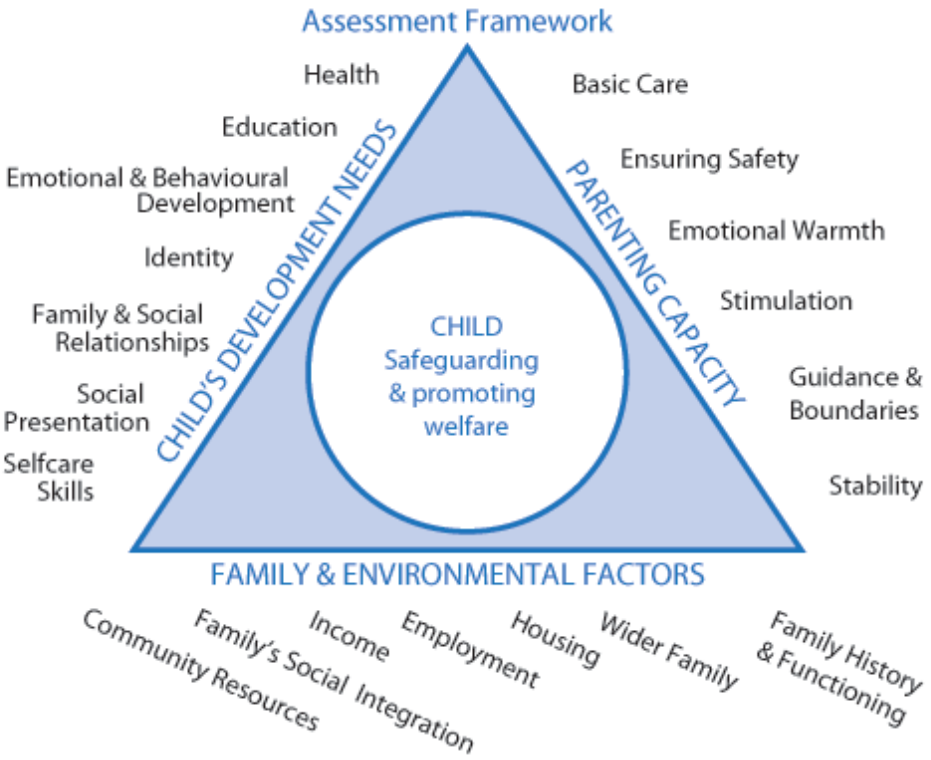
Neglect Assessment Framework and Practice Guidance

Introduction

This Neglect Assessment Framework has been developed to assist professionals in identifying and assessing neglect, and to inform planning where there are concerns that the quality of the care of a child / young person suggests that their needs are being neglected.

Practice Guidance

The Neglect Assessment Framework is for practitioners in both Early Help and Children's Social Care to be used alongside the family outcome star (where necessary) and the single assessment to identify strengths as well as difficulties across three assessment framework domains, the child's developmental needs, parenting capacity to meet the needs of the child or young person and family and environmental factors.



Focusing on strengths assists the assessor to realistically assess the potential for sustained change and improvement within the family.

It can be particularly difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

Neglect differs from other forms of abuse because it is:

- Frequently passive
- Not always intentional
- More likely to be a chronic condition rather than crisis-led and therefore impacts on how we respond as agencies
- Combined often with other forms of maltreatment
- Often a revolving door syndrome where families require long term support
- Often not clear-cut and may be characterised by a lack of agreement between professionals on the threshold for intervention

The way in which we understand and define neglect can determine how we respond to it. This neglect assessment framework provides a structure and focus for practitioners to work with neglect and can be used in a number of ways:

- In one to one supervision
- As a framework for reflective discussions
- As a framework for the practitioner to use in assessment i.e.; planning sessions with parents/ careers as part of a single assessment, helping to focus on understanding the lived experience of the child and the impact of neglect.
- For practitioners to use alongside the Family Outcome star
- To use as a framework for writing court reports

This Neglect Assessment Framework is not to be used as a series of questions to be worked through with families.

Using the Framework

It is recommended that a significant part of the assessment process especially (although not exclusively) where neglect is the focus is that chronologies are requested from all agencies that have had involvement with the family. A good chronology can identify: themes, patterns, risks, strengths, capacity to change. If no chronology exists then one should be started. It can also assist in helping parents / carers to understand why professionals are concerned especially when the family doesn't understand what the problems are. It's advisable to request chronologies at the beginning of the assessment to ensure a timely response as some chronologies can take a considerable time to be produced e.g. for children with complex health needs.

