

London Borough of Tower Hamlets Neglect Practice Guidance

Supporting the prevention
and reduction of child and
adolescent neglect



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1. INTRODUCTION

- 1.1 The neglect of children and young people by the parents/caregivers/family members is a serious issue. Neglect causes long term negative outcomes for children and young people across the developmental continuum. Neglect is the most common form of child abuse and the most common reason for a child to be subject to an early help response, to be a child in need, to be subject to child protection plan nationally and locally and is a core reason for children and young people not being able to remain in the care of their families. Addressing this serious issue for children and young people requires a robust evidence informed multi-agency response.

Purpose and aims

- 1.2 The purpose of this document is to set out the strategic aims and key principles of the London Borough of Tower Hamlets and partner agencies approach to preventing, reducing and addressing the neglect of children and young people. The guidance document aims to:
- promote the early recognition of neglect and the use of early help services;
 - ensure appropriate escalation of concerns around neglect;
 - ensure that children and young people are identified as experiencing neglect, are provided with an appropriate assessment according to level of need, provided with a clear plan of action and continuous and timely reviews of progress;
 - end the cycle of neglect in families by tackling the root causes through provision of targeted support as well as on-going universal community support to help families cope with difficulties and by empowering families to find their own solutions within their extended family and community;
 - recognise and respond to the particular vulnerability of some groups of children, for example adolescents and disabled children;
- 1.3 To achieve these aims all partner agencies will need to work together to ensure that any professional who comes into contact with children and young people is able to recognise, assess, and provide a targeted plan of intervention and support to families.

Guiding Principles

1.4 This guidance document is grounded in the positive culture and ethos of the partnerships, and as such will adhere to the following principles:

- **Child and young person-centred:** it is vital to ensure that the child's and young person's voice is heard when working to address and intervene with neglect, to focus on their lived experience and the impact neglect has had - and is having - on their lives. The safety and wellbeing of the child or young person is paramount, and they must be kept at the centre of all of our work. Professionals will ensure that disabled children and young people and those who have English as a second language are enabled to share their views and be listened to.
- **Think Family:** children and young people live in families and communities and these relationships must be recognised and valued. Professionals will work with families in a respectful and empowering way that focusses on supporting family relationships and helping build resilience. The neglect of children and young people's needs is often linked to the chaotic lives, needs and difficulties of their parents'/caregivers and extended family members. The response to neglect must recognise and respond to these needs holistically, without losing sight of the circumstances of the child or young person. All partner agencies must "think family" when working with individuals and ensure that professionals feel confident to talk to family members about concerns regarding a child and young person and be open, clear and honest in a respectful way.
- **Including fathers and father figures:** Fathers and father figures need to be engaged in work regarding neglect in order to understand the role they have in the child's life. The parenting of children and young people is often more effective where there is positive support from fathers and most children/young people want and benefit from this contact. Where fathers may pose a risk to a child/young person, it is imperative that they are engaged with the assessment and intervention processes so that risks are identified, understood and managed.
- **Culturally competent practice:** It is important that professionals are skilled and competent to explore the cultural context and practices

of the diverse children, young people and the families they work with. Families should expect that their cultural context will be respected, and that there can be an open dialogue about the wellbeing and best interests of children. This should include understanding and addressing racism and other forms of discrimination. Cultural relativism, the process where approaches to parenting and family life that are harmful or oppressive are accepted because they are considered cultural, will be challenged.

- **Poverty aware:** professionals will need to recognise the harmful and stressful effect that poverty and social exclusion have on the lives of children, young people and their families. Professionals must acknowledge factors which are outside of a family's control and address these through appropriate interventions whilst challenging when support provided or suggested is not engaged with or used for the best interests of children and where adult decisions about use of available resources undermines the wellbeing of children and young people.
- **Multi-agency in approach:** neglect is a complex issue which requires a multi-agency response characterised by good quality working relationships and collaborative approaches. Serious Case Reviews have noted difficulties in inter-agency information sharing and multi-agency working together in cases of neglect. Some reviews noted 'silo' working whereby professionals did not look at the needs of the child beyond their own specific brief. In other reviews there were concerns about poor co-operation, information sharing and recording and that professionals assumed – incorrectly – that someone else was taking action. This all undermines effective action to address neglect.
- **Culture of Challenge and Escalation:** working to prevent neglect and to address appropriately requires professionals to discuss differences of opinion which often arise and to resolve these in the best interests of children and young people; this includes appropriate challenge and use of the existing SCB escalation processes.

Responsibility of all agencies

- 1.5 No one agency is able to address the complex elements of neglect on its own, largely because a child's and family's needs cannot always be met by a single agency. Effective interventions, whether early help, child in need or child protection depend on professionals developing working relationships which are sympathetic to each other's legal responsibilities, agency's purpose and procedures respective roles and agencies capacities. All agencies represented in the partnership of the Tower Hamlets Local Safeguarding Board have a responsibility to contribute to the safeguarding of children and young people in Tower Hamlets. Roles and responsibilities are clearly defined in both statutory guidance and the Tower Hamlets Safeguarding Procedures.

Responsibility of Health

- 1.6 Healthcare professionals working in primary care, acute, mental health, community health and educational settings have a key role to play in identifying signs of neglect. Health is a universal service that is accessed by individuals from all of the communities in Tower Hamlets. Health professionals are involved with children and families throughout their lives and as a consequence they get to know families in more detail than other statutory agencies. Health professionals, particularly midwives, health visitors, Family Nurse partnership practitioners school nurses and specialist paediatric staff, spend time with children, young people and their families either in people's homes or other establishments (schools/ hospitals) and are very well-placed to identify cases of neglect. It is important that health professionals are alert to the signs of neglect in children and young people and attend the numerous safeguarding training opportunities that are available to them. The nature and impact of neglect is corrosive and cumulative so it is essential that all health professionals maintain accurate, detailed and contemporaneous records that help to form a "picture" of neglect. When a practitioner identifies concerns regarding neglect in a family, they should speak to a member of the Health Safeguarding Children team to determine what the next steps to take are.

