



# Risk of Neglect Toolkit: Working with Families

Assessment Tool

Practice Guidance

**ACTION FOR CHILDREN**



## Introduction and toolkit summary

### Why do we need this tool?

Early identification of concerns, timely support and positive working relationships between professionals and families are crucial to reducing the risk to children as a result of neglect. Neglect is usually not intentional but can result in serious harm to children throughout the lifespan. We know that neglect can be difficult for professionals to identify clearly, and this tool is intended to support assessments where there are concerns about possible neglect.

Families can benefit from support being offered at the earliest opportunity. This offers families the maximum opportunity to safely care for their child and promote positive outcomes.

Many families experience situations which are beyond their control, such as money problems, which can make it harder to meet some of their children's needs. However, most children receive good enough care despite these challenges. This tool does not penalise families for these challenges; instead, it directs us to consider the quality of care provided in recognition of these factors.

Most parents will be aware when they are not meeting the needs of their children but may need help to identify the areas of improvement that will help their child to thrive well. The tool provides a framework for honest discussion, relationship building and the possibility for practitioners to work with carers and their children to achieve positive change and good outcomes together for the child.

### What do we mean by neglect?

Neglect is “persistent failure to meet a child’s basic physical and/or psychological needs, which is likely to result in the serious impairment of the child’s health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty, and is an indicator of both support and protection need.”

### How should the tool be used?

The aim of this tool is to establish a common standard of care that is experienced by children. It can be used with any age of child and as part of a pre-birth assessment. The tool uses a grading system based on observation by a professional and discussion with the carer(s). The tool must always be used in partnership with the carer(s) – whilst background information will inform our assessments, the gradings in this tool should be based on direct and current observations, not information contained in files or third party information.

The tool should be used with individual children as the quality of care and relationships can vary. As such, it is important to understand each child’s lived experience to target support effectively.

Any professional working with the family can use this tool. This includes universal health services (such as health visitors, midwives), early years settings, voluntary organisations and social workers. It can also be used collaboratively where there are several services involved.

The grades are on a five point scale. Grade one is the best and five the worst. This grading is based on how carer(s) respond to the child’s needs. This is applied in three areas of need: physical, safety, love and esteem, each made up of sub-areas and elements of care. The score for each area is made up of scores obtained from each of these elements. The highest score is the overall total for the assessed area. Blank forms for the ‘traffic light score sheet’ can be found in section 2c of the Assessment Tool Record Sheet.

National Guidance for Child Protection in Scotland (2021)

## The assessment tool record sheet

The toolkit covers the following indicators of neglect:



### Starting the assessment

Fill in the individual child's name and the person to whom these observations relate (one or more carer, as applicable).

**Note: the toolkit uses the word 'carer' throughout to include either a parent or a person who has a caring role for the child.**

The first session should include an accessible explanation of the purpose of the assessment and how the toolkit will be used. This may be supported by the Parent information Sheets which accompany this document.

It is important to include the voice of the child within the assessment. Pay attention to what the child communicates, either through their behaviour, demeanour or verbally.

### Using the assessment toolkit

The toolkit should be based on direct observation, not guesswork or assumptions.

Sessions should be planned in advance in consultation with the carer(s). Where possible these should take place in a consistent environment such as the child's home.

Sessions should be scheduled to allow observations of the child's normal family life and routine. This may require sessions to be held at different times, days etc.

Life does not stand still for the purpose of assessment – where support needs are identified throughout, these should be addressed as appropriate. In addition where significant events may have temporarily disrupted the quality of care (for example bereavement, job loss etc.) these should be factored into the assessment process and where necessary specific elements revisited at a later date.



## Area of physical care

### Nutritional

- (a) Nutritional content
- (b) Quality
- (c) Preparation
- (d) Organisation
- (e) Emotional care

Assessment should include nutritional contents, availability of health choices, age-appropriate portion sizes, preparation, set meal times, routine and organization. Find out the carer's knowledge about nutrition, and note the carer's reaction to any suggestions you make to improve child or young person's nutrition. In pregnancy, are they aware of what they can and cannot eat? Have they applied for Health Start vouchers?

Think about the child's nutrition in the context of their growth and any dental issues. For example, is the child having excessive amounts of sugary drinks and snacks at the expense of a more balanced diet? Are they under or overweight? Be aware some children may have eating/feeding problems and you may need to seek advice. If growth is a concern, it should be measured and plotted on an age appropriate growth chart by a health professional. For more information on healthy weight, see [www.nhs.uk/lothian-scot/getgoing/](http://www.nhs.uk/lothian-scot/getgoing/)

Without being intrusive, observe for evidence of provision, kitchen appliances and utensils, dining furniture and its use. It is important not to lead, but to observe what the carer does. Assess whether what is reported matches with what is observed to check accuracy. Think about food hygiene, which is particularly important for babies/younger children. For a primary age or older child or young person, it can be helpful to take a history from them about meals and snacks.