The neglect assessment framework provides a series of questions around the 6 key areas which in turn each have a number of sub-areas:

1. ***Persistence & Change***

Neglect which constitutes 'significant harm' is that which is; Persistent; Cumulative; Chronic or acute; Resistant to intervention. The behaviour of seriously neglectful parents is frequently characterised by care which lacks consistency and continuity. There may be brief intervals when care is marginally improved. It is important to guard against over optimism, to adopt a balanced approach and to beware of over-emphasising the positives at the expense of the negatives especially when standards of care fluctuate.

2. Child 's Developmental Areas

Focusing on the impact of neglect on the child's biological, psychological and emotional development, which includes physical care, emotional care, medical needs, supervision and guidance and stimulation & education.

3. ***Impact of neglect on the child and their lived experience***

The knowledge about the child's world gained through direct, first-hand observation of their everyday life which includes the child's experience and other forms of abuse and the views of others who may know the child well.

4. ***Causal factors***

'Causal factors' are additional factors which may impact upon a parent's ability to care for a child and may include: parental mental ill-health; domestic abuse; substance misuse; and poverty and isolation. Parental issues of domestic abuse, mental ill-health, and drug and alcohol misuse continue to be key issues which contribute to neglect. Unless parents' issues are identified and supported the outcomes for their children will remain poorer than for their peers.

5. Acts of omission or commission

Acts of commission are deliberate and intentional. Acts of omission are the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm which includes carer ignorance of neglect.

6. Home conditions

This section focuses on the physical presentation/condition of the child's home environment which includes all rooms and the outside space of the property.

1. Persistence and Change

1.1 Parental Motivation to Change

Q. Is the carer concerned about the child's welfare and wants to meet their physical, social and emotional needs to the extent the carer understands them?

Q. Is the carer determined to act in the best interests of the child and has realistic confidence that they can overcome problems?

Q. Is the carer willing to ask for help when needed and is prepared to make sacrifices for children?

Q. Does the carer have the right 'priorities' when it comes to child care or takes an indifferent attitude?

Q. Does the carer believe that there is something about the child that deserves ill treatment and hostile parenting?

Q. Does the carer seek to give up the responsibility for the child?

1.2 Cumulative Harm

Q. What evidence is there of persistence of neglect? (I.e. has the neglect been present over a significant period of time; what efforts have been made to intervene to minimise or prevent neglect; has this had any significant impact in the past?) Assessment should include whether every time a new referral/report is made, a number of low-level risk factors are demonstrating significant cumulative harm?

Look at:

- Case History
- Case conference records
- Worker handovers
- Risk Assessments
- Multi-agency case chronology

1.3 Parents Experience

Q. What is the parent's experience of being parented?

- Lack of caregivers
- Poor early experiences
- Poverty
- Lack of skills and knowledge
- Social isolation
- Domestic abuse
- Parental substance misuse
- Parental mental health issues
- Parental separation and divorce

2. Child Development Areas

2.1 Physical Care

A. Growth, Diet & Nourishment

Q. Is the child's growth appropriate for age?

Q. If growth is not appropriate is there an organic reason for this?

Q. Does the child have nutritionally balanced meals?

Q. Is there food in the cupboards?

B. Hygiene

Q. Is the child clean and is either given a bath/washed daily or encouraged to do so if appropriate to age?

Q. Is nappy rash treated consistently?

Q. Does the carer take an interest in the child's appearance?

C. Safer sleeping (for babies)

Q. Does the carer have information on safe sleeping and follows the guidelines?

Q. Is there suitable bedding and carer has an awareness of the importance of the room temperature, sleeping position of the baby?

Q. Does the carer smoke in household? (be aware raises risk of cot death)

Q. Is the carer aware of the guidance around safer sleeping which recognises and observes the importance of the impact of alcohol and drugs when an adult shares a sleeping surface with a child?

Q. Is the carer not concerned about the impact on the child or risks associated with co-sleeping such as witnessing adult sexual behaviour?

Q. Are there adequate sleeping arrangements for children?

Q. Is the carer indifferent or hostile when given safe sleeping guidance? Sees it as interference and does not take it into account?

