

Neglect Toolkit

Multi-agency guidance for
practitioners

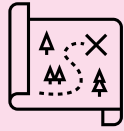
Working Together to Build Strong
Family Foundations



BIRMINGHAM
**Safeguarding
Children**
PARTNERSHIP

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Introduction

Neglect is the most common form of child abuse in the UK and it can have a devastating effect on children's lives. While most children and young people in Birmingham live in a home where their needs are met by loving and supportive carers, we know that many families will face difficulties that impair their capacity to meet their children's needs. Neglect is the most common reason for a child to be subject to a Child Protection Plan. However, we know from research that, by the time that this threshold is reached, children may have experienced neglect for several years, causing long term harm. Therefore, it is important to address neglect at a much earlier stage as soon as signs are recognised. We also know that it can be difficult for practitioners to identify and evidence neglect or to fully understand the impact on children and as such guidance and training is needed.

Birmingham Safeguarding Children Partnership has developed this Toolkit alongside a shared Neglect Strategy for 2022-2026 as part of a commitment to address childhood neglect in the city. By working together in a consistent way, and by taking a whole family approach, we can prevent and reduce harm to the children we work with. In order to tackle neglect, all agencies should respond as soon as a need is identified. This toolkit is designed for Practitioners and their Managers from all agencies working with children, young people and their families. It aims to support professionals in understanding, recognising, assessing, and intervening where there are concerns about neglect so that families can be supported, and children can be effectively safeguarded.



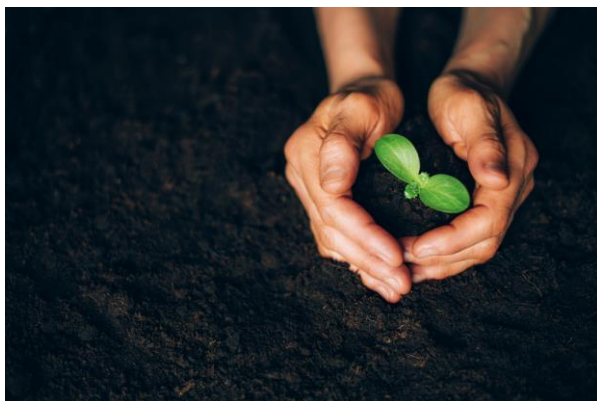
How to use the Toolkit

The Neglect Toolkit has been designed to be simple for all practitioners to use. It can be read in full as a guide to working with families where neglect is a concern, or each page can be treated as a separate resource to learn more about a specific area. The sections have links to further content online where you can read or watch videos to learn about the subject in more depth. There is also a PowerPoint version of the Toolkit available to use in training. At the back of the Toolkit are a number of practical resources that can be used when working with children and families to help assess neglect, understand the child's lived experience and support families to make positive changes.

Defining Neglect

The most likely reason for a child in Birmingham to need support and/or protection is neglect. Neglect can cause significant and long-term harm but is hard to identify because it is caused by a pattern or repeat behaviour (persistent failure to meet the child's needs) rather than a single incident or crisis.

All children and young people (including unborn babies) need adequate food, water, shelter, warmth, protection and health care in order to thrive. They also need their carers to be warm and consistently emotionally available as well as to provide them with stimulation, guidance and boundaries. Children are neglected if the things they need to develop and grow are not provided for them.



The UK government defines neglect as:

'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 and 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 care-givers); or*
- Ensure access to appropriate medical care or treatment*

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

For full Working Together statutory guidance [click here](#)

Types of Neglect

Jan Horwath (2007) identified six different classifications of neglect and this can support practitioners to recognise where a child's needs are not being met. For some children, all areas will be affected (global neglect) and for others it will be one or more specific areas. Understanding this can help us target interventions where they are needed most.



Physical

Failure to provide a child with adequate or appropriate clothing (ie for the weather), cleanliness, clean or adequate living conditions (including excluding a child from home).



Nutritional

The child is not being provided with adequate calories for normal growth and development or not provided with food of good enough nutritional quality.



Medical

The child's health needs are not being met or they are not provided with appropriate treatment for illnesses and injuries. This can include routine health checks, emergency treatment or long term care.



Educational

Failure to provide a child with age-appropriate stimulation and learning experiences. This can include school attendance and failing to respond to special educational needs.



Emotional

Failure to respond to a child's cues, to interact appropriately or provide affection and emotional warmth. Also failure to support the development of a child's self-esteem and sense of identity



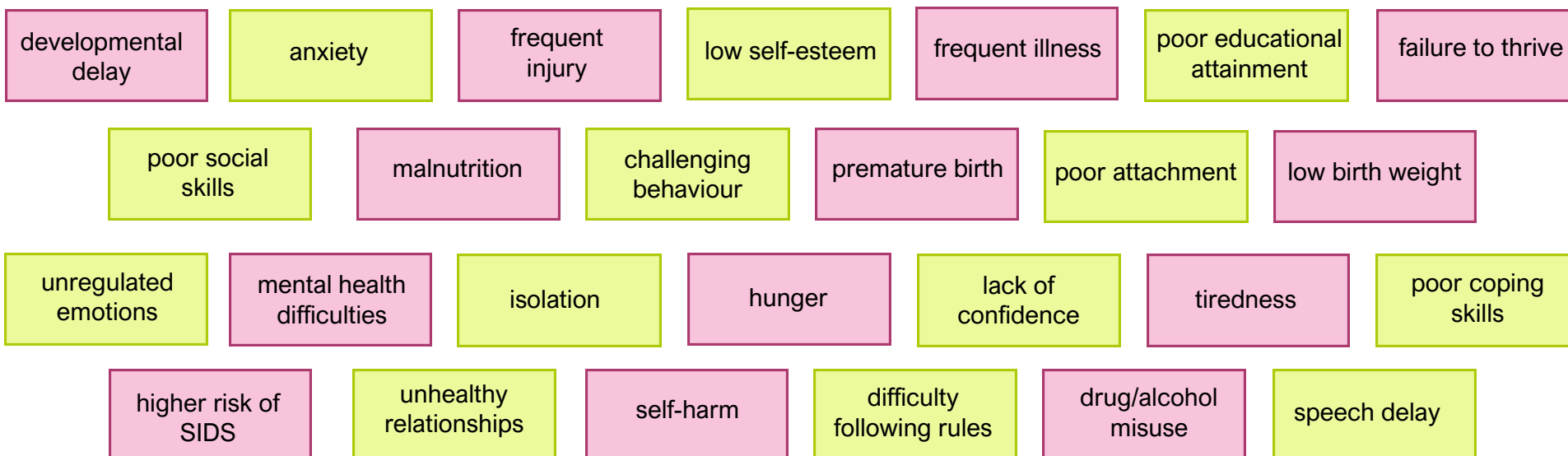
Supervision/Guidance

The child is not kept safe including leaving a child alone or with inappropriate carers, a lack of adequate supervision in the home or awareness of child's whereabouts in community. Also failure to provide appropriate boundaries.

What is the impact of neglect on children?

Research tells us that the impact of neglect on children is significant and long-lasting. Children and young people who have experienced neglect often have poorer outcomes in terms of their health and development. The impact of neglect on children can be physical, for example; failure to thrive, impairment of growth and development or risk of accidents due to lack of supervision. But it can also be psychological; neglected children are less emotionally resilient, more likely to develop insecure attachment patterns, and are more vulnerable to other forms of abuse and exploitation. In the most serious cases, neglect can lead to death and this is highlighted in over 50% of Serious Case Reviews and Child Safeguarding Practice Reviews, including those in Birmingham.

These are some of the effects that neglect can have on children and young people:



[Click here](#) to read more and watch a video about the effects of neglect on children

What are the signs of neglect?

Neglect can be difficult to recognise as the signs can vary considerably. Practitioners are generally confident in identifying the more obvious physical signs of neglect but can find it harder to notice the emotional signs. There will often not be a clear indicator or definite sign that a child is being neglected but it is important to stay alert to anything that doesn't seem right, consider any changes in the child's behaviour or family's circumstances and ask questions or seek advice if you are unsure about something.

These are some of the signs that might tell us that a child's needs are not being met or they are at risk of neglect:



Pre-birth:

- Poor engagement with antenatal services and/or late booking
- Self-neglect
- History of neglect with previous children or in parents' own childhood
- Drug or alcohol use in pregnancy
- Parental mental health difficulties
- Parental learning disability

Infant stage (age 0-2 years):

- Growth & developmental delay
- Failure to thrive
- Recurring nappy rash
- Increased infections & injuries
- Routine appointments missed
- Self-soothing behaviours (eg rocking, head banging)
- Child presents as unusually clingy or withdrawn



Preschool stage (2-4 years):

- Speech & language delay
- Difficulty in managing emotions/behaviour
- Delay in toilet training
- Under or overweight
- Increased infections & injuries
- Withdrawn or over-familiar with strangers

What are the signs of neglect?

It's important to note that none of these signs alone can tell us that a child is being neglected or what the extent of any neglect is, but they are things to look out for and explore further to determine the cause of any concern.

[Click here](#) to learn more about recognising neglect

These are some of the signs that might warn us that a child's needs are not being met or they are at risk of neglect:



Primary School (age 5-11 years):

- Poor hygiene and presentation
- Low school attendance
- Dental decay
- Under or overweight
- Difficulty managing emotions and/or behaviour
- Poor social skills
- Difficulty following rules and routines
- Limited attention span

Adolescence (12-17 years):

- Poor school attendance
- Poor concentration
- Withdrawn or disruptive in school
- Self-harm
- Involvement in criminal or antisocial behaviour
- Increased risk-taking activity or concerns of exploitation
- Missing episodes (particularly when unreported by parents)

[See p26 for more about adolescent neglect](#)



At any age (family and environmental factors):

- Poor home conditions
- Family history of neglect
- Lack of emotional warmth towards children
- Poor engagement with professionals or 'disguised compliance'
- Parents with significant difficulties (eg mental health, substance misuse, domestic violence)
- Very limited resources or support networks

What causes neglect?

Vulnerabilities

In some cases parents do intentionally neglect their children, for example deliberately not feeding a child when food is available. However, in most instances neglect is caused because the parents' own needs are significant and they are unable to put their child's needs first. There can be many reasons for this and parenting capacity can be impacted on a short-term, long-term or cyclical basis. Vulnerabilities and risk factors do not mean that parenting capacity will inevitably be reduced but they do need to be taken into account. Families can often be experiencing number of vulnerabilities and this is likely to increase the likelihood of a child's needs becoming secondary to parents' needs.

These are some of the factors that have been linked with child neglect:

- Poverty/homelessness/long-term unemployment
- Parents with mental health difficulties
- Parental substance misuse
- Domestic abuse in the household
- Parents with learning disability
- Parents or children with chronic ill health/disability
- Poor relationship between parent/step-parent and child or where a child is deemed by parents to be particularly 'difficult' to manage
- History of neglect and abuse in parents' childhood
- Lack of effective support networks



Strengths

Protective factors and strengths are also important to recognise and build on. Similarly to risks not always leading to inadequate care, strengths in parenting these do not always mean that a child's needs are consistently met but it is important to consider these.