Observation at a meal time in the natural setting is particularly useful. Does the carer anticipate or respond to the child's cues that they are hungry or have had enough? What is the interaction like

### Nutritional (continued)

during mealtime? Score on amount offered and the carer's intention to feed younger children, rather than the actual amount consumed. Think about what may be affecting the carer's ability to provide suitable nutrition or respond to the child's needs. This will allow you to offer supports and work out the timescale for assessing any improvements.

### Housing

- (a) Maintenance
- (b) Environment
- (c) Facilities

Observe the condition of the home in relation to the child's safety and physical needs. Where possible, ask to see the children's bedrooms as well as the main living areas. Where there are concerns, ask the parent about any efforts they have made to improve this and assess their response. For pre-birth assessment, are parents aware of any hazards or broken amenities that may impact on baby and are they addressing them? Are they preparing the family home for the baby? Ask about what might be the barriers to improvements and any supports that could be put in place. In some situations the repair and decoration may be outwith the carer's control. For example housing agency or landlord, but you may still be able to signpost to support to make the necessary changes.

### Clothing

- (a) Suitability for weather conditions
- (b) Fitting
- (c) Condition

Observe the child's clothing and whether the carer shows awareness and provides suitable clothing for the child's age and environment that is also clean and in a good state of repair.

Observe whether the carer makes efforts towards the child's clothing and think about supports that could help. For example clothing bank or providing cleaning equipment.

## **Clothing (continued)**

For primary school age and older children. Speak to them to find out the impact of unsuitable clothing, for example feeling cold, bullying, self-image issues or not being included in activities at school.

## **Health**

- (a) Opinion sought (including antenatal care)
- (b) Follow-up
- (c) Monitoring
- (d) Diagnosed disability/chronic illness

Observe a child's appearance (hair, skin, behind ears and face, nails, rashes due to long-term neglect of cleanliness, teeth). Ask about routines for hygiene. Self-care and whether the child has any additional needs. For older children. Speak to them to find out if having any impact on self-esteem or inclusion. Beware of being over-empathetic with the carer if the child has a disability, additional support needs or chronic illness. Remain objective and clearly document any evidence for concerns and actions taken.

Seek information from other professionals with knowledge of child's health, check about immunisation and surveillance update, and reasons for non-attendance at appointments, if any. Check the carer's understanding of the reason for the appointment and whether any supports need to be offered such as organizational advice, reminders or transport.

It can sometimes be hard to distinguish genuine difference of opinion between carer and professional from non-genuine misleading reasons. Having open discussion with carer alongside other professionals and documenting agreed actions can help.

For pre-birth assessments, discuss parents' engagement with antenatal/health services and if they are attending all appointments. Consider the need to seek further information from other health professionals involved in the parents' care.

Are they aware of all their health needs in pregnancy and that of their unborn baby? Does information indicate healthy growth and development of the unborn baby?

## **Health (continued)**

Be aware of other additional risk factors for the unborn baby i.e. learning disability, mental health, domestic abuse, substance use, and previous children who have been at risk of significant harm or looked after.

Seek further information from other professionals or other agencies if required to inform assessment.

## **Hygiene**

Think about the age and developmental stage of child and refer to age band information. Ask about the reason for any hygiene concerns and any supports or advice that could be offered.



## Area of care and safety

- (a) Home safety
- (b) Supervision
- (c) Out and about

This sub-area covers the needs of the child in relation to safety and how well the carers are aware and responding to this need. It includes the environment the child is in and also the quality of supervision, based on age and developmental stage of the child. Note, children with disability or additional needs are more likely to need a higher level of supervision and are more likely to be at risk from hazards in the environment than their peers

You can assess this sub-area by both observing and asking questions. For example are lit cigarettes or hot drinks left lying in the vicinity of the child causing a risk of burns? Are the toys and equipment suitable for the age and stage of the child? Is the home cluttered to the extent the child cannot safely play without falling or injuring themselves? Is the carer aware of what an older child is doing when they go out or are online? Have any concerns been raised by others in relation to this? Ask about road safety and safety when the child is playing outdoors. Are they 'tuned in' to the child and anticipating safety and supervision needs?

The awareness may be inferred from the presence and appropriate use of safety fixtures and equipment in and around the house or in the car (child safety seat etc.), by observing handling of young babies, supervision of toddlers or from asking about safety for older children. You may also observe how the carer reacts to the child being exposed to danger. Make sure you get the opportunity to look at all areas of the home if possible, including the child's bedroom.

It is helpful to seek information from other sources in the event of any concerns and also refer to previous assessments about safety. Think about what might be affecting the carer's ability to meet the safety needs of the child and any supports that could be offered.