D. Clothing

Q. Does the child have clothing which is clean and fits?

Q. Is the child dressed for the weather?

Q. Is the carer aware of the importance of suitable clothes for the child in an age appropriate way?

Q. Is the carer hostile when given advice about the need for suitable clothes for the wellbeing of the child?

E. Animals if present

Q. Are animals well cared for and do not present a danger to children or adults?

Q. Are children encouraged to behave properly towards animals?

Q. Is there a presence of faeces or urine from animals and are animals not well trained?

2.2 Emotional Care

A. Carer's attitude to the child

Q. Does the carer talk consistently warmly about the child and is able to praise and give emotional reward?

Q. Does the carer value the child's cultural identity and seeks to ensure the child develops a positive sense of self?

Q. Is the carer ridiculing of the child when others praise?

Q. Is the carer hostile when given advice about the importance of praise and reward to the child?

B. Warmth & Care

Q. Does the carer respond to the child's needs for physical care and positive interaction?

Q. Is the emotional response of the carer one of warmth?

Q. Is the child listened to?

Q. Is the child happy to seek physical contact and care?

Q. Does the carer respond with concern if the child is distressed or hurt?

Q. Does the carer understand the importance of consistent demonstrations of love and care?

C. Responses to baby

Q. Does the carer respond to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended?

Q. Does the carer spend time with the baby, cooing and smiling, holding and behaving warmly?

Q. Is the carer hostile to advice to pick the baby up, and provide comfort and attention?

Q. Does the carer recognise the importance of interaction with the baby?

Q. Does the carer anticipate baby's needs?

D. Responses to adolescents

Q. Are the adolescent's needs fully considered with consistent adult care?

Q. Does the carer recognise that the adolescent is still in need of guidance with protection from risky behaviour i.e. lack of awareness of the adolescent's whereabouts for long periods of time or seeking to address either directly or by seeking support of risky and challenging behaviour?

Q. Does the carer have the capacity to be alert to and monitor the adolescent moods, for example recognising depression which could lead to self-harm?

E. Positive Values

Q. Does the carer encourage the child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness?

Q. Does the carer understand the importance of the child's development to include awareness of smoking, underage drinking and substance misuse as well as early sexual relationships?

Q. Does the carer give clear guidance and support?

Q. Does the carer ensure the child does not watch inappropriate films/TV or play with computer games which are unsuitable for the child's age and stage of development?

2.3 Medical Needs

A. Advice in relation to health

Q. Does the carer seek advice from professionals/experienced adults on matters of concern about child health?

Q. Are appointments made and consistently attended?

Q. Is preventative care carried out such as dental/optical and all immunisations up to date?

Q. Does the carer ensure the child completes any agreed programme of medication or treatment?

Q. Does the carer attend to childhood illnesses or are illnesses allowed to deteriorate before advice/care is sought?

Q. Is the carer hostile when given advice from others (professionals and family members) to seek medical advice?

B. Disability

Q. Does the carer comply with needs relating to child's disability?

Q. Is the carer proactive in seeking appointments and advice and advocating for the child's wellbeing?

Q. Does the carer accept advice and support?

Q. Does the carer always value the child and not allow issues of disability to impact on feelings towards the child?

2.4 Supervision & Guidance

A. Supervision

Q. Is supervision provided in line with age and stage of development?

Q. Does the carer recognise the importance of supervision to child's wellbeing?

Q. Is there consistent supervision provided indoors and outdoors, and does the carer intervene when there is imminent danger?

Q. Does the carer always know where the child is and has consistent awareness of safety issues when the child away from home?

Q. Is the carer hostile when given advice from others regarding supervision and does not recognise the potential impact on children's wellbeing?

B. Care by other adults and children

Q. When the child is left in the care of an adult or young person over the age of 16 yrs, are they suitable?

Q. Is the carer consistent in raising the importance of a child keeping themselves safe from others and provides some advice and support?

Q. Are there occasions where a young person is left alone at home or in the care of another child, young person or unsuitable adult?

Q. Does the parent risk assess the circumstances to ensure the child is safe?

C. Boundaries

Q. Does the carer provide consistent boundaries and ensure the child understands how to behave and to understand the importance of set limits?

Q. Is the child disciplined with the intention of teaching proactively?

Q. Does the carer treat the child harshly and cruelly when responding to their behaviour?

Q. Is the carer hostile when given advice about appropriate methods of disciplining?

2.5 Stimulation & Education

A. Stimulation

Q. Is stimulation provided and the carer understands the importance of it for the child?

Q. Does the child have suitable toys to play with?

Q. Does the child have the opportunity to go on outings to child centred places?

Q. Does the child have the opportunity and space to play outside of the house?

B. Education

Q. Does the carer take an active interest in the child's schooling and gives support at home, e.g. for homework?

Q. Does the carer engage well with the school/nursery and does not sanction missed days unless necessary?

Q. Does the carer encourage the child to see school as important, has regular attendance and as a result the child engages well with school?