These are some protective factors associated with child neglect:

- Parents have a good understanding of child's needs and how to meet these
- Good support networks who can address any shortfall in parenting
- Strong relationships/bond between parent and child
- Parents have motivation and capacity to change
- Parents have positive childhood experiences or a good understanding of an adverse childhood
- Parents engage well with professionals
- Stability in terms of carers, housing, employment, education, support networks etc

All assessments should take into account the family's vulnerabilities and strengths as well as their history and consider the impact of these on the care of the child.

Specialist advice and intervention should be sought where appropriate.

To read an NSPCC report about risk factors for neglect [click here](#)

What causes neglect?

Poverty

Birmingham has high rates of child poverty compared to the UK as a whole. This can leave children vulnerable to neglect as the family may struggle to meet the child's basic needs without adequate resources and parenting becomes more challenging. However, practitioners must avoid excusing or minimising neglect where a family is experiencing poverty. Neglect can occur in families regardless of their financial situation and most parents are able to bring up their children successfully despite limited financial resources. When working with families experiencing financial hardship, it is important to ensure they are receiving any support they are entitled to and to differentiate between neglect and lack of resources.

Substance Misuse

There is a strong link between chaotic drug and/or alcohol misuse and child neglect. Problematic drug and alcohol use can lead parents to prioritise their own needs over their child, causing children to experience inadequate or inconsistent care. This can affect physical and emotional care. Drug and alcohol issues can also impact on the family's finances, increasing vulnerability. It is important to work alongside substance misuse services to determine how significant the issue is and whether parents are engaging with treatment. If there is a parent or other family member in the household who is not misusing drugs or alcohol, this can be a protective factor.

These are some of the most common factors which can contribute to or increase the risk of child neglect. Specialist assessment and support may be needed to understand and address any underlying issues in order to reduce the risk. It is important however to ensure that the child's needs do not become secondary in circumstances where parental needs are high.

Mental Health Difficulties

Parents who are finding it difficult to manage their own mental health, can struggle to consistently prioritise the needs of their children. This can lead to physical neglect where parents may be unable to provide basic care due to their own needs or emotional neglect where parents may not consistently respond to a child's cues or may be unable to manage their own emotions in the presence of their child.

Mental health difficulties often co-exist with drug and alcohol misuse (dual diagnosis). Where this is the case, the risk of neglect to children increases and specialist support is likely to be needed.

Domestic Abuse

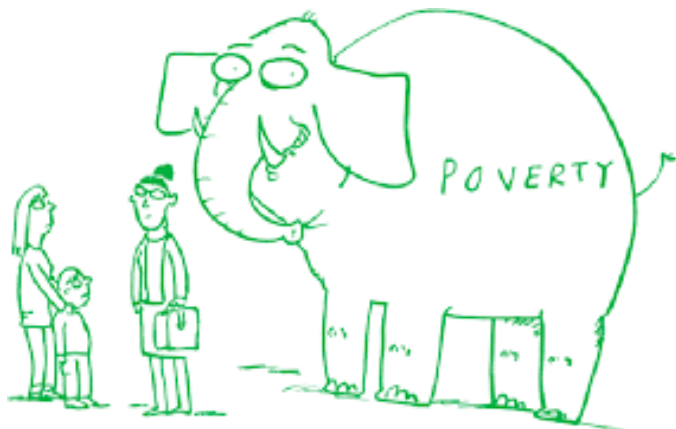
Living in a household where there is ongoing abuse and violence can significantly impact on a child's health and development as well as placing them at risk of physical and emotional harm. Professionals working with families where domestic abuse is a concern should support victims but also consider the possibility of emotional neglect. Parents who are victims of domestic abuse can find it difficult to provide consistency of care to their children and may be focused on physical safety. In addition to this, financial abuse or the need to flee a perpetrator could mean that the children are facing poverty even where the family income appears adequate.

Learning Disability

Parents with a learning disability may require additional support to meet the needs of their children. This may be from within the family network or external agencies. When adequate support is not available, children are far more likely to experience neglect.

Families where one or more parents have a learning disability are more likely to be living in poverty and to be experiencing other vulnerabilities such as substance misuse or mental health difficulties which can impact on their ability to meet their children's needs. Additionally, adults with learning disabilities are more likely to have experienced abuse in their own childhood than the rest of the population. This can impact on their parenting capacity.

Poverty and Neglect



It's important not to ignore poverty when working with families. Poverty can be 'the elephant in the room' if practitioners do not acknowledge its impact.

Living on a low income in a run-down neighbourhood does not make it impossible to be the affectionate, authoritative parent of healthy, sociable children. But it does, undeniably make it more difficult.

(Utting 1995)

Birmingham has high levels of unemployment, income inequality and deprivation when compared with the rest of the UK. Significantly more children in Birmingham live in poverty than the national average – over 50% in some areas. Child poverty in the UK has been rising in recent years and the impact of the covid-19 pandemic and the current cost of living crisis are likely to make things much more difficult for many families living in the city.

Research suggests practitioners can become 'poverty blind' when working in deprived areas, leading to neglect being missed. Poverty impacts children in many ways; this can be physical such as not having a nutritious diet or warm clothing, but also emotional because of the stress, shame and stigma attached. The stigma associated with poverty means that often families won't ask for help or access support they are entitled to such as free school meals.

Children who are experiencing poverty can be disadvantaged on multiple levels. For example, low income households are more likely to be affected by issues such as domestic abuse, substance misuse, and mental health difficulties.

- **Poverty does not necessarily lead to neglect** and the majority of parents are able to meet their children's needs despite reduced financial circumstances.
- It is also important to remember that **children living in more affluent families can also experience neglect**. This is more likely to be emotional than physical and may be harder to identify.
- Assessment such as GCP2 is important to help determine whether children are experiencing neglect and where support is needed.

How do we respond to neglect?

Research into neglect tells us that the earlier we can respond to concerns, the more chance of success an intervention will have. By the time a case has reached the threshold for Child Protection procedures, the likelihood is that the neglect will have already caused the child significant harm. This is because neglect is cumulative and the impact is often not apparent until many months or years after the problems began. Therefore it is important for agencies to try and support families wherever possible as soon as a concern is noticed rather than waiting until a Request for Support is needed.

BSCP’s Right Help, Right Time guidance sets out the levels of support that may be needed for children and families.

Right Help, Right Time sets out four layers of need: **Universal, Universal Plus, Additional** and **Complex/Significant**. In terms of neglect, these are some of the concerns you might see at each level:

| Universal Services provided to all children and families | Universal Plus Support provided to children and families by agencies working with them. Provided by a single agency or via Early Help. | Additional Coordinated multi-agency support for children and families who require a more intensive package of support. | Complex/Significant Intervention where there are concerns that a child’s health or development may be impaired or where the child may be at risk of significant harm. |
|--|---|---|---|
| <ul style="list-style-type: none"> No concerns about neglect identified – care provided to child is good overall. | <ul style="list-style-type: none"> Pattern of absences from school. Emerging concerns about child’s diet, hygiene or clothing. Missed appointments for immunisations and developmental checks. Slow to reach developmental milestones. Parent not responding to child consistently. Limited support from family and friends. Child taking on a caring role for parents or siblings. Inconsistent routines and boundaries. Parental needs beginning to impact on care of child. | <ul style="list-style-type: none"> Consistently poor school attendance or not in education. Health/dental concerns not being addressed. Developmental milestones not being met. Lack of positive stimulation. Parental mental health or substance misuse affecting care of child. Significant financial problems that are impacting on ability to meet basic needs. Parents continually struggling to meet child’s needs despite support being provided. Child going missing or being placed in risky situations. | <ul style="list-style-type: none"> Child has significant health problems, developmental delay or disability and treatment is not being sought/followed. Failure to thrive in a baby. Child frequently hungry/unclean/smelly. Child significantly under/overweight without organic cause. Repeat dental extraction or other health concerns. Previous children removed from home due to neglect. Parents consistently unable to meet child’s needs despite support being provided at an Early Help level. Repeat concerns of neglect after intervention completed. |

This is not a comprehensive guide. All practitioners should refer to the Right Help, Right Time document where there are any concerns of abuse or neglect. To access the guidance [click here](#)

Assessing neglect

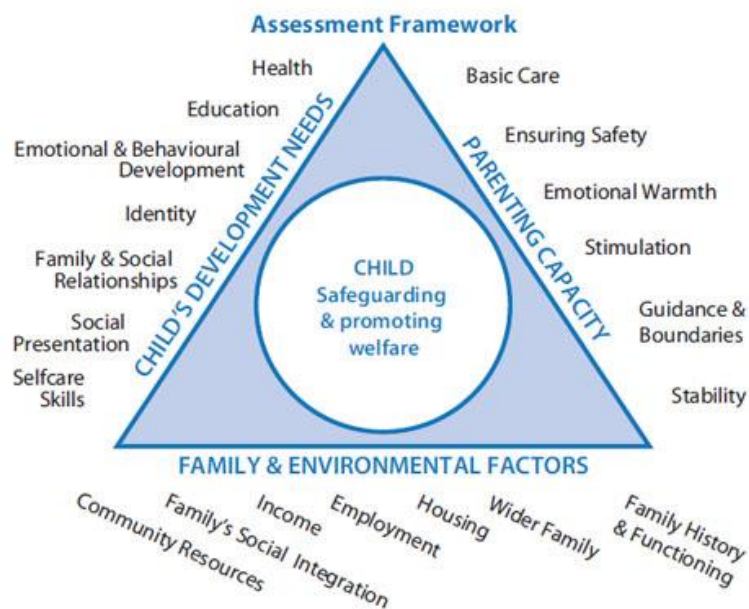
Things to consider:

An assessment of a child's circumstances where there are concerns of neglect should consider all three domains of the Assessment Framework (see diagram). This will help you to understand:

- the child's needs and if these are being met,
- the parents' capacity to meet those needs, and
- the wider family and community context.

Assessments should be based on information from a variety of sources and on inter-agency collaboration. Assessments should include an analysis and inform a plan to help the family move forward.

In order to assess neglect effectively it is important to understand the early indicators and impact of neglect. It is also important to have a good understanding of child development and what would be reasonable to expect for that child.



To learn more about using the assessment framework triangle click [here](#)

Information to gather:

- Observations of the child including their behaviour
- Observations of interaction between parent and child
- Physical care of the child and their home environment
- Family's current circumstances
- Any relevant history for the family
- Any history/patterns of concerns of neglectful care
- An understanding of any parental issues that could impact on their care of the child (see '[What causes neglect](#)' on p9-10)
- The child's views
- The day-to-day lived experience of the child
- The parents' views regarding their child and any concerns raised
- Views of other family members where appropriate (don't forget fathers!)
- Any relevant information held by other professionals
- Any strengths and sources of resilience

Assessing neglect – some guiding principles

Focus on the child

Parents who are struggling to meet their children's needs are likely to have many needs of their own (see p9-10). It is important to offer support and services to parents which will ultimately improve the care of their children, however this must not compromise keeping a clear focus on the needs of the child. Where family circumstances are chaotic it is important to ensure the child is seen and that their needs are a priority.