Responsibility of Children's Services

- 1.7 Children's Services are responsible for co-ordinating statutory assessments of children and young people's needs which include the parent's capacity to meet those needs. The assessment may result in the provision of services designed to address the identified needs of the child through a child in need plan. Where a child is assessed as having suffered, or being at risk of, significant harm Children's services will convene an initial child protection conference to consider the risks

on a multi-agency basis. This may result in the child becoming subject of a child protection plan under the category of neglect. Children's Social Care has the statutory responsibility for child protection cases but it will work with other agencies to develop, implement and monitor a plan (Child in Need or Child Protection) to help the child and their family and stop the neglect.

Responsibility of Adult Services

- 1.8 Children may be at greater risk when they live with parents or carers who have mental health problems, have problems with alcohol and drug misuse, are experiencing domestic abuse relationships or have learning difficulties. Professionals working with adults who have these difficulties and have children should be particularly alert to how these may impact on the care they give their children. It is important that professionals from the adult workforce attend safeguarding training so that they are aware of the signs of abuse and neglect and know the pathway to follow if they have concerns. Adults with responsibilities for disabled children have a right to a separate carer's assessment. The outcome of this assessment should be taken into account when deciding what services, if any, will be provided under the Children Act 1989.

Responsibility of Police

- 1.9 The police have a duty to protect all members of the community and to bring offenders to justice. The welfare of children is a priority for the service, and all officers are responsible for identifying and referring children who are at risk or in need. Any officer can utilise emergency powers to ensure immediate protection of children believed to be at immediate risk of suffering significant harm (this is a very serious step and is only be used in exceptional cases). The police regularly enter people's homes and are therefore well placed to identify issues that might indicate neglectful parenting. In these circumstances the police should contact either the early help team or Children's social care. It is important that Police officers attend safeguarding training so that they are aware of the signs of abuse and neglect and know the pathway to follow if they have concerns.

Responsibility of Education

- 1.10 All schools play an important role in the prevention and identification of abuse and neglect. Schools are a universal service that often provide a safe environment for children. Due to the amount of time that school staff spend with children (and their families) they often know the child/young person and their circumstances better than other agencies. Schools provide an essential educative environment for the

next generation of parents. Whilst it is recognised that PSHE is not a statutory requirement consideration of issues relating to neglect (including the promotion of wellbeing and self-esteem) should be addressed within the school setting. All education staff have a crucial role in identifying the early indicators of neglect, the early help agenda and in contributing their expertise to child in need and child protection cases involving neglect.

Responsibility of Early Years and Childcare providers

- 1.11 All Early Year's providers support the diverse families of Tower Hamlets. Early Years providers have a significant role in recognising the early signs of the neglect of baby's and young children and the difficulties parents/families are experiencing. Early years providers know the baby's and young children that attend their settings well and can monitor their health, well-being and development. Staff have a crucial role in identifying the early indicators of neglect, the early help agenda and in contributing their expertise to child in need and child protection cases involving neglect.

Responsibility of Housing

- 1.12 The Housing Department may have important information about families, identifying cases of neglect or contributing information to assessments. The Housing Department has a critical role in cases of poor home conditions, social isolation, and domestic abuse. Staff have an important part to play in reporting concerns where they believe that a child may be in need of support through early help or in need of statutory intervention. It is important that housing professionals attend safeguarding training so that they are aware of the signs of abuse and neglect and know the pathway to follow if they have concerns.

Responsibility of Probation Services

- 1.13 In discharging its statutory responsibility, the Probation Service, through its work with offenders and their families, may become aware of children who are at risk through neglect. All Probation staff have a responsibility to be aware of the signs of child neglect and to refer appropriate cases to early help or Children's Social Care. Probation staff will work in collaboration with other agencies in contributing to assessments and will follow all relevant child protection policies, procedures and protocols.

Responsibility of Youth Offending Service

- 1.14 The Youth Offending Service aims to prevent offending and re-offending of children aged 10-17. All YOS staff have a responsibility to

be alert to safeguarding issues in their work with children and their families. Concerns should be raised with the manager and where appropriate will be referred Children's Social Care.

Responsibility of the Voluntary and Community Sector (VCS)

- 1.15 The VCS undertake a range of programmes around early help, some of which are designed to assist parents in their parenting role. The VCS are therefore well-placed to identify early concerns that relate to neglectful parenting and to work with the family in addressing issues quickly. In some cases, improvement may not be achieved in sufficient time for the child, or the situation may be judged sufficiently chronic in nature to warrant a referral to Children's Social Care.

Responsibility to share information

- 1.16 Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently. It is important that all professionals remember there can be significant consequences to not sharing information as there can be to sharing information. They must use their professional judgement to decide whether to share or not, and what information is appropriate to share. Data protection law reinforces common sense rules of information handling. It is there to ensure personal information is managed in a sensible way. It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information, and maintaining and strengthening safeguards and privacy of the individual. It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and child and their family with the need to share information to benefit and improve the life chances of the child.

2.PRACTICE GUIDANCE: UNDERSTANDING THE NEGLECT OF CHILDREN AND YOUNG PEOPLE

Definition of Neglect

- 2.1 The starting point for the definition of neglect must be children and young people's fundamental right not to be subjected to inhuman or degrading treatment and to have a childhood that is free from abuse (The European Convention on Human Rights (Article 3) and the United Nations Convention on the Rights of the Child (UNCRC Article 19)). A child centred approach is a core principle on working effectively to reduce and address neglect and this must be the cornerstone of professional thinking about neglect.
- 2.2 Definitions and descriptions of child neglect help to provide benchmarks for practice. In England, the official description – used by all professionals responsible for children's welfare and including children up to the age of 18 years – is set out in the government's statutory guidance Working Together to Safeguard Children:

"The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

2.3 The World Health Organisationⁱ defines neglect as:

Neglect includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas: health; education; emotional development; nutrition; shelter and safe living conditions. The parents of neglected children are not necessarily poor. They may equally be financially well-off.

This makes it clear that neglect can be an isolated incident.

Adolescent Neglect

2.4 Research and Serious Case Reviews have highlighted the significant impact of long term or recent neglect on the wellbeing of adolescents, and the extent to which this increases the risks of those adolescents to being targeted in exploitative ways, engaging in increasingly risky behaviours or developing significant mental health difficulties. There is no current specific definition of adolescent neglect, but it is clear that the needs of adolescents need to be understood differently

Adolescent neglect in this guidance document is the “persistent and pervasive failure by a parent or parent figure to meet adolescents physical, emotional, educational, medical and safety needs; causing harm to their health and development and increasing their vulnerability to all forms of exploitation, increasing possible engagement with risky behaviours such as substance misuse, sexually harmful behaviours, anti-social behaviour, crime and increasing the likelihood of poor mental health and wellbeing”.

