to help your thinking but remember you should not try and diagnose attachment issues:

Type of Attachment	Indicators
Secure Attachment	• Child has strong feelings of self-confidence and self-worth • Child experiences a sensitive and reciprocal relationship in which their basic physical and emotional needs are met • Child is comfortable with emotion within relationships e.g. able to seek support, seek and receive physical contact • Child meets developmental milestones
Insecure/Avoidant Attachment	• Child does not seek out physical contact • Child is generally wary • Child's play is inhibited • Child presents as withdrawn or independent, not used to seeking support from relationships • Parent/carer fails to recognise or are indifferent to child's signals and needs
Insecure/Ambivalent or Resistant Attachment	• Child seeks contact, but does not settle when he/she receives it • Child resists attempts at pacification • Child is indiscriminate regarding who they interact with (moved from category above) • Child demands parental attention, but angrily resists it • Child nervous of new situations • This behaviour often reflects parents/carers behaviour that is inconsistent and insensitive, rather than hostile and rejecting
Disorganised Attachment	Child is confused and disorganised Child experiences parents/carers as frightening and/or frightened and not as source of safety and comfort

There are resources to support thinking about attachment at Community Care Inform – find them [here](#)

Identifying Concerns

Overview:

The starting point of any assessment is to get the parents to understand and acknowledge concerns from practitioners. They will have possibly been involved in a Team Around the Child (TAC) meeting, or some other kind of multi-agency meeting, but what understanding do they have of what was discussed and what the priorities are? The aim of this activity is to make sure the parents/carers understand what the concerns are and to determine the potential for change.

Tools: make some cards labelled with identified concerns relating to the case, or points from the action plan e.g.

Susan's late bedtimes	Ben missing school	Jamie needs a coat

Method: Read through the action plan going over each point with the parent/carer, then using the cards, ask the parent/carer to place the cards into two piles – "High Concern" and "Low Concern". Encourage them to say why they feel this way.

Further Ideas: It would also be useful to do this activity separately with the child/young person (if appropriate) to establish whether there are any differences of opinion as to what the priorities are, or whether there is agreement within the family.   This information can then be used to further the assessment/action plan.

If it is not appropriate to use labelled cards, using picture cards, drawing pictures on paper/flipchart, cutting out pictures from magazines etc. could be more visual ways of engaging children/young people/parents/carers in identifying concerns.

Identifying Parenting Tasks, Knowledge, Skills and Attributes

The table below might provide a focus for discussions with parents about what is expected from them, for example, as part of an action plan

Parenting Tasks	Knowledge, Skills and Attributes
Basic care Meeting child's physical needs Providing appropriate health care and medical attention Ensuring child has nutritious diet, warmth, shelter Giving clean and appropriate clothing and ensuring adequate personal hygiene	**Knowledge of:** Healthy diet and the food and drink requirements of a child at different ages A comfortable temperature for a baby and small child Toileting requirements of baby or child How to bath a baby and hygiene requirements of child Common ailments and how to cope with accidents How to access GP, dentist, optician etc Particular medical requirements of the child **Skill in being able to:** Provide a diet that enables child to thrive Recognise if a child is uncomfortable because they are too cold or hot Identify and respond to child's toileting needs Keep a young child clean and teach a child to take increasing responsibility for their own hygiene Identify and respond to child's health care needs Meet the particular needs of the child related to their disability or health issues
Ensuring Safety Ensuring child is adequately protected from harm and danger Protecting children from possible significant harm Avoiding contact with unsafe adults/children Protecting children from self-harm Recognising hazards and dangers both at home and elsewhere	**Knowledge of:** Sources of potential harm such as hazards in home, need for supervision, risk posed by unsafe adults and other children Ways in which child can become involved in anti-social behaviours and indicators of this involvement Particular vulnerabilities of a disabled child **Skill in being able to:** Provide a safe environment for the child both within the home and elsewhere Identify the signs and indicators that the child is at possible risk of harm
Stimulation	**Knowledge of:**