Be open with parents

It can be hard to raise concerns of neglect with parents because it means addressing issues which are personal and difficult to hear, for example, smells, dirt, or hazards in the home. It is important to ensure parents understand concerns and these are explained clearly, honestly and with sensitivity. Intervention is far more likely to be successful if parents understand why professionals are worried and what the expectations are in terms of care of their children.

Observe

Observations can inform assessments of parent-child interaction and the relationships between parents and child, and child and other siblings. It can also help you to assess the child's development, their behaviour and social interactions, and the environment in which they are living. This can take place in their home as well as other settings such as school or nursery.

Treat each child as an individual

In some cases, not all children in a family will be treated the same. For example, one child may be perceived to be different, perhaps due to the child's age or needs, if they were an unplanned child or a stepchild, or there has been a change in the family's circumstances. Negative feelings may be projected onto one child but not others in the family and it is important for an assessment to capture this and address each child's needs separately.



Avoid becoming desensitised to neglect

Practitioners who work regularly with families where there is neglect can become desensitised and may minimise or 'normalise' situations which in other contexts would be viewed as unacceptable. It is important to be aware of this, to reflect, and to remain alert to neglect. It can be helpful to discuss the family with your supervisor and with professionals from other agencies to share concerns and gain another perspective.

Avoid drift & delay

A lack of direction or drift can be a feature of neglect assessments due to poor engagement from parents, a lack of understanding about the seriousness of neglect and a failure to prioritise neglect over more 'visible' issues. This can lead to children being left in a neglectful situation for longer than necessary. To avoid this, it is important to plan the assessment and have clear time-scales for any piece of work (see p16).

Recognise the impact of trauma

The term Adverse Childhood Experiences (ACES) is often used to describe a range of stressful or traumatic experiences that children can be exposed to growing up. Neglect is one such experience and children and young people who have been neglected may exhibit trauma and stress-related behaviour and can struggle to manage their emotions. It is important that this is recognised throughout the assessment process as well as the impact of any trauma the parents may have experienced in their lives.

Use assessment tools

Assessment tools such as Graded Care Profile 2 (GCP2) should be used to understand and evidence concerns, and support in planning any intervention. They can highlight where more in-depth work is needed as well as what the family's strengths are. Assessment tools should be used alongside your professional judgement, understanding of the individual child's needs, and knowledge of the family's history and current circumstances.

Assessing parents' capacity to change

Neglect is often long-term, resulting in repeat periods of intervention and can even be intergenerational, with children growing up without gaining the skills they need to parent their own children. Therefore, it is really important to understand whether parents have the capacity to make the changes needed in order to meet their children's needs.

Research shows that issues like substance misuse, mental health difficulties and learning disability can undermine parenting capacity and increase the likelihood of harm to children, particularly when there are multiple risk factors (see [p9-10](#)). Parents are also impacted by vulnerabilities within the wider environment and family, such as poor housing, poverty and unemployment. These can make parenting more challenging and increase the likelihood that difficulties will arise.

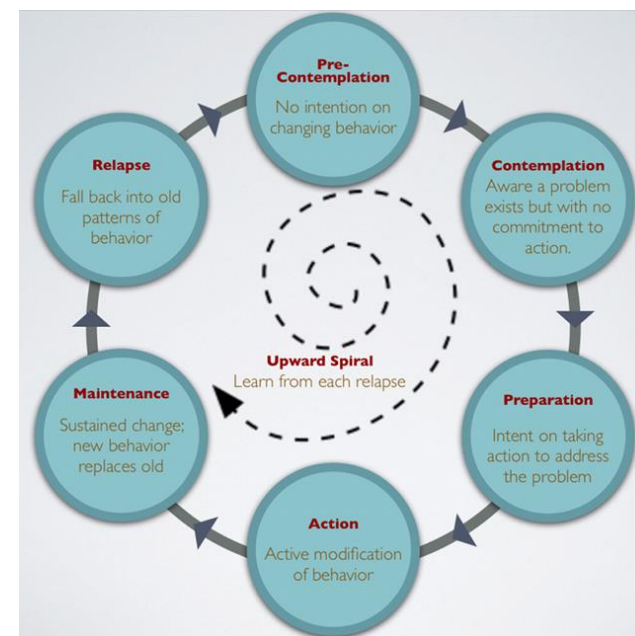
Assessment of parental capacity to change should be an ongoing process due to the cumulative and long term nature of neglect but should not be indefinite, leading to delay for the child. It should include identifying strengths and weaknesses, agreeing targets, providing support and intervention, and monitoring progress over a set time period.

Practitioners working with child neglect should avoid being overly optimistic about the potential

for parents to make lasting changes and consistently provide 'good enough' parenting. Change is not always possible or not sustained over long periods of time. Families may work with professionals to make changes because they are motivated by the intervention but may struggle to maintain this without support.



When assessing change, the most important considerations are the outcome for the child and whether improvements can be made in a timescale that is acceptable for the child. Practitioners can often be over-optimistic about parents' capacity and can be reluctant to consider possible signs of abuse because the parents are perceived to be making improvements. Practitioners should also be mindful of 'start again syndrome' with families and recommence assessment work where there is a change such as a new worker, a new referral or an incident in the family, without taking into account the history. This can cause delay for the child and reduce the effectiveness of an assessment or plan.



A helpful tool for practitioners assessing neglect is the cycle of change. Prochaska and DiClemente's Stages of Change incorporates six key stages of change and can support assessment around parental motivation and sustaining change. It is important to recognize people can relapse or become stuck at any stage of change and can move backwards as well as forwards. To learn more about the model [click here](#)

Planning a neglect intervention

It is important to plan any intervention for children who are experiencing or at risk of neglect. This will ensure support is targeted and progress can be regularly reviewed to avoid drift. The plan should be created alongside the family (and child where appropriate) and include any agencies involved. Plans should include support offered by professionals and any extended family or friends where available but should also empower the family to work towards the goals without over-reliance on external agencies. The plan should be SMART (see below). It is also important to have a contingency plan in case the outcomes are not achieved.

Any plans to address neglect should include:

- The outcome for the children that the plan is working towards
- Actions setting out how the outcome will be achieved
- Who is responsible for each action
- When the targets will be completed
- What will happen if the goals are not achieved (contingency)

Specific:

Set out exactly what you want the plan to achieve. Be clear and specific, avoiding vague or universal statements. This makes expectations much clearer for parents to understand especially where there is room for subjectiveness.

Example:

X The kitchen needs to be clean.

✓ The kitchen work surfaces to be wiped down daily and the floor washed weekly. Family worker will support parents to make a housework schedule.

Measurable:

Make sure any targets on the plan have set criteria that can be easily measured. This ensures progress can be monitored and action taken if there are no changes.

Example:

X The children have never been to a dentist. Parents to take them for a check up.

✓ Parents will register the family with a dentist within two weeks and the children will have had a check up within two months.

Attainable:

Any actions on a plan need to be realistic and achievable for the family. Start with small incremental changes if needed and build up to work towards the goal. Set out who will support the family with these.

Example:

X School attendance must be 100%.

✓ School attendance will improve from 50% to over 75% by the end of Summer term. A place will be provided at breakfast club by school to support with this

Relevant:

Make sure that any actions on the plan are relevant to addressing the concerns identified and to achieve the desired outcome for the child. They also need to be things the family are willing to work towards.

Example:

X Dad will stop drinking alcohol.

✓ Dad will not drink alcohol when he has sole care of the children to ensure they are safe. If he has been drinking, maternal aunt will look after the children while mum goes to work.

Timely:

Any actions on the plan need to have deadlines for completion to avoid drift and delay. These must be within the child's timescale rather than the parents or professionals.

Example:

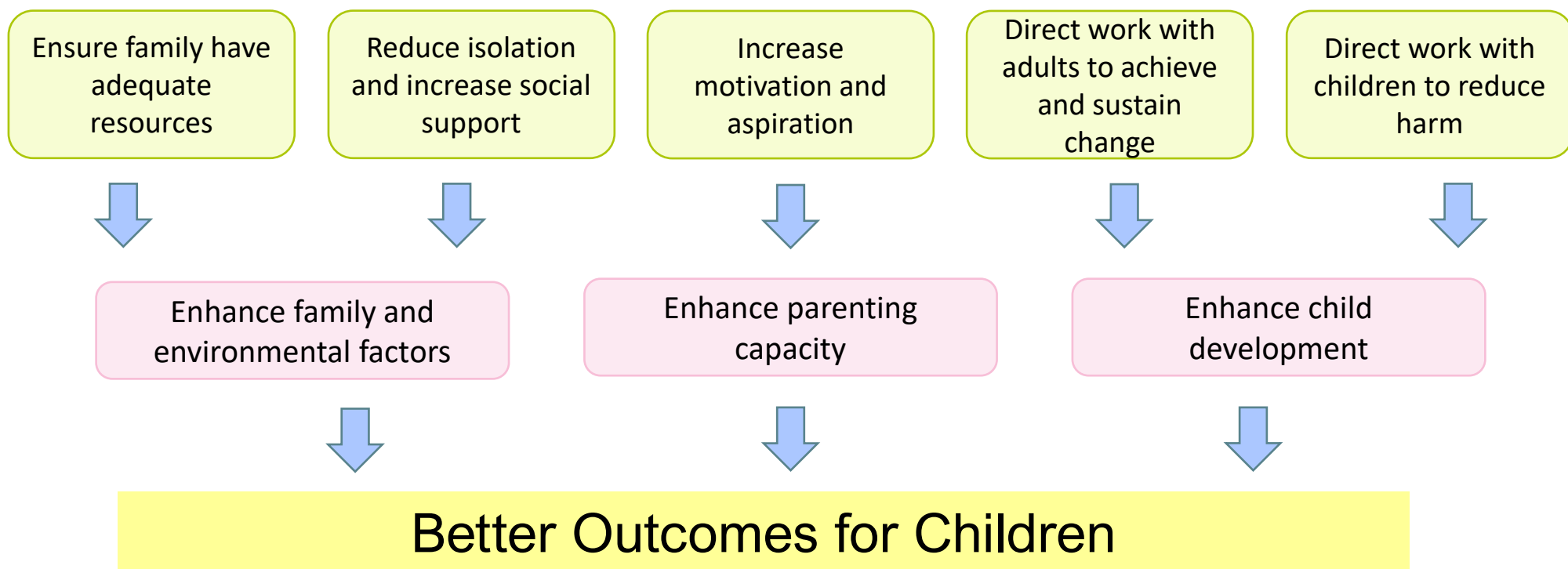
X Child's bedroom to be cleared so she can sleep in it.

✓ Parents to clear clutter from bedroom within two weeks. Family Worker to apply for funding for a bed and this to be in place within one month.

Model of Concurrent Interventions for Addressing Child Neglect

Research into neglect has not identified any one intervention that is effective in all circumstances. Neglect is complex and difficult to resolve. It is important to understand the cause of the neglect and impact on the child in each situation and then target interventions to address these factors (see also [causes of neglect on p9](#)). Interventions are more likely to succeed if they target a range of needs, for example supporting a parent with addressing their substance misuse whilst also tackling practical issues such as debt or housing. Support should also be considered to support the children to reduce the impact of neglect, prevent isolation, and build resilience such as community or school activities. An effective intervention for neglect is unlikely to be short term and will have more chance of success where support is provided to help parents sustain any changes that have been made.