2.5 These definitions help to highlight the core elements of understanding neglect including what is meant by persistence, when did the neglect start, what type of neglect is the child or young person experiencing, how is this impacting on their wellbeing, what is causing it, are the actions of the parent/caregiver deliberate and what are the links to other forms of abuse. These questions are all picked up in the section on understanding neglect.

What the criminal law says:

- 2.6 The Children and Young Persons Act 1933 Section 1[2] (a)¹ (amended by Serious Crime Act 2015²) outlines the offence of child cruelty/neglect which is defined as any person who has attained the age of sixteen years and has responsibility for any child or young person under that age, wilfully (i.e. intentionally or recklessly) assaults, ill-treats (whether physically or otherwise), neglects, abandons, or exposes him(her), or causes or procures him (her) to be assaulted, ill-treated (whether physically or otherwise), neglected, abandoned, or exposed, in a manner likely to cause unnecessary suffering or injury to health (whether the suffering or injury is of a physical or psychological nature), that person shall be guilty of an offence. This Act has been updated and modernised by the Serious Crime Act 2015 Section 66
- 2.7 Tower Hamlets is committed to intervening early and effectively to support families so that the criminal threshold is not met. This guidance document focuses on ensuring that children/ young people are not subjected to neglect and seeks to ensure that families are not criminalised where possible. However, in the most serious cases a criminal justice response is required. Professionals should take steps to ensure that evidence is preserved that may support a future conviction throughout their work with children, young people and families. Police should support professionals to understand the criminal threshold for neglect and must respond in a timely, coordinated way with other professionals to pursue successful prosecution.

Understanding the Neglect of children and young people

- 2.8 Working to address neglect of children and young people is complex and requires the consideration of six key areas:
- Persistence and change
 - Type of neglect
 - Impact on the child and young person
 - Causal Factors
 - Commission of omission
 - Coexistence of neglect with other forms of abuse

¹ <http://www.legislation.gov.uk/ukpga/Geo5/23-24/12>

² <http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted>

Persistence and change

- 2.9 Neglect is usually (but not always) something that is persistent or pervasive, cumulative and occurs over time. Pervasiveness needs to be understood in the context of a child and young person's age and stage of development and the amount and quality of parenting/caregiving needed to ensure appropriate care and safety. For example, babies require care attention and supervision, disabled children and young people may particular care and support and adolescents have high parenting and care needs.
- 2.10 Neglect can occur without a critical event, or incidents may be widely spaced; it is this cumulative effect which is so corrosive to children and young people's development because it becomes part of everyday life. Thus, neglect requires the collation and analysis of sometimes small and seemingly insignificant events that only provide evidence that neglect is an issue of concern when viewed together.
- 2.11 Persistence needs to be understood alongside the importance of parental and family change. There may be a history of support and services being provided to parents/caregivers without sufficient engagement or capacity/willingness to change. This history needs to be understood in the current circumstances and a professional judgement made about capacity
- 2.12 Neglect can also be of recent onset or occur as a result of one-off serious incident and still needs to be taken seriously and the impact on the child or young person evaluated.

Types of neglect

- 2.13 There are five subdivisions of neglect. It is important to consider whether all five areas are experienced by the child or young person, and if they are this is evidence of global neglect. For some children and young people some specific areas will be affected and this knowledge will help focus interventions where they are needed.
- **Physical neglect:** This involves a parent/parent figure either failing to provide children and young people with appropriate clothing, adequate food, hygiene and cleanliness and poor home conditions or to ensure that young people have the skills to provide where appropriate for themselves.

- **Emotional neglect:** This involves a parent/caregiver being unresponsive to a child or young person's emotional needs, including failing to interact or provide affection and comfort, failing to develop a child/young person's self-esteem and sense of identity and not being available to listen to worries or concerns. The parent/caregiver may belittle, humiliate and blame the child/young person seeing them as the cause of the harsh care they are being provided with.
- **Educational (stimulation) neglect:** The child/young person does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/ or experience a lack of interest in their achievements, lack of help with homework and helping to problem solve difficulties at educational settings. This may also include carers failing to comply with requirements regarding school attendance and failing to respond to any special educational needs.
- **Supervisory neglect:** This involves a failure by the parent/parent figure to provide adequate levels of guidance and supervision that ensure the child and young person is safe and protected. This includes caring of children and young people get into trouble and being concerned about where they are and what they are doing. This can affect children and young people of all ages. It is important that the age of a child or young person should not blur the fact that they are have continuing developmental and care needs. Leaving a child or young person to cope alone in a situation for which they are not equipped to manage or a failure to provide appropriate boundaries or appropriate alternative caregivers.
- **Medical neglect:** This involves parents/parent figures minimising or ignoring children/young people's illness or health (including oral health) needs, lack of attention to needs emerging from disabilities and failing to seek medical attention or administering medication and treatments. This is equally relevant to expectant mothers who fail to prepare appropriately for the child's birth, fail to seek ante-natal care, and/or engage in behaviours that place the baby at risk through, for example, substance misuse. It also includes adults who perpetrate domestic abuse through pregnancy.

Impact of neglect on children and young people

- 2.14 Neglect can be far-reaching in its consequences for a child/young person. Not only will the experience of it make a child's life everyday life miserable but it can affect all aspects of their development. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm, it is also likely to influence the relationships children and young people make with others in both early and later life and have an impact on how they parent their own children. Early recognition and prompt intervention to prevent these cumulative negative effects are therefore crucial.
- 2.15 The impact on a child or young person will depend the age at which neglect occurs, how long it has been going on and the extent of the areas of development impacted. It is important to understand the individual impact of neglect on each child and young person, but research suggest that the potential impact is in these key areas:

Pre-natal neglect

- Occurs through drug and alcohol use in pregnancy, a failure to attend pre-natal health appointments and/or follow medical advice and exposure to domestic abuse
- This can cause prematurity and increase the risks of sudden infant death syndrome
- Can cause brain damage and cause disabilities, withdrawal symptoms and Foetal Alcohol Syndrome

Health and physical effects

- Early brain development being affected in ways which influence how a child/young person reacts to stress and other stimulating situations in their early and later life;
- A child or young person being underweight (or grossly overweight), having persistent infections, being late in developing abilities such as walking, being tired and listless and having toileting problems;
- Cognitive difficulties such as language delay, poor intellectual ability and inability to concentrate or express feelings;
- Physical injuries as a result of accidents, due to lack of care or supervision.