Promoting the child's learning and intellectual development Encouraging, stimulating cognitive development Providing social opportunities Talking and responding to the child Encouraging and joining in play Enabling the child to experience success Ensuring school/nursery attendance Facilitating child to meet the challenges of life	The education system and resources available to promote child's intellectual development within the community The way in which a child develops cognitive and language skills Impact of child's disability on their cognitive development **Skill in being able to:** Engage with the child in play activities Stimulate the child through verbal communication or child's particular communication method, reading, play materials etc Access and use educational resources in the community Prepare child for preschool and school activities and support child enabling them to maximise the opportunities provided by these activities Have appropriate expectations of child when encouraging them to take on the challenges of life
Emotional Warmth Ensuring the child's emotional needs are met Giving the child a sense of being valued and a positive sense of own race and cultural identity Ensuring the child has secure, stable and affectionate relationships with significant others Demonstrating sensitivity and responsiveness to the child's emotional needs Providing appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement	**Knowledge of:** The child's cultural background The emotional needs of children **Skills in being able to:** Offer child love and acceptance and being able to respond sensitively to their needs Foster a sense of identity Have confidence in the child's worth and abilities Provide appropriate physical contact in light of age and ability Demonstrating consistency, reliability and dependability, providing a stable environment
Guidance and Boundaries Enabling the child to regulate their own emotions and behaviours Demonstrating and modelling appropriate behaviour and control of emotions and interactions with others Providing guidance involving the setting of boundaries enabling child to develop values, a conscience and appropriate social behaviours	**Knowledge of:** Appropriate behaviour for age and ability Effective methods for disciplining child **Skills in being able to:** Understand how their values and attitudes impact upon others Be authoritative, rather than over protective, permissive or authoritarian Offer a secure environment where rules are clear and consistent Set appropriate boundaries, providing adequate supervision and encouraging children to set their own boundaries Avoid harsh punishments but reinforce good behaviour Model effective methods of dealing with conflict, demonstration of emotions and interactions with others

Enabling the child to grow into an autonomous adult acting appropriately with others Allowing child to explore and learn Enabling child to manage anger, consider others Use effective methods of discipline to shape behaviour	Have confidence in child Have appropriate expectations of child
Stability Provide a sufficiently stable family environment to enable the child to develop and maintain a secure attachment to the primary care-giver Ensure secure attachments are not disrupted Provide consistent emotional warmth Respond in a similar way to the same behaviour Recognise and respond to the child's changing needs Ensure child keeps in contact with family members and significant others	**Knowledge of:** What a child needs to develop a secure relationship with a care giver Their own upbringing and its effect on their ability to parent **Skills in being able to:** Maintain relationships with significant people in the child's life Recognise the changing needs of the child as they mature and develop Create a stable home environment

Interaction Observation Chart

Parent/carer details …………………………………………………………….

Childs details …………………………………………………………………

Date and venue …………………………………………………………………

	Child	Parent	Reaction
Playing			
Talking			
Touch/Affection			
Reassurance			
Boundaries			
Guidance			
Praise			

Criticism/ negative comments			

An Accumulative Chronology of Neglect and its Impact

Date of Referral	Reason for Referral/Issues	Action Taken	Outcome	Risk Level for Specific Referral	Analysis of Impact Accumulative	Accumulative Risk Level

An Accumulative Chronology of Neglect and its Impact: An Example

Date of Referral	Reason for Referral/Issues	Action Taken	Outcome	Risk Level for Specific Referral	Analysis of Impact Accumulative	Accumulative Risk Level
01.01.14	Very poor home conditions; kitchen dirty, no food, no clean clothes	Assessment completed; parents advised to address the issues (left)	Further visit; home conditions improved. Case closed	Low		
25.03.14	Poor home conditions Children found wandering around the street	Assessment completed Child in Gran's care whilst wandering Home conditions good enough	Case closed	Low		
04.06.14	Poor school attendance Child's behaviour deteriorating	Letter to family with community based services EWS informed	Case closed	Low		
05.11.14	Children hungry, children's poor presentation, poor home conditions	House cluttered, limited food available, food parcel given	Refer to tenancy support. Case closed	Low		