The following model highlights key areas to be addressed to achieve positive outcomes for children. The top row (green) shows the areas where interventions should be focused and the middle row (pink) shows the aims of these interventions (based on the assessment triangle – [see p13](#)). For a neglect assessment to be successful, it should take into account all of these sections. Some examples are provided on the next page.



Examples of neglect interventions using the model

Ensure family have adequate resources

Families who are struggling with issues such as unemployment, debt, poor housing, and low income may struggle to meet their children's basic needs.

Ways to support them could include:

- Referral to debt advice service
- Budgeting/benefits support
- Signpost to food bank or community pantry
- Request support from charities to buy things like beds, washing machine, cooker, clothing
- Support in contacting council/landlord to access home repairs/bid for a property
- Practical support in decluttering, cleaning, organising home
- Help with accessing things like free school meals, funded nursery place

Reduce isolation and increase social support

Families who are isolated won't have a support network to help with everyday parenting or in a crisis situation. Ways to support could be:

- Signpost to local children's centre and encourage participation
- Encourage engagement with other professionals
- Family Group Conference
- Use genograms and ecomaps to identify family members, friends and other sources of support
- Support engagement with activities and groups outside of the home
- Employment support
- English classes for parents who do not speak English or would like to improve

Increase motivation and aspiration

Parents may not be aware that their child is experiencing neglect and may need support to understand this. They may need help to begin the process of change (see also [cycle of change on p15](#)).

Encouraging parents to make and sustain positive changes to their parenting could include:

- Use of Motivational Interviewing strategies
- Highlight strengths in the family and promote what they are doing well
- Identify manageable goals and celebrate small steps forward
- Break down tasks and set deadlines to make them more achievable (eg cleaning one room at a time rather than whole house)

Direct work with adults to achieve and sustain change

It is important to work with the adults caring for children to improve their parenting skills and address any underlying issues which might lead to neglect.

Examples might be:

- Parenting courses such as *Triple P* or *Incredible Years*
- Access to specialist support for issues like substance misuse, domestic abuse or mental health difficulties
- Providing advice and support with things like nutrition, child care or household routines
- Modelling positive parenting so parents can learn, for example playing and interacting with children
- Supporting parents to understand the impact of their behaviour on their children

Direct work with children to reduce harm

Working directly with children will not prevent the neglect from happening but it can enhance protective factors, boost self-esteem and help them build resilience (see also [capturing the child's voice on p24](#)). Ways in which to do this could be:

- Give children opportunities to share their feelings and express themselves with a trusted adult
- Access to social activities outside of home such as after school clubs, youth clubs, faith groups
- Encourage interests and talents by supporting children to participate in sports, music, creative activities
- Help children learn age-appropriate self-care skills such as brushing their teeth and hair

For more information about what support is available to families in Birmingham, try local services such as [From Birmingham with Love](#), [Birmingham Forward Steps](#) and [The Waiting Room](#)

Working with the whole family

Build on strengths

In all families there will be things that are going well. It is important to recognise this, to promote resilience and help build their capabilities. For example, a family may be living in very poor conditions which need addressing but are providing their children with a high level of emotional warmth.

Share information

Neglect is cumulative in nature and its impact is often a result of a number of incidents rather than a single action. Because of this, it is really important for agencies who are supporting adults as well as those working with children to share any concerns in a timely way. Where agencies work in silos and do not collaborate, risks to children can be missed and support can be disjointed and less effective.

Work together

The 'Think Family' or 'Whole Family' approach to safeguarding promotes joined up support between services for adults and children as well as how the services can take family circumstances into account. For example, a service supporting a parent with their drug use should be aware of how this may impact on their children rather than only focusing on treating the presenting issue.

To read more about the whole family approach [click here](#)

When thinking about neglect, it is important to consider the family holistically because neither the children nor the adults exist in isolation. A whole family approach means working with the family to achieve shared goals as well as responding to individual needs within the family. This will usually require a coordinated multi-agency response from those working with children and adults.

Neglect is very often a result of the parents' vulnerabilities and these need to be addressed in order for the neglect to be tackled effectively. The adults in the family may be experiencing issues such as drug or alcohol misuse, mental health difficulties, domestic abuse, poor physical health, poverty learning disability or coping with their own childhood trauma. Some parents may have grown up in a neglectful home and may not have acquired basic parenting skills as a result. Specialist support should be offered to the adults where risks are identified as this will help parents to meet their child's needs.

Although the whole family should be considered, the focus should always be on improving outcomes for the child.



Look out for 'Invisible Men'

Recent research shows that fathers and other men involved in children's lives are often ignored by professionals who can focus on the care provided by the mother. This can mean that a protective factor, for example a father who does not live in the home but is capable of caring for the children can be overlooked. It can also mean that men who may pose a risk to children are not assessed.

To read more [click here](#)

Don't forget extended family

As well as identifying vulnerabilities and risks, professionals should also consider any support available to the family from wider family and friends as well as any risks they may pose. Using tools like a chronology and genogram can help understand the family as a whole.

Family Group Conferences can be a good way to empower a family to find a solution to a problem.

Be aware of environmental factors

As well as vulnerabilities and protective factors in the family, it is important to consider the influence of the community and the circumstances in which the family is living. This could be things like employment, finances, housing, community resources and access to services.

Reviewing Progress

Regardless of what level you are working with a family – from Early Help to Child Protection – **it is important to regularly review and evaluate any plan to see if progress is being made.** If you have completed a GCP2 assessment with the family, this can also be reviewed at regular intervals to measure whether the care provided to the child has improved or if any changes have been sustained. If there are changes to the family circumstances or new concerns raised, further assessment may be needed and the plan updated to take this into account. Reviewing the plan can take place with the family and other professionals in a formal meeting such as a Core Group or Early Help meeting, but actions should also be reviewed during visits and conversations with the family to ensure everyone remains focused.



Use of supervision

All agencies should ensure that neglect cases are regularly reviewed in supervision. Working with families where there is neglect can be overwhelming for practitioners and it is important to acknowledge this. Supervision should also ensure that the focus remains on the child, help the practitioner be more objective and give direction to avoid delay. Good supervision can help practitioners to 'step back' from the case and reflect on the family's circumstances and the child's experience. Supervision can be used to explore any assumptions and hypotheses, look at evidence and challenge any subjectivity and bias. Regular supervision can help move a case forward by focusing and identifying a way forward.



How will I know when progress has been made?

If your plan has SMART actions ([see p16](#)) it should be easy to measure whether the goals have been achieved within the timescales set out. You can then work with the family to set more goals if there is further change needed or decide how the family will be supported to sustain any changes already made.

To evidence significant and sustained progress you will be looking for:

- Parents recognising the child's needs and putting them before their own
- Parents being accountable for their actions and accepting they are responsible for their child's care and safety
- Child being provided with consistent physical and emotional care and a clean, safe environment



What if there is little or no progress?

Neglect can be complex and can take time to address. However, it is important to avoid drift and a child being in a neglectful or unsafe situation for longer than necessary. Any lack of meaningful engagement from parents should be challenged. If targeted support has been offered and there continues to be little or no change to the care that the child is receiving, consideration should be given to escalating the case.

The following should be taken into account when considering escalation of intervention:

- Where there has been limited or no progress against the plan over a 3-6 month timescale (depending on severity of concerns)
- Where parental response to concerns is avoidant, tokenistic or hostile and this has not improved despite support offered.
- Where the child is at risk of significant harm due to neglect (for example lack of supervision, extremely poor home conditions)

When considering escalation, always seek advice from a supervisor and refer to the Right Help, Right Time document. To access the guidance [click here](#)

Barriers and Challenges

Professional Factors

- Neglect is an omission of care rather than an act towards the child – this means it can be hard for professionals to see what isn't there.
- What is considered 'good enough' care can be subjective and views can differ on this.
- Professionals often feel uncomfortable having difficult conversations with parents about the care of their children and can avoid this, meaning the issue of neglect is not addressed.
- Professionals can be over-optimistic about parents' capacity to change and not consider the family history (sometimes called 'start again' syndrome).
- Professionals tend to be good at identifying some indicators of neglect such as poor home conditions or unkempt children but, where the children and home are well presented, signs of emotional, medical or educational neglect can be missed.

Organisational Factors

- Gaps in information sharing between agencies means that neglect is not always identified. The nature of neglect often leads to a number of 'lower level' concerns which may be noticed by different people but not shared to build a picture.
- Neglect can be missed where practitioners have not had adequate training in recognising and responding to situations.
- Often neglect is not seen as being as serious or urgent as other forms of child abuse. Neglect is cumulative and rarely presents in a crisis therefore can be overlooked or not prioritised by management.
- In organisations where workloads are high and support is limited, neglect can be seen as less important than other issues or not noticed at all.

Family Factors

- Poor engagement or 'disguised compliance' can be common in neglect cases with families being avoidant of professionals or presenting with superficial engagement. This can prevent practitioners from gaining a full picture of the child's experience ([see p23](#)).
- Hostility from parents can be a barrier to intervention and parents may be mistrustful of professionals, particularly if they have experienced neglect and abuse in their own childhood or the family has had previous professional involvement.
- Neglect is often caused by adults' needs being prioritised over the child's. Professionals often focus on supporting the adults and forget the child's experience. Families where neglect is present can be chaotic and it is can be difficult to prioritise the child in these situations.

Neglect can sometimes be difficult to identify and there are challenges that can prevent professionals from responding at an early enough stage. Having an awareness of these can help us to intervene in a more timely and effective way, leading to better outcomes for children and families. These barriers have all been identified in Serious Case Reviews and Child Safeguarding Practice Reviews, both locally and nationally.

To read more about common issues when assessing neglect and overcoming these [click here](#)

Working with resistance

Ambivalence

Ambivalent parents may have mixed feelings towards professional involvement, the individual worker or about the concerns raised. They may be unsure as to whether they need to make changes. This can cause them to be 'stuck' and unable to move on and make the changes asked of them.

Behaviour you might see: avoidance of professionals, lateness or missing meetings and appointments, undertaking tasks superficially.

Ideas to address ambivalence: ensure concerns are explained clearly so parents are able to understand, look at what has worked in the past with the family, encourage family to talk about any changes they would like to make rather than what they feel professionals have imposed on them, break down tasks into small manageable parts.

Denial/avoidance

Some parents may feel overwhelmed, hopeless or upset by the prospect of change. They may resent professional interference or be seeking to hide something.

Behaviour you might see: negativity, tearfulness, unwillingness to acknowledge neglect concerns, purposely avoiding practitioners, missing appointments or cutting them short.

Ideas to address denial: ask the family why they think you are involved and use the response to discuss issues, try a joint visit with another agency, try to engage family by highlighting their strengths, involve extended family if possible as positive role models who are not professionals, record any missed appointments, plan visits to think about what you want to achieve and how you can do this.

Resistance is used to describe a range of parental behaviours which can prevent professionals from being able to assess neglect and intervene. This can be very challenging for practitioners to work with and can leave children at risk of harm. The majority of serious case reviews report a lack of cooperation from families or superficial engagement (disguised compliance).