Emotional effects

- The bonding between child/young person and parent/parent figure being potentially being affected and leading to insecure attachment problems;
- Low self-esteem and self-regard, anxiety and depression, over-compliance or anger/hostility;
- Trauma related behaviour;
- Difficulties in seeking emotional support and help from adults.

Social effects

- Social isolation due to difficulties in forming and keeping friendships, being bullied or being ignored by peers;
- Social exclusion leading to becoming involved with groups of children and young people who display anti-social behaviour or who may bully others.
- Behaviour difficulties which can make managing the school environment hard and can be self-reinforcing of low self-esteem and helplessness;
- Poor school attendance and attainment which means the child/young person does not reach their potential. Lack of opportunities to be successful in other spheres such as sports or creative activities.

Later effects: adolescence and adulthood

2.16 Adolescent neglect is a significant issue facing young people and can be of long standing or of recent onset. Resilience to neglectful situations does not increase with age and can have significant consequences for young people's emotional wellbeing. Children who feel that their needs are repeatedly responded to, ignored or misunderstood are likely to become distressed, angry and desperate and the impact can be

- becoming involved in risky behaviours such as substance misuse, criminal activity, sexually harmful behaviours and being sexually exploited and domestically abused;
- self-harm and suicide attempts;
- difficulties in forming relationships, becoming involved with partners who are abusive and adopting parenting styles which may pass on similar problems to their own children

What Causes Neglect?

- 2.17 If the neglect of children and young people is to be prevented and risks reduced it is essential that professionals are equipped to understand the causal factors underpinning neglectful care. Research suggest that there are a number of factors. Many parents/parent figures who neglect their children and young people have experienced significantly adverse childhood experiences themselves. They may have been neglected, physically, emotionally and sexually abused and experienced loss and rejection. Social exclusion, poverty, living in stressful environments, poor ill health, lack of family support and refugee status can make the task of parenting complex and it is the coexistence of many of these factors with domestic abuse, mental ill health, substance misuse and learning disabilities that is likely to underpin neglectful care.
- 2.18 Adverse childhood experiences and current external stressors cast a long shadow and parents/ parent figures may be unable or not well equipped to cope with the complex psychological needs of baby's, children and young people or form appropriate attachment relationships. Parents/ parent figures may struggle to keep children and young people in mind, feel empathy and recognise their children and young people's needs for care and protection.
- 2.19 In some very serious circumstances significant neglect occurs because of the "meaning of the child" to the parents/caregivers. The child or young person can have come to represent something negative and the parent/ parent figures blames the child/young person for the neglectful care they are receiving. This is often seen in serious case reviews where children/young people's behaviours, mental health difficulties or disabilities are reported by parents/ parent figures as the reason why abusive and neglectful care is provided; in these circumstances no responsibility is taken by the adults.

Substance Misuse:

- 2.20 If parents or carers misuse either drugs or alcohol and this use is chaotic, there is a strong likelihood that the needs of the child/young person will be compromised. Any concerns of substance misuse need to be assessed thoroughly and the household carefully checked for dangers and risk of immediate harm.
- 2.21 Parental addiction to substances including alcohol can alter capacity to prioritise the child's needs over their own and in some cases alters

parenting behaviour so that child experiences inconsistent care, hostility or has their needs ignored.

2.22 It is essential that there is a collaborative and joined up approach between those working with adults involved in substance misuse and the Safeguarding Children Professionals so that there is a clear understanding regarding:

- The level and type of substance misuse, prognosis for change, commitment to reduce or control substance use.
- Whether the findings of any assessments are based on self-reporting or have been verified. It is essential that self-reports of reduction or cessation of substance misuse are verified before safeguarding activities are reduced. It is not effective safeguarding practice to take self-reports about substance addiction at face value.
- The impact that parental substance misuse is likely to have on parenting capacity, and the likelihood of the child receiving consistently good care under these circumstances.

Mental Health Difficulties:

2.23 It is known that mental health problems in parents and carers can impact upon parenting capacity. Type of mental illness and individual circumstances are factors that need to be taken into account in any assessments. The following may be possible contributory factors when assessing neglect:

- Severe depression or psychotic illness impacting upon the ability to interact with or stimulate a young child and/or provide consistent parenting.
- Delusional beliefs about a child, or being shared with the child, to the extent that the child's development and/or health are compromised.

2.24 Specialist advice about the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health practitioner in these cases. It is essential that there is a collaborative and joined up approach between those working with adults who have mental health difficulties and the safeguarding children professionals so that there is a clear understanding between both sets of staff about the degree and manifestation of the mental health difficulty, treatment plan and prognosis and the implications for

parenting capacity and good care being offered to the child consistently in relation to the mental health difficulty.

Parental Learning Disability:

- 2.25 Some parents/parent figures with a learning disability have difficulty in acquiring the skills to care (e.g. feeding, bathing, cleaning and stimulating) or being able to adapt to their child's developing needs. The degree of the learning disability as well as their commitment and capacity to undertake the parenting task are key areas to assess.
- 2.26 Specialist advice about the nature and severity of the learning disability is required as well as the impact of the difficulties on parenting capacity. It is essential that there is a collaborative and joined up approach between those working with adults who have learning difficulties and the safeguarding children professionals so that there is a clear understanding between both sets of staff regarding the degree and manifestation of the learning difficulty, support and services available and prognosis and the implications for parenting capacity and good care being offered to the child consistently in relation to the learning disability.
- 2.27 It is a priority that a child/young person's health and development needs are met both now and as those needs change in the future; and that the child or young person is not exposed to harm as a result of parenting which deprives them of having their physical and emotional needs met. Thus, any interventions will also need to consider the level and length of time that support for parents/parent figures will be required to assist them to parent adequately, and to ensure that plans made in this regard are viable and robust.

