

Neglect Assessment Toolkit

What is Neglect?

“Neglect is the persistent failure to meet a child’s basic physical and/or emotional 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 exclusions for home or abandonment)
- Protect a child from physical harm or danger
- Ensure adequate supervision (including the use of inadequate care givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to child’s basic emotional needs

HM Government *‘Working Together to Safeguard Children: a guide to inter agency working to safeguard and promote the welfare of children’ 2015.*

Research shows that neglect often co-exists with other forms of abuse and adversity, such as domestic violence/abuse, parental mental ill health and drug/alcohol misuse. Working effectively with Neglect is a priority for Oldham LSCB.

Why Oldham has the Neglect Toolkit?

Neglect is often the most common reason that children are made subject to a child protection plan in the UK and is a significant feature in serious case reviews nationally.

Neglect is not always easy to identify and the impact on the health and wellbeing of children is usually cumulative. Neglected children often have some of the poorest life chances, early assessment and intervention is imperative to reduce and prevent harm.

“The case for preventive services is clear, both in the sense of offering help to children and families before any problems are apparent and in providing help when low level problems emerge. From the perspective of a child or young person it is clearly best they receive help before they have any, or have only minor adverse experiences.” *Eileen Munro, The Munro review of Child Protection; a Child centred system 2011.*

The Neglect Toolkit was ratified by Oldham LSCB in December 2014; it is designed to assist you with the early identification of neglect and alongside ongoing assessment where neglect is an issue or emerging concern. **It is NOT a screening tool.** The tool should be used by professionals alongside their professional judgement during, assessment, intervention or pre referral into MASH (Multi-Agency Safeguarding Hub) / Early help services. It assists such assessment/interventions, it does **NOT** replace them.

Using the tool – The benefits

The tool correlates with Oldham's thresholds and therefore reduces subjectivity around Neglect. It is to be used when you are concerned that a child's basic needs may not be being met.

The Neglect Toolkit will enable you to identify concerns, strengths and resources within families. It will assist in decision making, assessment, planning, tracking improvements, target interventions and monitoring change. It can also be used as a tool in supervision to encourage reflective practice.

The Toolkit encourages conversation with parents around neglect and aims to aid their understanding of your concerns around their child's/children's welfare. The tool is evidence based and brings together key messages from research.

Focussing on the child's lived experience

It is important when completing any assessment that the wishes and feelings of the child are listened to. The voice of the child needs to run through and inform everything we do. The "this is me" booklet developed by the Children in Care Council is one such resource devised to capture the views of the child.

In order to appreciate how various aspects of neglect are affecting a child will need to understand their daily lived experience. By listening to children we can ensure that there is not an over reliance on parental accounts, and that planning and intervention is more child focused.

Feedback from professionals who have used the tool

- The tool is visually good and helps develop common language around neglect. It assists multi agency communication- health visitor;
- The tool has helped identify concerns at an early stage and focus on key areas to prevent escalation early help worker;
- It helps stop desensitisation when working with families where there are child protection concerns- social worker.

We recommend that you take some time to familiarise yourself with the tool before you start work with families. Please feel free to use the case study attached to practice navigating and scoring, alternatively you could think about a family you have previously worked with.

It is imperative that you read section 1 & 2 of the practice guidance thoroughly.

If you have any additional questions contact catherine.lawler@oldham.gov.uk.

You can also book on toolkit training session from the [Training Calendar](#).

Freddy

Health: Freddy is 5 years old and suffers from health problems. He has two hearing aids due to severe hearing loss in both ears. His speech and language is also delayed as is his development in general. Freddy has regular hospital appointments due to concerns around his heart which is closely monitored. He is small for his age and is below the expected centile in height and weight. Several health appointments have been missed which has caused concern due to the nature of his health issues.

Education: Freddy's school attendance is 80%. He enjoys school and likes being around other children. He does however often appear tired and hungry and has been observed attempting to take food off other children on several occasions. Parents have admitted that they struggle to be organised in the morning resulting in Freddy going to school without breakfast most days. School have concerns about Freddy's unkempt appearance, he often presents as smelly and dishevelled and it is not uncommon that he and his 10 year old brother wear each other's uniforms. Freddy often goes to school without his hearing aids.

Family and social relationships: Freddy lives with his mother, father and 3 older siblings (one brother, two sisters). The family live in a terraced house and Freddy shares a room with his brother. The family originate from Poland and moved to the area in January 2013. The only relative the family has in the area is a maternal uncle who the children see often. Freddy's speech and language is delayed but he seems to understand his parents when they speak to him in polish. He also seems to understand Basic English. There have been concerns expressed about home conditions with it being cluttered and fowl smelling.

Social presentation: Mum states that Freddy does not cause any problems at home; however in the past she reported that Freddy will hit and scratch his siblings and become aggressive when he cannot get his own way. Parents state Freddy enjoys playing with his siblings and playing outside. On most visits he has been observed to keep himself to himself, either watching television or looking at books, Freddy can be very shy around new people and will hide his face.

Self-care skills: Due to Freddy's young age and his additional needs, he relies on his parents for all self-care needs. This has previously been affected by a lack of clear routine and poor organisation by parents. There is no set bedtime and Freddy usually falls asleep in front of the television and is then carried up to bed.