Remember to think about risks which can often be concealed, such as domestic abuse, and how this can impact the safety of mothers and children. Is there a need to discuss safety planning with the mother? If so, consider other tools to assess and manage risk (such as the DASH RIC) and liaise with colleagues who have expertise and experience in this area.

In relation to unborn babies/younger children, is there a history of violence within the home which could pose a risk to a child's safety? Discuss with parents their awareness of keeping themselves and their family safe and avoiding risky and unsafe environments. Is there a history of criminal behaviour or any indication of continued involvement?





## Relationship between caregiver and child

The quality of the relationships between the carer and child is fundamental to the child's overall health and development. A person's experience of early relationships influences how they look at the world and influences their own parenting. There is no such thing as a perfect relationships, and relationships can fluctuate for many reasons.

Relationships adapt over time to meet the changing needs of the growing child and require the ongoing emotional availability and responsiveness of the carer. Concerns about a child will often increase when the carer is not responding or understanding of the child's needs and experience.

A sensitive and attuned carer is vital in supporting a child's wellbeing. Equally, a hostile, ambivalent, rejecting or insensitive carer can have a detrimental impact on the child's overall development. Conversations with carers may not provide evidence of how a carer will behave when the child is distressed and needs comfort, or how the carer might respond when under stress. Observations may provide additional information regarding this.

There are four key areas to observe:

### **(a) Responsive care**

*Sensitivity* – during pregnancy how do the parents talk about the unborn baby, do they ask questions about the baby's development, do they show awareness of impact of stress on the unborn baby and how to minimize this? For infants and young children, is the carer able to attune to verbal and non-verbal signals, emotions without feeling overwhelmed? Is the carer able to empathise and show understanding of the child's needs and behaviors? How does the carer respond to difficult behaviours?

*Emotional Response* – how does the carer regulate themselves, and in turn, help to soothe and co-regulate the infant/child? Do you see verbal and non-verbal signals – signs of reassurance/warmth, and naming of feelings to

help communicate understanding of what the child is trying to communicate? Is the carer able to express empathy by finding the right words/language/feeling/tone of voice?

*Engaging with each other* – is the carer able to give examples of the child's likes and dislikes and show interest in the child? Is the child able to express likes and dislikes with the carer? Does the child appear overly compliant?

### **(b) Mutual engagement**

*Interaction* – does the carer appear to enjoy being with the child, do they interact frequently with them in a positive way? Does the carer appear to respect the child, and do they give them appropriate time and space without being intrusive or rejecting? Is the carer paying attention to the child's signals? Do we see evidence of turn-taking during play?

*Quality* – how do the carer and child enjoy spending time with each other? What kind of things do they do, and how often?

### **(c) Promoting learning and child development**

Consider the child's needs in relation to their age and stage of development. The record sheets provide prompts around important milestones in a child's life and the role that parents and carers can play in encouraging those.

### **(d) Love, support and boundary setting**

*Praise and reward* – how does the carer speak to, and about the child? Do they speak positively about the child without prompting? How does the carer show warmth and affection to the child? How does the child respond?

*Boundaries* – does the carer set clear structures and limits? Are they consistent, age appropriate, and take account of the child's stage of development?

*Acceptance* – how does the carer show understanding, love and acceptance towards the child? Are they supportive of their development, even when the child is struggling?

## Scoring and notes pages

Go through the element in order and tick the box which most represents the situation. The number of the column is the score for that element.

Where more than one elements represents a sub-area, use the method described below to obtain the overall score for the sub-area. The notes pages enable the practitioner and carer to add details about what has been seen and discussed.

The highest score for one of the elements will be the overall score for that sub-area. Therefore, if one element scores at 4 and the others score at 2, then the overall score for that sub-area will be 4.

This method helps identify the problem even if it is one sub-area or element. Being able to target which elements or areas is an advantage with this scale.

This toolkit can be edited either electronically or printed out. Copies of completed documents should be stored in accordance with your own organisation's policies and procedures.

Transferring the score onto the traffic light score sheet

Having worked out the score for the sub-areas and elements, transfer the scores onto the record sheet, and check the relevant boxes.

## Targeting

The child's plan should be targeted around which areas where the grades are lowest. Supports can then be provided in the most relevant areas.

The child's plan should describe the change, allocate tasks and engage families in the process. The child's plan will be fluid; tasks achieved will be removed, while others will be added and reviewed in accordance with the recorded timescales.

## Measuring

The toolkit should be used to benchmark change, progress and deterioration. It is recommended that the toolkit is used both as an initial assessment to establish a baseline, and then repeated following a period of support or intervention.

This may involve carrying out an assessment pre and post-birth.

**The safety and welfare of the child is paramount. If concerns that a child may be at risk of harm arise at any point during this tool, Child Protection Procedures must be followed.**