Domestic Abuse:

- 2.28 Growing up in a violent and threatening environment can significantly impair the health and development of children, as well as exposing them to an ongoing risk of physical and emotional harm. Professionals need to remain alert to the indicators of neglect whenever domestic abuse is raised as an issue and equally consider whether the child is exposed to domestic abuse when working with cases of neglect. This approach needs to consider the impact on the victim of domestic abuse and to avoid an approach where those victims are either blamed or held responsible for the abuse they have experienced. Victims must be supported and helped to keep their children and themselves safe. Perpetrators of domestic abuse must be held

responsible for their behaviours and actions and a clear link made to neglect. The needs of children and young people are central to considering

Acts of Omission and Acts of Commission:

- 2.29 Neglect is often (but not always) a passive form of abuse and the definition from Working Together, 2018, refers to failures to undertake important parenting tasks, which are often referred to as acts of omission. There are dangers where neglect is seen as passive and resulting from the personal difficulties of adults; this can cause professionals to be overly focussed on the needs of those adults and to lose sight of the needs and lived experience of children and young people.
- 2.30 There are also times when neglect is deliberate and targeted, often characterised by cruel, harsh and abusive parenting. This is linked to the blame of children and young people who are presented to professionals as essentially problematic and the cause of the poor care they receive. This requires professionals to robustly challenge the negative views that parents/caregivers hold about their children and young people. There are times, for example with adolescent engaging with risky behaviours or with children with very complex needs, that professionals can over identify with adults concerns and by association unintentionally collude. Professionals need to guard against being drawn into negative views of children and young people and provide appropriate and firm challenge to this. It is essential that omission and commission are understood; they are both important in understanding the nature of the neglect and actions necessary to address this.

Neglect often co-exists with other forms of abuse:

- 2.31 Emotional abuse is a fundamental aspect of children's experiences of neglect. However other forms of harm such as physical abuse, sexual abuse, harm from exposure to domestic abuse and child sexual exploitation can and do co-exist with neglect. The existence of neglect should alert practitioners to exploring whether children are being exposed to other forms of abuse and to incorporate these findings into any assessment or plan.

3.TAKING ACTION: ASSESSMENT, PLANS AND INTERVENTION

3.1 Effective and timely professional action is needed to address the neglect of children and young people. This requires all professionals to recognise when there is a risk of actual or likely neglect and to do something about it at an early stage. Serious Case Reviews have highlighted how in cases of neglect professionals often believed that it was someone else's responsibility to take action.

In deciding what action to take the professionals consult the existing Tower hamlets/All London CP procedures threshold criteria and levels of need (outlined briefly below³). The four tiers correspond to the 4 levels of need within the child and adolescent toolkit.

Levels of need in London Threshold document			
Tier 1: Child/YP with no additional needs Needs can be met by universal services.	Tier 2: Child/YP with additional needs can be met through the provision of 'early help' - a referral to children's social care is NOT required. A plan IS required led by concerned agency/professional OR Early Help plan	Tier 3: Child/YP with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Tier 4 Child/YP in acute need: Requires immediate referral to children's social care and/or the police.
Levels of need in child and adolescent neglect toolkit			
Child and adolescent focussed care giving: Children/YP needs fully met and parents focussed on well-being of child/YP and the importance of change	Adult focussed care giving: Parents are inconsistent in meeting child/YP's needs but accept concern and act on support. Parent recognises the impact on child/YP and are willing to change as a result	Child and adolescent needs secondary to adults: Parents are not clear about how to meet child/YP's needs and do not always accept advice or act on it and needs help to understand the likely impact on child/YP and why change is necessary	Child and adolescent needs not considered: Parents do not meet child/YP's are hostile to advice, do not recognise the impact of the current circumstances on child/YP well-being and do not accept the need for action/change

³ http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

- 3.2 Responding early is essential in stopping the harmful and cumulative impact of neglect. This response can be before an early help plan is agreed and developed. Universal services will be routinely addressing concerns regarding early signs of the neglect of children and young people with parents and caregivers. It is important that in this single agency response a brief outline of the current concerns, and a small plan (it does not have to be more than some bullet points) is recorded and there is an occasional review of progress. This review can be done informally, but should consider:
- Are things changing for the child or young person, have the parents/caregiver taken on the concerns?
 - Do interventions need to be changed or added to?
- 3.3 This way the history and development of neglect for children and young people can be captured, helpful support can be replicated and the parent/caregiver's response to professional help understood.
- 3.4 There are clear processes in Tower Hamlets for seeking an early help response and making a referral of concern regarding children in need of support or protection and these can be accessed through.....:

Assessment

- 3.5 Good assessment of neglect is essential. When completing assessments, professionals should always follow the assessment process or framework appropriate to their service area, and the level of presenting need. This will in most cases include a consideration of the domains outlined in the Assessment Framework (2000⁴)
- The Child and Young Person's Developmental needs;
 - The parent's capacity to meet those needs;
 - and
 - The wider family and environmental factors.

Tower Hamlets uses the child and adolescent neglect framework to make an assessment of actual or likely parental neglect

4

<http://webarchive.nationalarchives.gov.uk/20130404002518/https://www.education.gov.uk/publications/eOrderingDownload/Framework%20for%20the%20assessment%20of%20children%20in%20need%20and%20their%20families.pdf>

The following sets out the key principles for assessing neglect that have generic application:

- **Child and young person centred:** research suggest when assessing neglect professionals can lose sight of the child/young person and their needs can either be over-shadowed by the needs of the parents/parent figures or professionals can be prevented from seeing or talking to the child/young person. This must always be addressed through engagement strategies and challenged appropriately. The significance of seeing and observing the child cannot be overstated. Children should be seen in their family unit and in other settings, i.e. school, nursery, short-break care to observe any differences in their demeanour and behaviour.
- **Children and young people should be seen on their own and the child's views should be sought** in relation to where they would be comfortable to meet. It is important to use age and interest appropriate tools, games and other methods to communicate with children and young people. These are relevant to begin to engage with the child/young person and to get to know them as a person so that there is an understanding about what everyday life is like. This is important because neglect is less about an event or an incident but about the daily lived experience of a child. Professionals should seek to understand what the child or young person's experience of being parented feels like, and the impact this may have on them.
- **Recognise trauma related behaviour and address it:** children and young people who have been neglected may exhibit trauma related behaviour. It is important that this is recognised through the assessment process and attempts by parents/parent figures or other professionals to pathologise or individualise these trauma related behaviours should be challenged and addressed.
- **Observe the parent-child interactions:** Observations can inform assessments of attachment and offer insight into the relationships between parents and child/young person, and child and other siblings. Unrealistic expectations or skewed interpretations of a child or young person's behaviour are often a feature of neglectful parenting, for example, a child who cries a lot being described by the parents as nasty – as though the child's crying is a deliberate action designed to irritate the parent. Ask the parent/parent figures about their feelings regarding the child/young person and what they mean to them.