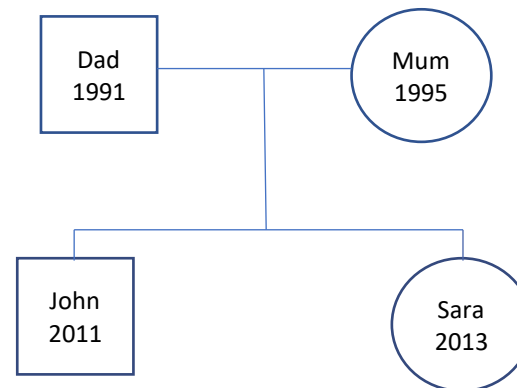|					
02.01.15	Concerns regarding parents drinking, parents arguing; home conditions poor	Assessment completed, child in need plan in place; work with parents around managing the home	Case closed - 01.08.15	Low		
04.02.15	Child calls 999, parents arguing	Police attended – no disclosure made	Case closed	Low		
06.06.15	Domestic Violence incident; parents drunk; poor home conditions	Strategy discussion; S47 investigation; children placed with grandparents; CP conference arranged	CP Plan Case closed – 01.05.16	Medium		
04.06.16	Domestic disturbance; parents drunk; poor home conditions; child with injury	Strategy discussion; S47 investigation; child placed in foster care	ICO applied for, children remain in care	High		

Example Genogram

A genogram is a quick and simple way of capturing family structures, particularly those that are more complex. It can be useful to complete at the start of an assessment or whenever there is a need to gather information about family relationships, gender, ages etc. There are standard symbols, e.g. males are always represented by a square, females by a circle, marriage/civil partnerships represented by a solid line. The example below shows a very basic family structure

- John was born in 2011
- Sara was born in 2013
- Their dad was born in 1991, their mum in 1995
- The parents are married

Section 3

Neglect Toolkit

Record Sheet

Housing	Tier 1	Tier 2	Tier 3	Tier 4
Maintenance	Well maintained house Family address maintenance issues	Some reported accidents to child in home Inadequate/poor housing	Poor state of repair, or overcrowded	Housing is dangerous or seriously threatening health Dangerous disrepair, (e.g. exposed nails, live wires) causing observed accidents to child in the home
Scoring	4	3	2	1
Facilities	Appropriate accommodation which meets the needs of the family	Housing not suitable for new-born Temporary housing Unsatisfactory accommodation and environmental circumstances e.g. flat in high rise	No heating system in the home Inadequate bedding, dirty toilet and bath, child shares parents bed Living in interim accommodation including B&B Rent arrears put family at risk of eviction Prosecution/eviction proceedings Experiencing frequent moves	Home lacks a working toilet Without housing and no housing agency with a duty to assist Physical accommodation places child/young person in danger Child dangerously exposed or not provided for Asylum seekers Lack of refuge for runaway/homeless young people
Scoring	4	3	2	1
Safety Features	Essential features, secure doors, windows and any heavy furniture Safe gas and electrical appliances Drugs and toxic chemicals out of reach Smoke alarm fitted and working Child protected from danger or significant harm in the home	Lacking in essential features Very little improvisation or DIY which is done too casually to be effective Haphazard use of safety equipment e.g. fireguards	Some possible hazards due to disrepair Tripping hazard due to uneven floor, unsteady heavy fixtures, unsafe appliances Unsafe home conditions e.g. lack of fences around garden for young children	Definite hazard due to disrepair Exposed wires and sockets Unsafe windows, broken glass Dangerous chemicals lying around Drugs accessible to child
Scoring	4	3	2	1

Clothing	Tier 1	Tier 2	Tier 3	Tier 4
Appropriateness of Clothing	Appropriate dress for different settings Clothing appropriate for age	Clothes not age appropriate Inappropriately dressed for school, employment or training impacting on progress/relationships in school Inappropriate clothing e.g. for weather or size	Presentation significantly impacts on all relationships May be provocative in behaviour/appearance	Clothing leaves child dangerously exposed
Scoring	4	3	2	1
Cleanliness and fitting of clothing	Fitting appropriate for size and clean	Clothing is regularly unwashed and frequently ill fitting (0-4) Often wearing unwashed clothes (14-19)	Appearance reflects poor care, hygiene, dirty clothes, ill-fitting shoes (0-4) May not always be clean – may suffer from teasing from school/nursery about being 'smelly' Clothing is regularly unwashed and frequently ill fitting (5-19)	Appearance reflects poor care, hygiene, dirty clothes, ill-fitting shoes - leads to alienation or teasing from peers (5-13) Appearance reflects poor care, hygiene, dirty clothes, ill-fitting shoes causing significant harm (14-19)
Scoring	4	3	2	1