3. The Impact of Neglect and the Child's lived Experience

3.1 The Child's Experience

Q. If you put yourself in the child's shoes, what is life like?

Q. Can you describe a day in the life of this child?

Q. What is it like for this child living in this house?

Q. Does the child internalise their experience of being neglected and think they are unworthy of care?

Q. Is the child providing some level of care for either siblings or carer? If so how does the child view this?

3.2 Other Abuse

Q. Is the poor quality care causing any other kinds of abuse?

- Sexual Abuse/Sexual Exploitation
- Physical Abuse
- Emotional Abuse

4. Causal Factors

4.1 Mental Health

Q. Does the carer/s have a history of depression or is currently experiencing depression?

Q. Does the carer talk about feelings of depression/low mood in front of the children?

Q. Are the child's needs understood and the carer is aware of the impact of talking about their mental health issues in front of the children?

Q. Does the carer/s holds the child responsible for feelings of depression and is open with the child and/or others about this?

Q. Is the carer hostile when given advice focused on stopping this behaviour and carer does not recognise the impact on the child?

Q. Do issues of psychosis or delusional thinking impact on the ability to provide quality care to the child?

4.2 Domestic Abuse

Q. Is the carer currently experiencing domestic abuse?

Q. What is the family 'norm' of domestic abuse?

Q. Does the carer/s argue aggressively and/or is physically abusive in front of the children?

Q. Does the carer understand the impact of arguments and anger on the children and is the carer sensitive to this?

4.3 Substance Misuse

Q. What is the carer's frequency of substance misuse and what substances are they using?

Q. Does the carer believe it is normal for children to be exposed to regular alcohol and substance use?

Q. Does the carer/s understand the importance of hygiene, emotional and physical care of their child and arranges additional support when unable to fully provide for the child?

Q. Are finances affected by parental substance misuse?

Q. Is the mood of the carer irritable or distant at times?

Q. Are alcohol and drugs secured safely?

Q. Is the carer aware of the impact of substance misuse on the child (including unborn child)?

Q. Does the carer/s hold the child responsible for their use and blames their continual use on the child?

Q. Is this child living with hidden harm?

4.4 Learning Disability

Q. Is it apparent that the carer has any learning disability?

Q. What is the level of understanding of the carer?

Q. Does the carer understand written advice and/or instruction?

Q. If learning disability is not apparent, the parent may still have limited comprehension of what needs to be assessed.

Q. Is there any evidence of barriers to level of understanding or ability to implement advice?

Q. Are you communicating effectively and straightforwardly with the carers about your concerns (they need concrete advice)?

Q. Is the carer able to put advice into practice on a consistent basis?

Q. If it is understood that carers have the capacity to change, do you feel they have the capability?

4.5 Poverty and Social Isolation

Q. Are the family currently in debt?

Q. What is the family's source of income and how do they choose to spend their money?

Q. How do those choices impact on the child?

Q. Does the carer have a consistent support network within the family or community?

5. Acts of Omission or Commission

5.1 Omission or Commission

Is this an act of omission or commission and how is this affecting your thinking.

Q. Does the neglectful behaviour occur as a result of carer ignorance or competing carer priorities? (Omission)

Q. Is there a general lack of action regarding the child's needs?

Q. Does the neglectful behaviour occur due to a deliberate intention to harm? (Commission)

Q. What does the carer say about what causes the difficulties they are experiencing with care giving?

Q. Does the carer blame the child for their inability to care for them?

Q. What do you consider to be primary factors causing poor quality parenting?

Q. Does the carer scapegoat any of the children? (Commission)

6. Home Conditions

Q. Is there an odour in the home? (e.g. stale cigarette smoke, rotting food, faeces, urine)

Q. Is the kitchen floor soiled, cluttered to the point of being unsafe?

Q. Are floors in other rooms soiled?

Q. Is access to any of the rooms blocked or difficult to access as a result of clutter/rubbish?

Q. Have kitchen sink, draining board, work surfaces or cupboard doors not been washed for a considerable amount of time?

Q. Are cooking implements, cutlery or crockery showing ingrained dirt and/or these items remain unwashed?

Q. Is the toilet, bath, wash basin, shower showing ingrained dirt?

Q. Is the general decorative order poor or obviously in need of attention e.g. broken windows, holes on doors/walls?

Q. Is the furnishings or furniture soiled?

Q. Is the carer's or children's clothing clearly unwashed, or hair matted and unbrushed?

Q. Is the garden uncared for, strewn with rubbish/other items