- **Assess each child within the family unit as a unique individual:** Not all children in a family will be treated the same or have the same roles or significance within a family. For example, there may be a child or young person who is perceived to be different, perhaps due to an association by the parent/s with a difficult birth, the loss of a partner, the child or young person's age or needs, an unplanned child or a stepchild or a change in life circumstance. Negative feelings may be projected onto one child but not others in the family.
- **Build relationships with parents/carers and wider family members:** building positive relationships in the assessment process is important. Professionals need to be clear about the reason for the assessment and to establish the parents/parent figure and wider family perspective on what is causing any difficulties and to establish family strengths.
- **Multi-agency framework:** Like all good quality assessments; assessments of neglect must be conducted in a multi-agency way. This requires the professionals leading the assessment process to ask all professionals in contact with children and young people to provide an analysis of their knowledge of the child, young person and their family. This is more than just information sharing but asking professionals to use their particular expertise and knowledge to make sense of the child and young person's circumstances. This should consider needs, risks, and strengths, and the relationship between them.
- **Building a chronology of events:** Any new or re-assessment of a family must take into account the family's history in order to make sense of the present; a chronology is a key part of any assessment and assists the process of care planning and reviewing. It is used to record significant events to help professionals from a range of disciplines understand what is happening in the life of a child or young person providing a better understanding of the immediate and cumulative impact of events.
- **Developing and analysing chronologies** is essential to help identify patterns of behaviour/ risk or concerns that may be preventing a child from achieving positive outcomes. Patterns in social history and behaviour can be detected and something which might appear insignificant in isolation can be identified as a key warning sign in context.
- **Assessing motivation to change:** An essential part of any assessment process is evaluating the parent/parent figures ability and

motivation to change. For change to occur parents/parent figures need to accept that change is necessary and agree what that change should be as well as engaging with support and interventions aimed at facilitation change and then maintaining it with a demonstrable effect on the child or young person's outcomes and needs. If parents/parent figures do not accept there is a need for them to change, it will not happen, even if they attend appointments and interventions. Sometimes parents/parent figures say they accept the need for change and agree what change should occur, but do not engage with support or interventions consistently. Professionals should note evidence of changes and improvements made as a result of previous interventions and the impact of this for the child. Capacity to change should be considered at an early point.

Early help assessment

- 3.6 Working Together 2018 emphasises the importance of local agencies working together to help children who may benefit from early help services. Early help assessments should identify what help the child and family might need to reduce the likelihood of an escalation of needs to the level that will require interventions through a statutory assessment. Where possible early help needs are identified, Tower Hamlets promotes the use of the Early Help Assessment as the tool for recording the family's unmet needs. Any professional who knows the child can carry out the assessment and liaise with other professionals who might need to be involved.
- 3.7 A lead professional, who knows the child and can coordinate the delivery of services, should be identified. This could be a G.P, teacher, health visitor – the decision should be made on a case by case basis and be informed by the views of the child and family concerned. An Early Help Assessment must only be undertaken with the agreement of the child and family and requires honesty about the reasons for completing the assessment as well as clarity about the presenting concerns. Should the child or family decline the offer of an assessment, the professional who identified the concerns should discuss the case with Early Help Services to determine if the circumstances warrant a statutory assessment by Children's Social Care.

Contextual safeguarding

- 3.8 As well as threats to the welfare of children/young people from within their families, children/young people may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.
- 3.9 Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.
- 3.10 Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child.

Interventions to address child and adolescent neglect

- 3.11 The significant research and evidence base has not highlighted any one intervention that is effective in intervening with neglect. It is important to have a good understanding of the cause and impact of neglect in each situation and target interventions at these factors. Given the long list of factors potentially contributing to neglect, approaches are required that intervene at multiple levels, influencing individual, family, relationship and social systems. Interventions are therefore more likely to succeed if they are multi-faceted, tackling multiple risk factors. Packages of care may include a combination of interventions addressing a range of needs, such as mental health

issues, domestic abuse, substance misuse. domestic abuse as well as parenting skills, addressing attachment and relationship difficulties and increasing social support and addressing practical concerns such as debt and housing needs.

- 3.12 Neglect is often chronic in nature, involving a complex interplay of entrenched family difficulties. There is not likely to be a 'quick fix' remedy available. Therefore, services working with neglectful families must recognise the need to work with some families on a long-term basis. Long term professional commitment may also contribute to the building of more secure family attachments
- 3.13 When parents and carers experience attachment difficulties in relationships, it is likely that they may also experience difficulties in their relationships with agencies that are attempting to intervene. Parents' feelings of mistrust and of being blamed can reduce the success of an intervention, and such feelings are often present in neglectful families' dealings with services. Professionals need to be skilled in working empathically, respectfully, and in partnership with families, rather than being seen as doing things to families.
- 3.14 Children and young people who are neglected are often isolated within the community, by their peers and sometimes within their own families. Plans for children should consider ways in which children could become involved in activities to reduce the experience of isolation. In order to reduce risks, plans for children who have been neglected need to address the process of building resilience. Building resilience might include linking a child with leisure or community services, school-based activities or connecting the child or young person with a safe adult or friend who might be willing to spend time doing activities with the child

Plans to address neglect

- 3.15 Multi-agency plans should be in place for children who are considered to be in need or vulnerable as a result of neglect. A plan should be in place whatever level of service or intervention is being offered, and whether it is a single or a multi-agency intervention. The plan should be drawn up with the family, including the child wherever possible, together with any other agencies involved.
- 3.16 Disagreements about the level of concern or interventions to be offered must always be addressed and resolved with the child or young person's needs as the central factor. Professionals

disagreements can derail intervention designed to improve children and young people's circumstances.