Hygiene	Tier 1	Tier 2	Tier 3	Tier 4
	Good level of hygiene/personal hygiene Cleaned, bathed and groomed regularly Growing level of competencies in practical skills, e.g. washing	May not always be clean – may suffer from teasing from peers/school/nursery about being 'smelly' Slow to develop age appropriate self-care skills Health impacts on child's ability to develop some self-care skills Not always adequate self-care e.g. poor hygiene at risk of leading to social exclusion	Appearance reflects poor care, hygiene, inappropriate care of hair and skin Poor hygiene leads to alienation from peers Significant delay in age appropriate self-care skills Health impacts seriously on several areas of self-care skills Child/young person takes little or no responsibility for self-care tasks in comparison to peer group	Seldom bathed or clean Health prevents development of any self-care skills Appearance reflects poor care, hygiene, inappropriate care of hair and skin leads to alienation or teasing from peers (5-13) Appearance reflects poor care, hygiene, inappropriate care of hair and skin causing significant harm (14-19) Lack of self-care significantly affecting health Health prevents development of any self-care skills – child/young person relies totally on other people to meet care needs Engaged in activities which impact on self-care e.g. substance misuse
Scoring	4	3	2	1

Health	Tier 1	Tier 2	Tier 3	Tier 4
Seeking Treatment	Regular dental and optical checks and care Child health promotion plan including immunisation	Dental care not sufficient	Dental decay and no access to treatment Health concerns not treated or badly managed	Dental care and optical care not attended to Refusing medical care endangering life/development Frequent accidents or Emergency Department visits with indicators of abuse Parent/parent to be refusing medical interventions which are in agreed best interest of the child/unborn baby Medical lifestyle compromises safety or is likely to
Scoring	4	3	2	1
Keeping of Appointments	All appointments kept Rearranged if problems Developmental checks and immunisations up to date Regular dental and optical checks and care Attends for antenatal care	Not attending referred appointments/assessments Failure to engage with preventative health services Misses some antenatal appointments	Attends appointments after prompting by health professional, but contests the usefulness even if it is of clear benefit to the child Late booking for antenatal care and persistent non attendance	A pattern of parent/parent to be not attending referred medical appointments/assessments Missing essential health appointments (including immunisations)
Scoring	4	3	2	1

Supervision	Tier 1	Tier 2	Tier 3	Tier 4
Awareness	Aware of important safety issues Unborn baby/child/young person protected from danger or significant harm in the home or elsewhere	Poor awareness and perception except for immediate danger Left alone for brief periods during the day aged under eight	Oblivious, dangerous animals/pets present Left alone for frequent/prolonged periods during the day aged under eight	Parental indifference Child is left alone in the household (0-4) Left alone for long periods or overnight aged eight and over Parent leaves child (under eight) alone
Scoring	4	3	2	1
Practice pre-mobility age	Cautious whilst handling and laying down Frequent checks if unattended	Sometimes handling is precarious Inconsistent supervision	Handling precarious Unattended even during care (e.g. bottle left in mouth)	Dangerous handling Left dangerously unattended during care chores (e.g. in bath)
Scoring	4	3	2	1
Acquisition of Mobility	Effective measures against any imminent danger Supervision indoors No direct supervision outdoors if known to be in a safe place Can allow out in unfamiliar surroundings if thought to be safe Checks if suspicious	Inconsistent measures taken against imminent danger Little supervision indoors or outdoors Intervenes if in appreciable danger Not always aware of whereabouts outdoors believing it is safe as long as child returns on time	Ineffective measures taken against imminent danger, if at all Improvement from mishaps soon lapses No supervision Intervenes after mishaps which soon lapses again	Exposes to dangers Minor mishaps ignored or the child is blamed Intervenes casually after major mishaps Parental indifference despite knowledge of dangers outdoors (e.g. railway lines, unsafe buildings)
Scoring	4	3	2	1