Parents and carers can resist professional intervention for many reasons and it is helpful to try and understand this. For example, they may not understand the concerns, they may feel they are not to blame for the issues raised, or they may be fearful or mistrustful of authorities due to past experience. It is important to consider our own practice and whether we can do something differently to promote better engagement.

Resistance can be categorised in four types:



To watch a short video about working with resistant families click [here](#) or click [here](#) to watch a longer webinar

Hostility/aggression

Parents may be actively hostile and intimidating towards professionals in order to distract or to prevent further involvement. This can be obvious or covert behaviour.

Behaviour you might see: threatening behaviour, silence, bombarding professionals with phone calls, entering personal space, use of derogatory language, shouting and swearing.

Ideas to address hostility: remain calm but be clear about your involvement and any expectations and boundaries whilst acknowledging their distress, carry out joint visits or co-work the case to ensure children can still be seen safely, plan visits to take into account who will be at home and what time of day is best, consider meeting at a neutral venue where possible, consider escalation if situation does not improve.

Disguised compliance

Disguised compliance can be better understood as *disguised non-compliance*. It is where parents give the appearance of cooperation to reduce professional concerns but in reality are not engaging with an intervention or are engaging on a superficial level.

Behaviour you might see: parents agreeing to make changes but no results observed, child's report of situation not matching parents, visits frequently cancelled or rearranged, changes made for a short time but not sustained.

Ways to address disguised compliance: focus on the child; observe and listen to them, check what parents say rather than taking this at face value, document missed appointments, share information with other professionals, use professional curiosity ([see p23](#)).

Professional Curiosity

What is it?

Professional curiosity requires practitioners to explore and try and understand what is happening within a family rather than making assumptions or accepting what is presented. This can also be described as 'respectful uncertainty' – maintaining an open mind and thinking critically about any information received. Does what the family are telling us make sense? Curious practitioners may need to think beyond their usual role and consider families holistically.

How can I be more curious?

- Ask questions and respectfully seek clarity
- Observe the family dynamic
- Be aware of inconsistencies and conflicting information
- Consider who is living in the home and who else has a role in the child's life
- Look for evidence to back up what is presented
- Speak to other professionals involved
- Look at the family history
- Speak to your supervisor or an appropriate colleague about your concerns
- Be willing to 'think the unthinkable'

Why is it important?

Professional curiosity is really important in cases of neglect where the signs may be difficult to spot at first glance. Case reviews have shown that concerns have been missed by professionals accepting what is told to them and not asking relevant questions. This means children may not receive the right support and can be at risk of harm. In families where neglect is a concern, different agencies often hold different pieces of information so it is important to work together to build a full picture.



What is 'disguised compliance'?

This is where parents or carers give the appearance of cooperating with professionals or cooperate on a superficial level in order to allay professional concerns. This can be for many reasons such as parents' anxiety about professional involvement but, in the most serious cases, it could be to intentionally conceal abuse or neglect. In these cases it is important to try and build positive relationships with the family but to ensure that the adults' needs or behaviour are not distracting from the child's needs.

What can limit our curiosity?

- Over-identifying with carers and losing focus on the child
- Over-optimism about parents' capacity to change
- Unconscious biases and judgements
- Confirmation bias – an unwillingness to change our initial assessment even when we receive new information.
- Being afraid to have difficult conversations with families.
- Making assumptions
- Time and workload constraints

Capturing the child's lived experience

Children who are experiencing neglectful care rarely disclose this to professionals directly. This can make it difficult to identify which children are vulnerable. Children may be unable to share their experience directly for a number of reasons:



Serious Case Reviews and Child Safeguarding Practice Reviews repeatedly highlight that the 'voice of the child' was missing. It's not enough to record that a child did not make a disclosure or did not want to speak to you. As professionals we need to be creative and find other ways to capture the child's lived experience.

The factors that can lead to neglect often mean that a parent/carer can struggle to put the child's needs ahead of their own. It is easy for professionals working with a family to become distracted from the child's perspective by these issues. Practitioners need to ensure the child is central to any assessments or decisions about their care.

Thinking about the 'lived experience' of a child rather than the 'voice' of the child helps us move away from only capturing what the child has said. Instead, we should focus on how the child is feeling, what they are thinking, and how they respond to the world around them. By doing this, we can put ourselves in the child's shoes and ask, **"what is life like for this child now?"**

I am embarrassed to talk about my home life because I feel different to my friends

I don't have the social skills or language to talk to you about my home life

My parents take up all the professionals' time and usually talk for me

My life is normal to me – I don't know any different - so I don't know if my care is good enough or not

I'm scared I will be taken away from my family if I tell you anything

I'm too young to talk yet

How do I find out how a child is feeling?

- Use of direct work tools such as 'day in the life'/'three houses'/'my family' (see tools section)
- Role play/'small world' activities
- Drawing/craft activities
- Observations – of play, interactions with family, everyday activities
- Speak to children alone
- Build trusting relationships with children
- Ask other professionals (eg nursery staff, health visitor, teachers)
- Be curious about children's home life and ask open questions
- Observe their non-verbal communication such as their behaviour
- See a child in different environments if you can (eg home, school, nursery)
- Use all your senses – what do you see, hear, smell when you're in their home?
- Imagine what it feels like to be the child using all the information you have about their life

To read more about the importance of the child's voice [click here](#)

Capturing the child's lived experience

If a child is unable to tell you directly how they feel, it may be down to you to express what they would say. What might children tell us about their experience of neglect?

Babies and toddlers

I'm crying and nobody comes to me. I'm in distress but I'm learning that crying doesn't work.

I have no toys and nobody cuddles or plays with me.

Sometimes I am cold because my clothes aren't warm enough when we go out.

No one plays with me and I don't know how to play with other children because I haven't been taught.

I'm left in my pushchair for a long time. I'm uncomfortable because my nappy is wet and nobody has changed it.

I watch TV or a tablet all day and no one sings to me or tells me stories

4-11 year olds

I haven't had breakfast before school and I can't concentrate because I'm hungry.

My teeth hurt and I haven't been taken to the dentist

I'm worried about my mum because she's always upset and stressed

Nobody helps me with my reading at home and I'm often late for school so I'm not learning as fast as the other children.

Other children say that I'm dirty and smelly and that makes me feel sad

I hurt myself when I was making food for myself and my brothers and sisters

12-17 year olds

I miss a lot of school because I'm looking after my younger siblings

Nobody cares if I don't do my homework and no one helps me with it. I'm learning that school isn't important.

When I go out nobody checks where I am, who I am with or when I will be home

I wish I had clean clothes that fit me and looked nice

I'm learning that drugs/alcohol/self-harm makes me feel better

I find it really hard to make friends and keep them. I don't feel like I fit in.

Thinking about adolescence...

Adolescents living in situations of neglect may be particularly vulnerable to having their needs, and the risks they face, overlooked.

NSPCC 2020

Neglect in the teenage years is no less harmful than it is to younger children, yet it is often overlooked or misunderstood by professionals. Young people from 11-17 are going through a period of rapid growth and development in their bodies and brains. They still need a lot of support and attention, although this is different in many ways to the care a younger child would need. Often, parents take a step back and provide less care to children at this age and this can make them vulnerable to harm outside of the home. Research shows a strong link between young people engaging in risk-taking activity and not having their emotional needs met at home. Older children and young people can often meet their own basic needs so physical neglect might not be obvious. Instead, supervisory neglect and lack of boundaries are the most prevalent forms of neglect in older children. This includes a lack of online supervision which can place young people at risk. A creative and collaborative approach is needed to address adolescent neglect which should include the young person, parents and all agencies working with the family.



How can neglect impact on older children?

- Low self-esteem, anxiety, depression
- Difficulty solving problems
- Easily frustrated or angry
- Antisocial or criminal activity
- School absences/dropping out of school
- Poor school attainment
- Drug and alcohol misuse
- Early sexual activity
- Vulnerable to exploitation
- Lack of attention to health and nutrition
- Unhealthy relationships

NSPCC research found that 20% of young adults reported having experienced inadequate supervision as teenagers such as staying out overnight without parents knowing where they were.

To read an Ofsted report about responding to adolescent neglect click [here](#)

Children with additional health or learning needs

Why are children with additional needs vulnerable to neglect?

Children with additional physical or educational needs, with disabilities or long-term health conditions are particularly vulnerable to neglect. Research suggests that children with disabilities are up to four times more likely to be neglected. This is because their needs can be difficult for carers to meet and because they may be impaired in their ability to communicate and to understand what is happening to them. In some cases, the care provided to non-disabled siblings in the family may be compromised by the demands of caring for a disabled child.

Children who are less able to do things for themselves rely more on adults for their care. The demands of caring for a child with complex needs can cause stress for a family. Children with disabilities may also be receiving care from a number of carers, increasing the possibility of neglect or abuse.

When working with children with underlying additional needs it is, therefore, even more important to ensure their experience is captured. Any speech and language needs should be taken into account and specialist advice sought to understand the child's needs where appropriate.

Compared with their peers, children and young people who are disabled or who have SEN are considerably more likely to be at risk of poorer outcomes. They are less likely to achieve well at school and are four times less likely to participate in higher education. Looked after children are three-and-a-half times more likely to have SEN compared with all children. (Department for Education 2007)



What should I look out for?

When considering whether a child is experiencing neglect, a child with additional needs or a disability may experience the same issues as other children but they can also be at risk of other types of harm. These can include:

- Failure to provide medication or other prescribed treatment
- Failure to meet the child's communication needs
- Not using equipment that has been provided or allowing adaptations a child may need
- Not following a special diet or feeding advice
- Denying the child access to play or stimulation
- Having expectations that are too high/too low for the child

How can I work with children who have additional needs in the context of neglect?

- **Try to understand the child's lived experience:** depending on a child's abilities and stage of development, they may not be able to verbally communicate their experience. Therefore it is important to use non-verbal communication and observation ([see also p24](#))
- **Don't forget any other children in the family:** siblings will be impacted by the needs of a disabled child in the family and may not be getting the care that they need.
- **Gain an understanding of the child's needs and the care they should be receiving:** it is important to understand whether a child with additional needs is being cared for in a way that supports their health and development. For example are they being provided with any medication or aids that they need, are they attending health appointments?
- **Don't rely solely on information provided by parents/carers:** seek advice from other professionals working with the family and use your own observations of the care provided
- **Don't confuse indicators of neglect with symptoms of a disability:** learn about the child's needs and seek specialist advice if needed to ensure you can understand what should be expected for the child. Use a tool such as GCP2 to measure the care provided.
- **Consider whether neglect has contributed to the child's developmental delay and/or behavioural difficulties:** where there is emotional neglect and children have not received adequate stimulation, they are more likely to experience learning difficulties, emotional and behavioural difficulties, speech delay and problems with attention span.

The Tools

The following pages contain resources that can be used to help assess identify and neglect as well as to gain an understanding of the child's experience and the family's circumstances. In Birmingham, the Graded Care Profile 2 (GCP2) is the primary tool that should be used to assess neglect. However, there are many other ways of gathering information and these can be used in conjunction with each other to form a clear picture. Tools can be selected based on the child's needs, age and abilities, the family's needs and your preference. No assessment tool alone will tell you everything; they should be used alongside your professional judgement, understanding of the individual child's needs, and knowledge of the family's history and current circumstances.