- 3.17 The plan should detail the outcomes sought, the services that will be offered to the family and the clear timescales for effective changes to be demonstrated. Whenever possible try to express outcomes in terms of behaviours and include how the anticipated changes will help the children thrive, develop and reach their potential within the plan. It is important to recognise the need to ensure that plans include;
- Change required by parents/caregivers as a demonstration of a commitment to their children/young people and that the concerns are understood;
 - Compensatory support does not dominate. Service designed to support families but require nothing of them;
 - Aspects of the plan that focus on the child or young person can dominate and become about "fixing a child". This will indicate that responsibility for the neglect lies with the child or young person not the parents/carers;
 - Financial and social exclusion concerns need to be taken seriously.
- 3.18 Think about the learning needs/styles of the parents and ensure that what is being offered to them is suitable. Consider whether the service you are proposing/providing is empowering a family, or whether it is contributing to feelings of dependency.
- 3.19 Think specifically about how each child is included in the plan – does the child need help and support to improve their self-esteem, build resilience or cope with some aspect of their lives? Consider any parental needs that remain un-met and whether this will undermine their capacity for change. There may be a need to involve adult orientated services if this is the case.
- 3.20 Try to ensure that the plans are co-ordinated and agreed across services so that the family experiences clarity and consistency about the required changes.

Review

- 3.21 The plan should be reviewed on a regular basis. A review can be held if there is a change of circumstances or an event that suggests the plan needs to be changed in any way. Parents/parent figures and the child/young person (where appropriate), should always be encouraged to attend and take part in the review.

- 3.22 Progress should be closely monitored and lack of engagement in services by family members challenged. Progress will be change for the child and young person and an observable improvement in their outcomes, not just attendance at services by family members.
- 3.23 Where children are subject to a Child Protection Plan as a result of concerns about neglect, the plan will be reviewed in accordance with the timeframe set out in the Tower Hamlets Child Protection Procedures.
- 3.24 In complex cases where practitioners have been involved for 6 months and no progress appears to have been made, it might be helpful for the review to be chaired by someone independent of the line management of the case.
3. 25 It may be that further assessments will be needed if there are new or ongoing concerns about a child.

4. Specialist Tools

4.1.1 DOE Parenting Daily Hassles SCALE (Critic and Greenberg, 1990; Critic and Booth, 1991) This scale aims to assess the frequency and intensity/impact of 20 potential parenting 'daily' hassles experienced by adults caring for children. It has been used in a wide variety of research studies concerned with children and families – particularly families with young children. It has been found that parents (or caregivers) generally like filling it out, because it touches on many aspects of being a parent that are important to them.

http://webarchive.nationalarchives.gov.uk/20130105133712/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079488.pdf

4.2 Adult Wellbeing Scale (Irritability, Depression, Anxiety – IDA Scale. Snaith et al, 1978). This scale looks at how an adult is feeling in terms of depression, anxiety and irritability.

http://webarchive.nationalarchives.gov.uk/20130105133700/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079490.pdf

4.3 The Recent Life Events Questionnaire This scale was taken from Brugha et al (1985), with nine additional items added. It focuses on recent life events (i.e. those occurring in the last 12 months) but could be used over a longer time-scale. It is intended to assist in the compilation of a social history. Respondents are asked to identify which of the events still affects them. It is intended that use of the scale will:

- result in a fuller picture of a family's history and contribute to greater contextual understanding of the family's current situation;
- help practitioners explore how particular recent life events have affected the carer and the family;
- in some situations, identify life events which family members have not reported earlier.

http://webarchive.nationalarchives.gov.uk/20130105133518/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079492.pdf

4.4 The Family Activity Scale (Derived from The Child-Centredness Scale. Smith, 1985). These scales give practitioners an opportunity to explore with carers the environment provided for their children, through joint

activities and support for independent activities. This includes information about the cultural and ideological environment in which children live, as well as how their carers respond to their children's actions (for example, concerning play and independence). They aim to be independent of socio-economic resources. There are two separate scales; one for children aged 2–6, and one for children aged 7–12.

http://webarchive.nationalarchives.gov.uk/20130105133802/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079493.pdf

- 4.5 Parenting worksheets (assessment tool):** A useful tool for assessing a parent's understanding of basic child's care needs. The worksheets cover the following seven areas: Emotional Development Worksheet, Boundaries and Guidance Worksheet, Communication Worksheet, Play and Stimulation Worksheet, Behaviour Worksheet, Effects on my child and me Worksheet, Stability and Support Worksheet.

www.safeguardingsheffieldchildren.org/assets/1/parenting_worksheets.pdf

- 4.6 The Alcohol Scale:** This scale was developed by Piccinelli et al (1997).

http://webarchive.nationalarchives.gov.uk/20130105133641/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079494.pdf

- 4.7 The Alcohol Use Disorders Identification Test (AUDIT)** was developed by the World Health Organisation as a simple method for screening for excessive drinking and to assist in brief assessment.

<https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>

- 4.8 SCODA: Risk assessment of parental drug use and its impact on children Tool**

<http://www.kina.org.nz/assets/PDFs/SCODA-Assessment-Framework.pdf>

- 4.9 Parental mental illness: the impact on children and adolescents:** information for parents, carers and anyone who works with young people

<https://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/parentalmentalillness.aspx>

- 4.10 Learning curves:** The Assessment of Parents with a Learning Disability A Manual for practitioner; a range of materials designed to support those involved in the assessment of families where one or both parents have a Learning Disability. Although it is aimed, principally, towards Social Workers required to complete family Assessments, it will also be of interest to other professionals working in the area, as well as managers.
- <https://www.norfolkscb.org/wp-content/uploads/2015/09/Corrected-Learning-Curves.pdf>
- 4.11 Parent Assessment Manual:** The current edition PAMS 3.0 has been developed to present information within a format that interfaces well within the Framework for the Assessment of Children in Need and their Families (2000) and the Common Assessment Framework (DfES, 2006). PAMS 3.0 can be used as a Screening Tool or as a Comprehensive Specialist Assessment. PAMS 3.0 simplifies the measurement of parental capacity and automatically consolidates the assessment data into template reports to assist the assessor with their report writing.
- <http://www.pillcreekpublishing.com/>
- 4.12 Barnardo's Domestic Violence Risk Identification Matrix – Assessing the risks to children from male to female domestic violence.** The tool enables practitioners to assess the level of risks to children from male and female domestic abuse. The sheet contains a list of risk factors, vulnerabilities and protective factors which helps practitioners recognise whether a child is at moderate, serious or severe risk
- http://www.barnardos.org.uk/Barnardos_Domestic_Violence_Risk_Identification_Matrix.pdf
- 4.13 The Power and Control Wheel (The Duluth Model).** The Power and Control Wheel is a tool that helps explain the different ways an abusive partner can use power and control to manipulate a relationship. Social workers can use it to help a victim recognise any of the warning signs in their own relationship.
- <https://www.theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf>
- 4.14 The Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model.**
- www.dashriskchecklist.co.uk/wp-content/uploads/2016/09/DASH-2009.pdf
- 4.15 Children's Participation Toolkit for Social Workers.** The booklet contains various activities, worksheets and templates assisting social workers and early help workers to involve children in the process of assessments,

intervention planning as well as conducting reviews in a positive, supportive and enabling way.