Ensuring Safety	Tier 1	Tier 2	Tier 3	Tier 4
Traffic 0-4	3-4 years allowed to walk but close by, always in vision, hand clutched if necessary i.e. in a crowd	Infants not secured in pram/pushchair 3-4 year old expected to catch up with adult when walking, intermittent glance back if left behind	Babies not secured 3-4 year olds left far behind when walking or dragged with irritation	Babies unsecured Careless with pram 3-4 year olds left to wander and dragged along in frustration when found
Age 5 and above	5-7 year old allowed to cross road with a 13+ child 8-9 allowed to cross alone if they reliably can	5-7 year old allowed to cross with an older child under 13 8-9 crosses alone	5-7 year old allowed to cross a busy road alone	Child age 7 crosses a busy road alone without any thought or concern
Scoring	4	3	2	1

Provision of Care of Safety	Tier 1	Tier 2	Tier 3	Tier 4
	Unborn baby/child/young person protected from danger or significant harm in the home or elsewhere Child is left in care of an appropriate/vetted adult, never in sole care of an under 16 Parent/child always aware of each others whereabouts	Haphazard supervision, unaware of child/young person's whereabouts Insufficient awareness of dangers to the unborn baby/child/young person Inappropriate care arrangements and too many different carers Insufficient awareness of dangers to the unborn baby/child/young person Out of necessity a child aged 1-12 left with a young person under 14 who is familiar and has no significant problem, for no longer than is necessary as an isolated incident Above arrangement applies to a baby only in an urgent situation Absence of appropriate supervision and guidance	Level of supervision is inadequate given child/young person's age Inappropriate care arrangements such as succession of caregivers Coming and going of lots of adults living in the household For recreational purposes a 0-9 year old is left with a 10-13 year old or a person known to be unsuitable Parents/carers unsure of child's whereabouts For recreational reasons a 0-7 year old is left with an 8-10 year old or an unsuitable person Child found wandering Child locked out Living in house with domestic violence and abuse	Parent leaves child (aged eight and over) alone for long periods or overnight Parent leaves child (under eight) alone Inappropriate/no care arrangements Parent/parent to be unable to restrict access to home by dangerous adults Child found wandering Child locked out For recreational reasons a 0-7 year old is left alone or in the company of a relatively older but less than 8 year old or an unsuitable person Child witnessing physical/sexual abuse/harm/domestic violence and abuse Parents/carers unsure of whereabouts of child/young person when child/young person identified as being at risk of sexual exploitation
Scoring	4	3	2	1

Engagement	Tier 1	Tier 2	Tier 3	Tier 4
Interaction	Parent/carer and child both initiate interaction Stable and affectionate relationships with parent/carer Shows warm regard, praise and encouragement Good quality early attachment Ongoing appropriate good quality attachments as child grows up	Interaction mainly by child, sometimes by parent/carer Interaction negative if child's behaviour is defiant Parent/parent to be has mental health issues which affect their ability to demonstrate emotional warmth Relationships with parent/carer sometimes characterised by inconsistencies	Parent/carer seldom initiates interaction Child frequently seeks interaction with parent Withdrawn, unwilling to engage or isolated Engagement mainly functional Parent/carer indifferent when child attempts to engage Relationship with parent and family frequently characterised by inconsistencies Inappropriate attachments	Child appears resigned or apprehensive Child constantly seeks parental contact Total withdrawal Parenting mostly experienced as low warmth, high criticism Family no longer want to care for the child/have abandoned child Relationships characterised by rejection/abandonment Parent/carer aversive to engagement Child plays on their own (0-4)
Scoring	4	3	2	1

Stimulation	Tier 1	Tier 2	Tier 3	Tier 4
	Parent/carer facilitates cognitive development through interaction and play Provides all that is necessary Improvises if unaffordable Takes the child out for recreational purposes Child/young person is given access to leisure facilities appropriate to age and interest Child/young person has a range of experiences through leisure/play/sport/reading/ activities Access to language/communication support	Child / young person spends considerable time alone Parent/carer needs encouragement to meet child's developmental needs Essential access to leisure facilities/activities only; no effort to improvise if unaffordable Not allowing child to mix with peers Child/young person receiving little positive stimulation, with lack of new experiences or activities Child/young person not communicated with by parent/carer	Often restricts stimulation of child through care –shuts child in a room/leaves child in cot for short periods Parent has unrealistic expectation of child's need for stimulation Lacking on essentials Not encouraged to care for toys	Persistently deprives child of stimulation through care - shuts child in a room/leaves child in cot for long periods Parents show little or no interest in stimulating the child Absent, even mobility restricted (confined to chair/pram/pushchair/car seat) for parent/carer's convenience Parent/carer irate at child's demands Parent/carer shows no interest in the child/young person No outings for the child May play in street, but parent/carer goes out locally e.g. to pub with friends
Scoring	4	3	2	1