All tools can be downloaded as Word documents from the BSCP website



GCP2 training is offered to all practitioners working with children, young people and families in Birmingham. It is recommended that a GCP2 is completed for every family where neglect is suspected. To find out more about training, email GCP2@birminghamchildrenstrust.co.uk

Graded Care Profile 2

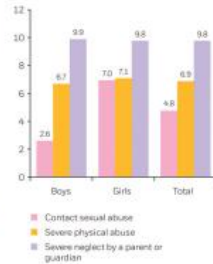
The Graded Care Profile 2 is the only authorised update of the original GCP – It is a practical tool designed to provide an objective measure of the care of children. The GCP2 model is primarily based on the qualitative measure of the commitment shown by parents or carers in meeting their children's developmental needs.



Background

It is estimated that 10% of all children in the UK are currently experiencing neglect. It is the single most frequent reason for children to be subject to a child protection plan or registration.

There is strong evidence that the identification and assessment of neglect presents particular difficulties for practitioners.



What is GCP2

GCP2 is an evidence based tool to help practitioners assess when poor parenting becomes neglectful.



Who can use the tool

The tool can be used by a variety of professionals who wish to evaluate the care of a child where concerns about neglect exist.



GCP2 Areas



GCP2 Grades

The GCP2 looks at what life is like for the child. This ensures the child is kept central to the assessment.

The grades are descriptive, and measures the quality of care from 1, where the child is always first to 5, where the child is not considered.



Effectiveness

What the research said

STRENGTHS OF THE GCP

- Improved Assessment Process
- More objective, evidence-based assessment
- Identifies parental strengths as well as areas of concern
- Unpacks parenting – improved breadth and depth of assessment
- Promotes child centered approach
- Participative process that promotes parental engagement

On a 5 point scale, the usefulness of GCP2 was rated as 4 or 5 in two thirds of cases (N=114)

Conclusion

GCP2 has been found to be reliable and valid. It can be used in the knowledge that it has sound psychometric properties, and is a reliable and valid assessment tool in aiding practitioners in the assessment of child neglect. – Ref Johnson R, GCP2 Reliability and Validity NSPCC 2015

GCP2 has enabled practitioners and parents to respond effectively by identifying what intervention or support is required in order to address areas of concern. As a consequence the plans are smart and robust and the families are engaging with the multi – agency support offered; there is evidence improvements are being made. – C Fletcher Seton

Acknowledgments

Dr Srivastava
Dr Richard Fountain
Dawn Hodson

NSPCC 2011 prevalence report, Radford et al 2011
Ref Johnson R, GCP2 Reliability and Validity NSPCC 2015

Neglect Screening Tool Guidance

The Birmingham Child Neglect Screening Tool has been developed as a means for front line practitioners in all agencies to quickly identify concerns which could indicate that a child or young person is being neglected. A pre-birth version is also available where there are concerns for a baby who has not yet been born.

The Child or Antenatal Neglect Screening Tool can be used by practitioners who have only limited contact with children such as GPs, dentists, police officers or professionals who predominantly work with adults. This will help determine whether there is a need to refer or signpost to further support. Completing the tool does not automatically mean children's social care will need to be involved however it will help identify if there is a need for further assessment or support.

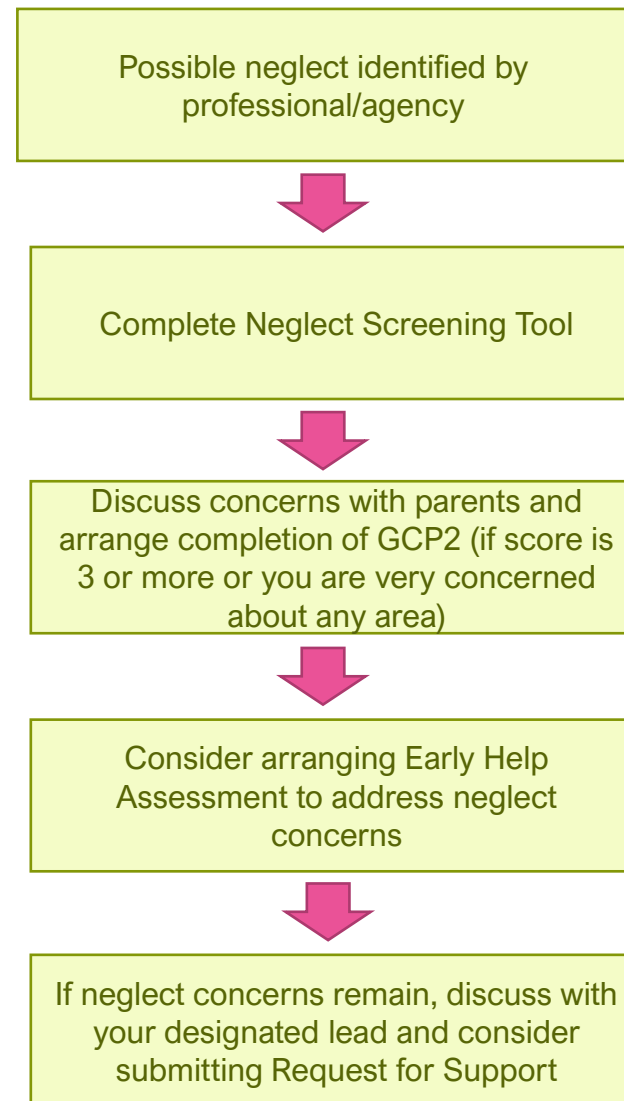
The Screening Tools can also be used by those who work with children and families but are unsure whether there is a need to complete a Graded Care Profile 2 (GCP2) assessment. If neglect has already been identified, there is no need to first complete a screening tool and GCP2 can be started without delay.

Only complete the parts of the tool you know about, leave sections blank and do not guess if you are unsure. Use the text box to add any evidence to support your concerns. This can be based on your observations, interactions with the family or information received from another source.

If you have 3 or more 'Yes' answers (or fewer if your concerns are high), completion of a GCP2 assessment by a licensed practitioner is recommended. If you are not trained to use GCP2 you should contact the relevant person or team within your organisation who can conduct this assessment. Email GCP2@birminghamchildrenstrust.co.uk if you are unsure who this is. If you feel your concerns for the child warrant a multi-agency response, you should submit a Family Connect or Request for Support form stating why you believe the child, young person or family would benefit from an assessment and use this screening tool as evidence.

This screening tool does not replace Birmingham's and/or your own agency's safeguarding policy and procedures, in cases where you are concerned that a child has suffered, or is at risk of, immediate and/or significant harm. All agencies should refer to [Right Help, Right Time](#) for threshold guidance.

Neglect Screening Procedure





Child Neglect Screening Tool

This Screening Tool should be used in all cases where neglect is suspected and will aid practitioners in deciding whether a Graded Care Profile 2 (GCP2) tool should be completed. The tool is intended for practitioners working with children and families in all partner agencies to quickly identify areas of concern which may indicate a child/young person is being neglected.

If you have 3 or more 'Yes' answers, completion of the GCP2 is recommended to understand the lived experience of a child you are worried about.

If you are not trained to carry out the full assessment using GCP2, you should contact a relevant person or team within your organisation who can complete this. If you feel your concerns for the child warrant a multi-agency response, you should submit a Family Connect or Request for Support form stating why you believe the child, young person or family would benefit from an assessment including the GCP2 and use this screening tool as evidence.

This screening tool does not replace Birmingham's and/or your own agency's safeguarding policy and procedures, in cases where you are concerned that a child has suffered, or is at risk of, immediate and/or significant harm. All agencies should refer to [Right Help, Right Time](#) for threshold guidance.

| | |
|---|--|
| Child(ren)'s Name(s) | |
| Child(ren)'s Date(s) of Birth or EDD | |
| Is there open Early Help or statutory intervention for this family? Yes/No | |
| Practitioner completing form | |
| Agency | |

| | Are You Worried About? | Yes | No | Comments / Evidence |
|----|---|--------------------------|--------------------------|----------------------------|
| 1 | The child's access to adequate and nutritious food | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Conditions in the home (are they unhygienic/cluttered/ overcrowded/lacking basic amenities?) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | The child not having a suitable or safe place to sleep | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | The child not having appropriate clothing for weather conditions | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | A child not having clean or adequate clothing (size/condition/hygiene) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | A child's presentation (eg hygiene/body odour/dental decay/unclean hair and skin) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Whether a parent/carer is seeking medical advice appropriately or attending routine appointments | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | A lack of age-appropriate safety measures (eg stair gates/window locks/car seats/internet safety) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | A lack of age-appropriate supervision in home and outside (including online) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | A parent/carer not making safe and age-appropriate childcare arrangements (eg using unsuitable babysitters/leaving young children home alone) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | A lack of emotional warmth and positive interaction between parent and child | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | A lack of appropriate stimulation or play (including lack of age-appropriate toys/activities/books) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | Poor school attendance or parent/carer not supporting education/does not engage with nursery or school | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 | Inappropriate behaviour management /frequent criticism/lack of interest in child's achievements | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15 | A lack of (or inconsistent) age-appropriate routines and boundaries | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16 | A high level of instability for the child (such as frequent home moves or changes of school, changes to people living in the home/caring for the child) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Any other concerns around neglect? Please specify | | | |
| | Total (add number in each column) | | | |



Antenatal Neglect Screening Tool

This Screening Tool should be used where concerns have been identified in the antenatal period and will aid practitioners in deciding whether a Graded Care Profile 2 (GCP2) tool or other assessment should be completed. The screening tool will not definitively predict abuse or neglect and should be used alongside other assessments and professional judgement. The tool is intended for practitioners working with expectant parents to help identify risk factors for neglect and target families who may need additional support.

If you have 3 or more 'Yes' answers, completion of the GCP2 is recommended to understand the lived experience of a child you are worried about.

If you are not trained to carry out the full assessment using the GCP2, you should contact the relevant person or team within your organisation who can complete this. If you feel your concerns for the child warrant a multi-agency response, you should submit a Family Connect or Request for Support form stating why you believe the child, young person or family would benefit from an assessment including the GCP2 and use this screening tool as evidence.

This screening tool does not replace Birmingham's and/or your own agency's safeguarding policy and procedures in cases where you are concerned that a child has suffered, or is at risk of, immediate and/or significant harm. All agencies should refer to [Right Help, Right Time](#) for threshold guidance.

| | |
|---|--|
| Parent(s) name(s) | |
| Baby's EDD | |
| Is there open Early Help or statutory intervention for this family? Yes/No | |
| Practitioner completing form | |
| Agency | |

| | Are You Worried About? | Yes | No | Comments / Evidence |
|----|--|--------------------------|--------------------------|----------------------------|
| 1 | The baby's mother booking late in pregnancy or missing antenatal appointments | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Conditions in the home (are they unhygienic/cluttered/ overcrowded/lacking basic amenities?) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | A lack of adequate preparations made for the baby | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | A lack of understanding of the baby's future needs (physical/emotional/ developmental) and/or unwillingness to learn or take on advice | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | A lack of emotional warmth/negativity towards unborn baby | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Parents' presentation (eg poor hygiene, unkempt appearance, unclean clothing) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Significant financial issues or homelessness | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Lack of support network (particularly for very young parents, children with additional needs, or families with large number of children) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Parental mental health difficulties | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Parental drug and/or alcohol use | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Parental learning disability | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | Domestic abuse in household | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | History of abuse or neglect with previous children or in parents' own childhood | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 | Any other concerns around neglect? Please specify | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Total (add number in each column) | | | |

Neglect Chronology Guidance

A chronology is a tool to help practitioners summarise and understand what is happening in a child's life. It is a summarised account of events in date order. Neglect is not a single incident and concerns often build up over time. It's important to record any concerns and observations to help us understand any patterns of behaviour and allow us to see the wider picture.