<https://www.scrc-tp.org/wp-content/uploads/2018/01/Participation-toolkit-Jan18-update-web.pdf>

- 4.16 Barnardo's/DfE 'Say it your own way': 40+ worksheets facilitating children's participation in assessment.** A compilation of 40+ engaging worksheets facilitating children's participation in an assessment of them. The worksheets help workers to ascertain children's daily routine, likes, dislikes, feelings, wishes as well as their views on their family, friends, helpers, home, neighbourhood, school etc.

The booklet also includes two examples of how to explain assessment in a child-friendly manner.

www.socialworkerstoolbox.com/say-way-40-worksheets-facilitating-childrens-participation-assessment/

- 4.17 Portsmouth Safeguarding Children Board: All about me booklet.** This booklet with various worksheets is great for direct work with children. It enables professionals to assess and discuss the following areas of a child's life: How I Grow and Develop • Being healthy • Learning to be responsible • Learning and achieving.

www.portsmouthSCB.org.uk/wp-content/uploads/All-About-Me.pdf

- 4.18 'Animal talk' activity:** Using animal pictures to get to know children and discuss their views and feelings. The tool contains 24 pictures of various animals and suggestions how they can be used to get to know children and discuss their views and feelings in an interactive and fun way.

<http://www.socialworkerstoolbox.com/wp-content/uploads/2017/09/Animal-talk-activity.pdf>

- 4.19 Getting to know a child's routine activity tool.** This tool supports workers to gain an understanding of a child's or young person's daily routine in an engaging way. The document contains 40+ individual slips with various activities/feelings which a child is asked to sort out into three piles – every day, sometimes or never, depending on how often they engage in this activity/have this particular feeling.

<http://www.socialworkerstoolbox.com/wp-content/uploads/2017/07/Daily-routine-activity-tool1.pdf>

4.20 Establishing a day in the life of a school age child (sheet). This tool supports professionals to gain a good understanding of a child or young person daily routine. It should help to identify positives or strengths in the child/young person's daily routine, as well highlighting areas where there may be concerns.

<http://www.socialworkerstoolbox.com/establishing-a-day-in-the-life-of-a-school-age-child-sheet/>

4.21 Karen Treisman: A Therapeutic Treasure Box for Working with Children and Adolescents with Developmental Trauma Creative Techniques and Activities. A resource for anyone working with children or teenagers who have experienced trauma - provides an overview of the latest theory, good practice and activities and handouts.

4.22 Karen Treisman: A Therapeutic Treasure Deck of Feelings and Sentence Completion Cards. Offering a simple and creative way for children or teens to talk about their thoughts and feelings, this deck of cards is the perfect tool for adults working with children aged 6+. Accompanied by a booklet which explains the different ways it can be used; this deck of cards offers a creative way to open conversation with a child.

<https://www.jkp.com/uk/a-therapeutic-treasure-deck-of-sentence-completion-and-feelings-cards.html>

4.23 Parenting interactions with children: checklist of observations linked to outcomes (The PICCOLO). This tool measures parenting behaviours in four domains: affection, responsiveness, encouragement, and teaching. Each domain includes 7–8 parenting behaviours. The PICCOLO tool reveals what parents can do to support a child's development, what they believe is important, what they feel comfortable doing in front of others, and what they know how to do with their child. It will also help social workers plan interventions for families. Roggman et al (2013) Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)

4.24 The Family Activity Scale. These scales give professionals an opportunity to explore with carers the environment provided for their children through joint activities and support for independent activities. This includes information about the cultural and ideological environment in which children live, as well as how their carers respond to their children's actions (for example, concerning play and independence). They aim to be independent of socio-economic resources. There are two separate scales; one for children aged 2–6, and one for children aged 7–12.

http://webarchive.nationalarchives.gov.uk/20130105133802/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079493.pdf

4.25 The Graded Care Profile is a tool that gives an objective and graded measure of the quality of care provided to children across four areas of need: Physical, Safety, Love and Esteem. The GCP displays both the strengths and weaknesses in different grades (1-5, with 1 being the best care and 5 being the poorest care) so that it defines the quality of care giving. It helps to target areas of work and can support the understanding of changes after interventions have been made. It is important from the point of view of objectivity because the ill effect of bad care in one area may be offset by good care in another area. It can enable engagement with families because areas of strength as well as weaknesses are highlighted.

<https://www.nspcc.org.uk/services-and-resources/childrens-services/graded-care-profile/>

4.26 The Quality of Care Tool. The Quality of Care Tool is an assessment model which was specifically designed to look at neglect and help professionals and parents to focus on the key areas that need intervention. It supports open discussions with families and enables a very clear baseline of current functioning to be taken. Focussed plans to address difficulties are easier to develop, and "rescoring" at key intervals enables all involved to measure progress objectively. It is a child centred approach which can be used to measure their strengths, weaknesses and what needs to change.

<http://www.safeguardingpeterborough.org.uk/children-board/professionals/child-neglect/quality-of-care-tool-2/>

4.27 C-Change is a flexible approach to assessing parents' capacities to change where the children are in need or at risk of maltreatment. It is of interest to social workers in local authorities and other settings, and to other professionals working with children in need.

It focuses specifically on parental capacity to change, with the aim of better informing future planning and decision-making for the child. It is designed as a complementary process, to be used alongside standard methods of assessing children and their families, such as the Framework for the Assessment of Children in Need, Signs of Safety, or other equivalent approaches.

<http://www.bristol.ac.uk/sps/research/projects/current/assessing-parental-capacity-to-change/>

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