Parenting Capacity	Tier 1	Tier 2	Tier 3	Tier 4
Basic Care	Provide for unborn baby/child/young person's physical needs e.g. food, drinks, appropriate clothing, medical and dental care Making plans for becoming a parent Sufficient parenting skills and experience	Inability to respond to concerns about basic care Food, warmth and other basics not always suitable Parent /parent to be struggling without support and/or other adequate resources Young inexperienced parent(s)/parent(s) to be Parents/parents to be with additional needs Parent has learning disability/mental health/substance misuse/alcohol issues – young carer (5-19) Poor parenting history	Basic care is frequently inconsistent Food, warmth and other basics not often available Family with poor coping skills Very young inexperienced parent(s)/parents to be Parent's/parents' to be learning disability/mental health/substance misuse issues significantly affect care of unborn baby/child/young person or preparation for having a baby Parents/parents to be have struggled to care for previous unborn baby/child/young person Parent/parent to be has terminal illness/disability which affects provision of basic care Parental behaviour affects or will affect capacity to nurture Tran generational involvement with social care for issues including neglect Child/young person is taking on a caring role in relation to their parent/carer	Basic care is rarely consistent and/or absent Parent/parent to be is unable to provide basic care consistently Parent/parent to be have seriously abused/neglected or are likely to abuse or neglect the child/unborn baby/young person Parent's own needs mean they cannot keep unborn baby/child/young person safe from abuse Parents disengaged from unborn baby/child Preoccupied with own needs which impacts on child's well being Parents with enduring mental health problems needing frequent hospitalisation Persistently goes missing from home to be with adults without parental consent Goes missing from home for any period of time
Scoring	4	3	2	1

Income and Employment	Tier 1	Tier 2	Tier 3	Tier 4
	Reasonable income over time, with resources used appropriately to meet individual needs Parents/parents to be able to manage their working or unemployment arrangements and do not perceive them as duly stressful	Low income Debt problems increasing No sense of budgeting or financial responsibility Periods of unemployment for the wage earning parent Stress from 'overworking' / working away beginning to make an impact	Low income plus adverse additional factors e.g. up to borrowing limit on social care fund Insufficient income to provide adequate and nutritious diet Rent / mortgage arrears Stress from unemployment or 'overworking' having impact on aspects of family life – care of child Parents/parents to be find it difficult to obtain employment due to poor basic skills	Extreme financial difficulties impacting on ability to have basic needs met Inability to pay rent / mortgage leading to loss of home Chronic unemployment that has severely affected parent's own identity and ability to care for child Family members unable to gain employment due to significant lack of basic skills or long term difficulties e.g. substance misuse or health issues
Scoring	4	3	2	1

PRINT

Neglect summary analysis – targeting areas of concern to be addressed as priority

Date of Analysis:	Family Name:

	TARGETED AREAS	CURRENT SCORE	Targeted Score	Timescale	Reviewed Score
1					
2					
3					
4					
5					

Additional Resources and Information

- Childhood Neglect Training Resources
- Understanding Adolescent Neglect (Children's Society)
- Protecting Children from Neglect (NSPCC)
- Understanding Child Neglect e-learning (SCIE)
- Childline - Neglect (for young people)
- NSPCC Two Part Podcast on Neglect
- Research in Practice Resources regarding Neglect
- Community Care Inform Neglect Knowledge and Practice Hub
- The Right Help in the Right Way at the Right Time
- Hearing the Child's Voice Poster
- Early Help Poster
- The Compass Team
- Signs of Safety

This multi-agency practice guidance has been adapted from the Child Neglect Practitioners Toolkit developed by the South East Wales Regional Child Protection Forum.