Where appropriate a chronology should be completed together with other agencies as each agency may be holding a 'piece of the puzzle'.

A chronology is not an assessment in itself but it can contribute to an assessment or help you understand when additional intervention may be needed.

Your organisation may already have a template and guidance for completing children's chronologies but if not, you can use the template to record incidents and concerns.

This is an example of a neglect chronology for a fictional family:

| Date | Person/agency reporting issue | Concern/incident reported | Impact on child | Action taken & outcome |
|------------|-------------------------------------|---|---|---|
| 22/08/2019 | Kate Grey, Health Visitor | New birth visit completed to family home. Health Visitor concerned that home appeared cluttered and there does not seem to be equipment for sterilising baby Jack's bottles. | Home conditions could be unhygienic or unsafe for young children | Advice given to Sophie (mum) about sterilising baby's bottles. Sophie advised she has what she needs and will be tidying up the home once baby's father, Jamie gets home. |
| 03/09/2019 | Yasmin Green, Family Support Worker | Sophie contacted children's centre to request food bank voucher as she said she was having issues with her benefits | Children could go without adequate food | Food bank voucher provided. Early Help Assessment offered - this was declined |
| 09/09/2019 | Victoria Brown, Head Teacher | Home visit conducted because Chloe had not returned after the summer holiday. School concerned home was untidy, and Chloe seemed to be looking after baby Jack when mum was sleeping. | Concerns that Chloe is being kept at home to support Sophie with new baby | Sophie and Chloe advised they had both been unwell, but Chloe would be back to school later in the week |
| 17/10/2019 | Kate Grey, Health Visitor | Jack was not brought for his immunisations. | Jack could be at risk of childhood illnesses | A further appointment to be offered and letter sent |
| 09/11/2019 | James Black, West Midlands Police | Police called to a verbal altercation between Sophie and Jamie. Police were concerned about home conditions and the children not being in bed late at night. | Children may be witnessing domestic abuse. Concerns continue for home conditions and possible lack of routine | Early Help support offered to family – this was accepted |
| 14/01/2020 | Mark White, Early Help Worker | Improvements made to home conditions and school attendance with family plan in place | Situation seems to have stabilised for children | Early Help support to continue |
| 03/02/2020 | Victoria Brown, Head Teacher | School shared that Charlie has been looking increasingly unkempt and often has not had breakfast before school. | Charlie's basic needs are not being met | Professionals to hold meeting and consider escalation |

Neglect Chronology Template

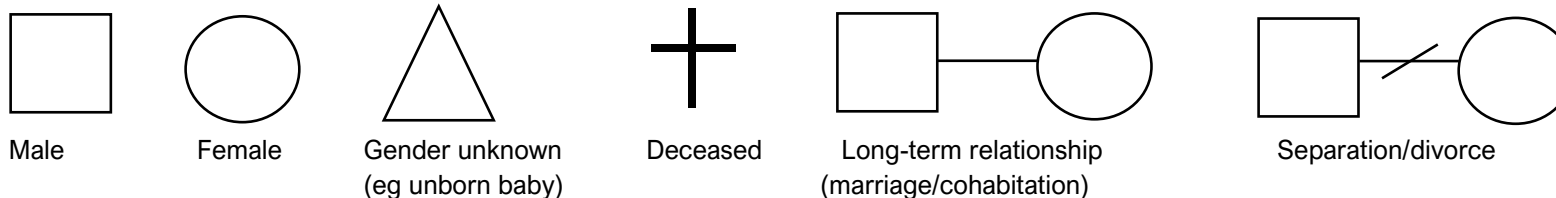
| Date | Person/agency reporting issue | Concern/incident reported | Impact on child | Action taken & outcome |
|------|-------------------------------|---------------------------|-----------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Genogram Guidance

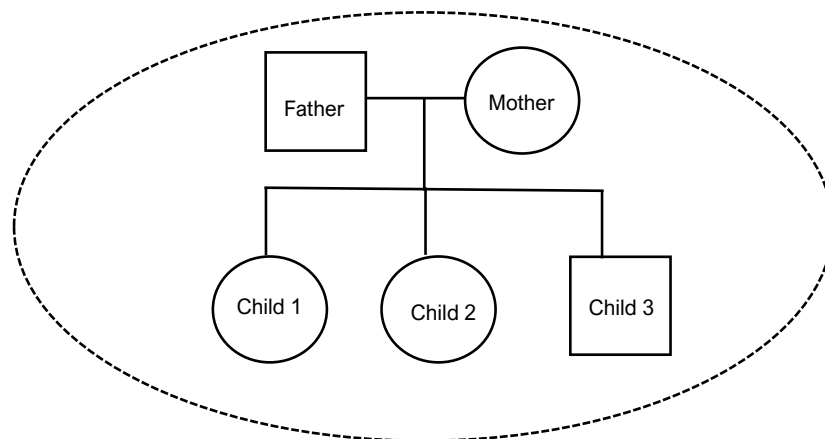
A genogram is a family tree and completing one helps a practitioner to better understand who is in a family and the relationships between family members. Talking to children and their carers about their extended family is a good starting point part for an assessment and can help make complexity clearer. Creating a genogram can help identify who the child's support network is as well as understand any long-term family issues such as intergenerational neglect and relationship breakdowns.

A genogram should cover at least three generations and should include dates of birth where known.

A simple genogram can be drawn using the symbols below:



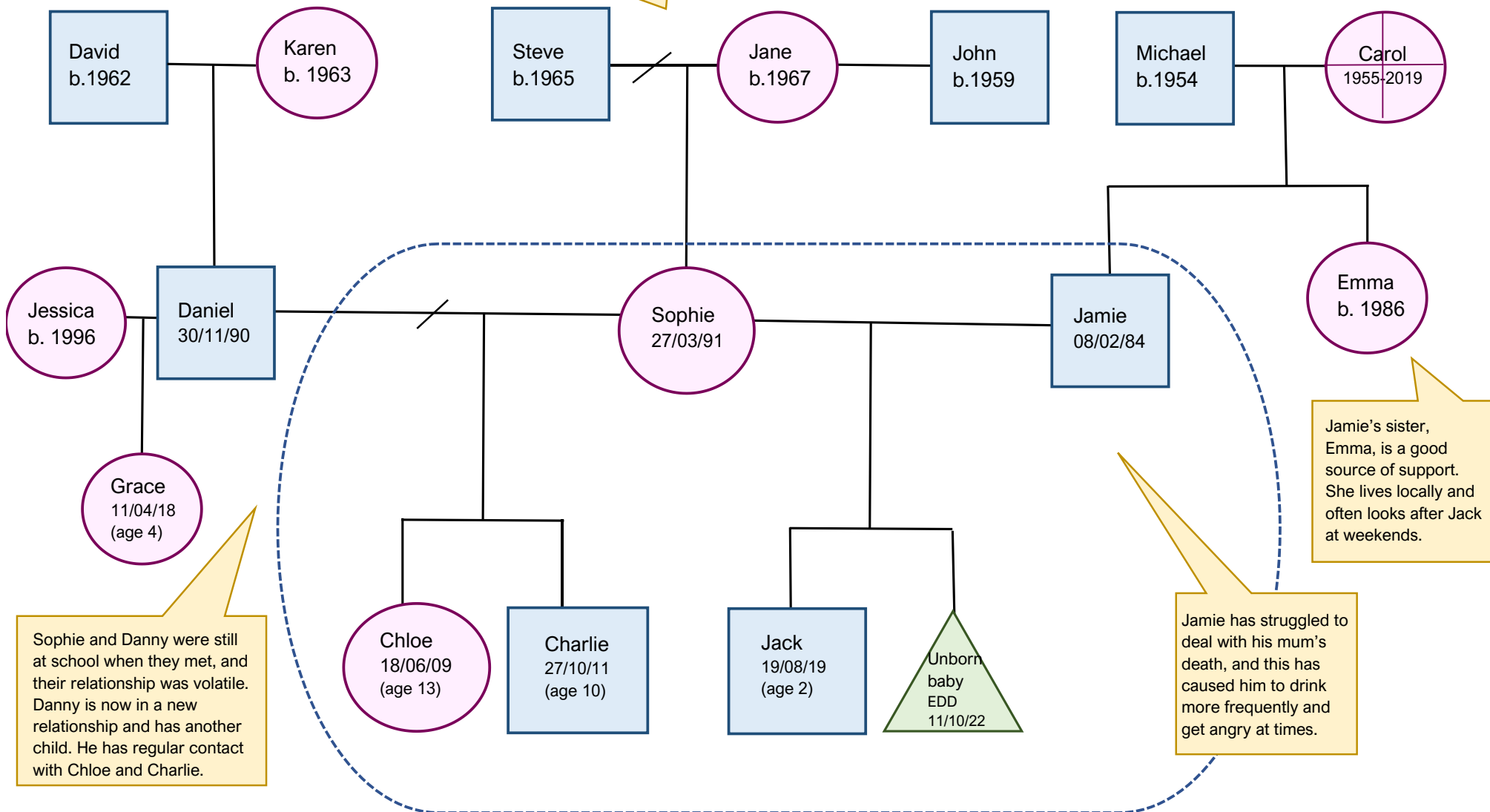
Children are placed in order of birth from left to right. A dotted line should be drawn around the people who live in the same household:



You can add more detail, notes, and symbols to represent the story that the family share with you. It can be as simple or as complex as you want – just a basic family tree or it can tell a story.

Example of a genogram including notes:

Sophie recalls witnessing domestic abuse in her parents' relationship. They separated when she was young, and her mum remarried. She didn't have much contact with her dad after that.

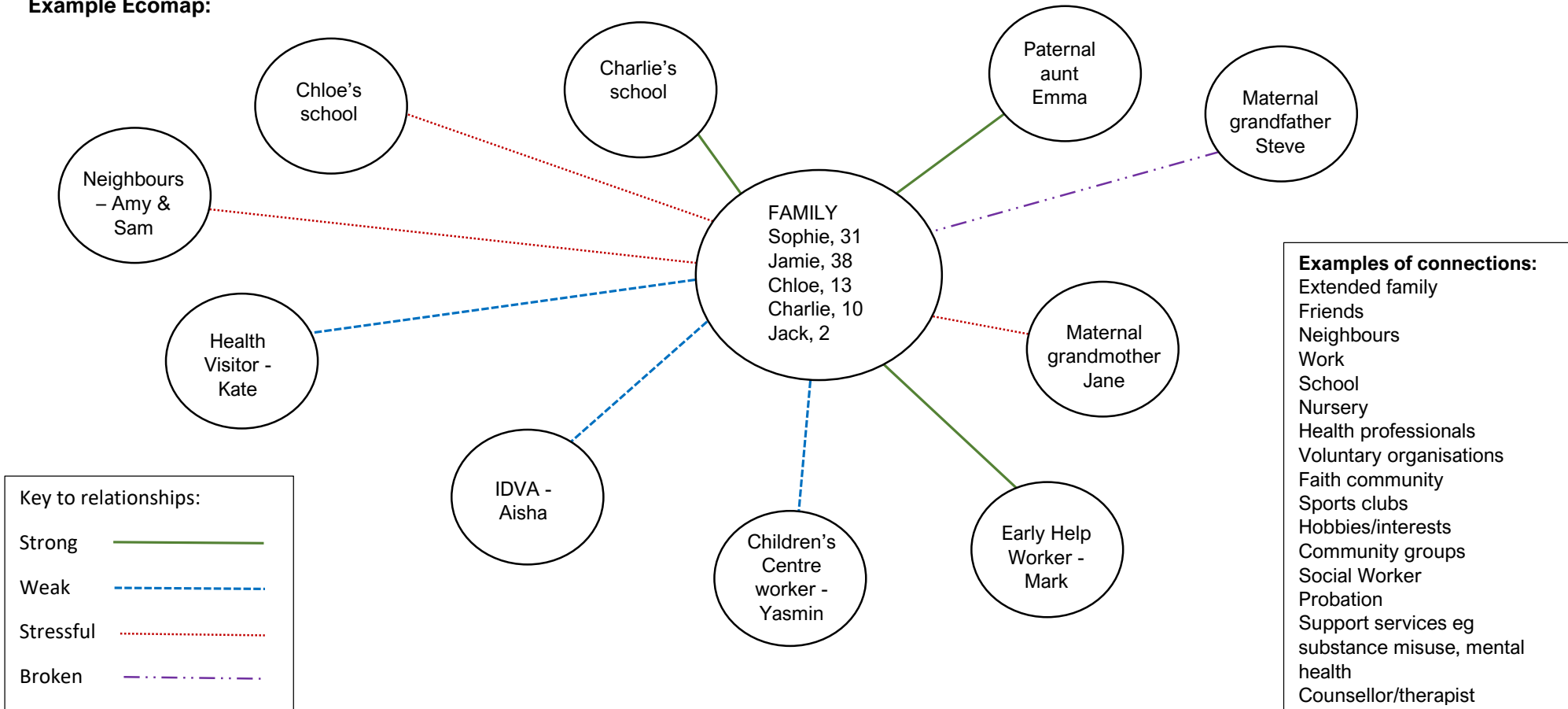


Ecomap Guidance

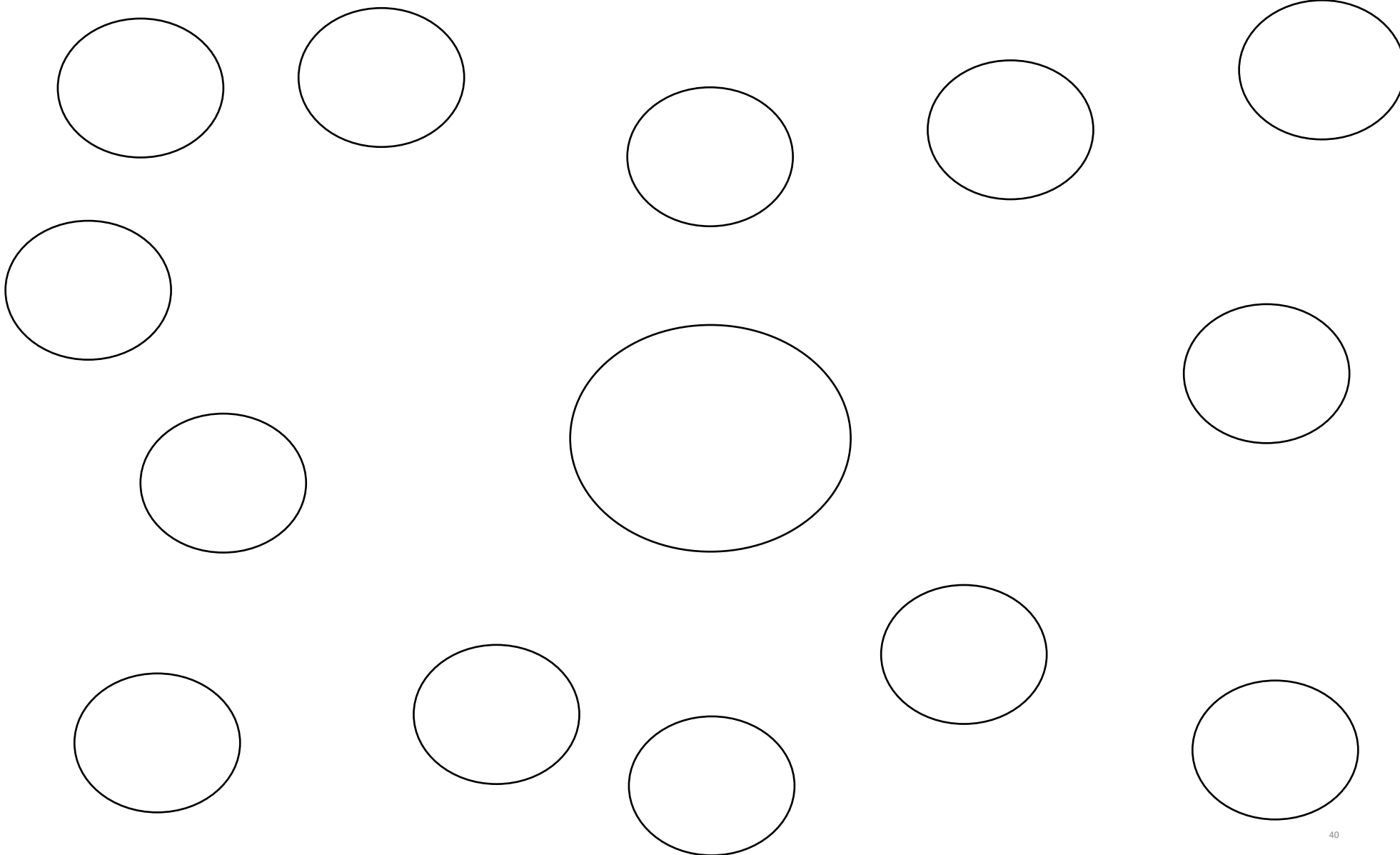
Like a Genogram, an Ecomap is a visual representation of a family. However, instead of just relatives, an ecomap depicts all social and personal relationships and how important these are to the family/child. This is a good way to learn about a family and to understand their support network. Completing an ecomap activity with a family can also help us understand which relationships are difficult for families and where any gaps in support may be.

Usually the child or family is in the centre of the page and circles are drawn to represent the systems around the family – these can be personal or professional relationships. Lines are drawn to identify the status of the relationships, for example if this is strong or weak.

Example Ecomap:



Ecomap Template



Three Houses Guidance

The *Three Houses* is a direct work tool based on the Signs of Safety Framework. The tool helps children and young people to share their feelings about their life which can contribute to assessments. Direct work is really important when assessing neglect as it can help children communicate, feel listened to, and build their self-esteem.

How to use the tool:

You can use the template provided or encourage the child to draw the outline of three houses.

Ask the child which house they would like to fill in first (often the *House of Good Things* is the easiest to begin with). The child can write or draw pictures if they choose.

Encourage them to talk about what they are drawing or writing but ensure you are asking open rather than closed or leading questions as prompts.

Record what the child says in their own words.

The child's wishes and feelings can be used to speak to parents about any concerns (where it is safe to do so) as well as to inform any assessments or plans that are ongoing.

Be creative and adapt the activity to suit the child's interests, abilities and needs.

House of Worries

Encourage the child to write or draw and talk about anything that makes them feel scared, worried or unhappy. This could be current, past or future.

House of Good Things

The child should write or draw and talk about anything that makes them feel happy and positive. This could be about themselves, home, school, family, friends, hobbies or any other area of their life. These are areas of resilience that can be built on.

House of Dreams

Ask the child what they would wish for in their life if they could have anything. This can draw on the response for the other two houses – for example what would stop them from being worried?

Three Houses Template



House of
WORRIES

House of
GOOD THINGS

House of
DREAMS

A Day in My Life – 0-2 year old

These questions provide practitioners with things to think about when assessing the care provided to babies and toddlers and exploring their lived experience. These questions can be answered by speaking to the family, observation, and information provided by other professionals. These are just ideas; it is not an exhaustive list and can be adapted depending on the family circumstances and age/developmental stage of the child.

| Questions | Response/Observations |
|--|-----------------------|
| <p>Waking Up</p> <p>What time do I usually wake up? Does someone respond to me when I wake up or do I have to wait for attention? Who gets me up and ready in the morning and how do they do this?</p> | |
| <p>Getting Dressed</p> <p>Who changes my nappy and gets me dressed? Is my nappy changed often enough? Are my clothes clean and the right size for me? Are my clothes appropriate for the weather?</p> | |
| <p>Feeding</p> <p>Do I have my milk/meals at the same time every day? Who feeds me and how? If I'm not weaned, are my bottles clean and sterilised? If I am weaned, what am I fed?</p> | |

A Day in My Life – 0-2 year old

| Questions | Response/Observations |
|---|-----------------------|
| <p>During the Day</p> <p>Who looks after me during the day time? Do I have a routine? What do I like to do during the day? Do I have a nap and is this at a regular time? Where do I sleep during the day? Do my carers play with me, read, sing, and talk to me? Do I have age-appropriate toys/books? Do I spend a lot of time in a chair/car seat or watching television? Do my carers understand my cues when I need something? Is my home environment safe? Do I get to interact with other children? Do I get to go out and see other places? Is my home environment clean and tidy?</p> | |
| <p>Evenings</p> <p>Do I have a night time routine? Do I have a bath and how often? Who bathes me and gets me ready for bed?</p> | |
| <p>Bedtime</p> <p>Do I go to bed at the same time every night? Where do I sleep at night? Does someone put me to bed, or do I fall asleep whenever I get tired? Do I sleep well? Do I have clean bedding on my cot/bed? What happens if I wake up in the night? Do I usually need feeding or nappy changes in the night and who does this? Who is usually in the home at night time?</p> | |

A Day in My Life – 2-5 year old

These questions provide practitioners with things to think about when assessing the care provided to preschool age children and exploring their lived experience. These questions can be answered by speaking to the family, observation, and information provided by other professionals. These are just ideas; it is not an exhaustive list and can be adapted depending on the family circumstances and age/developmental stage of the child.

| Questions | Response/Observations |
|--|-----------------------|
| <p>Waking Up</p> <p>What time do I usually get up? Does someone help me get up or do I get up by myself? Is anyone else up when I get up?</p> | |
| <p>Getting Dressed</p> <p>Does someone help me to get dressed or do I do it myself? Am I toilet trained or still wearing nappies? Are my clothes clean and the right size for me? Are my clothes appropriate for the weather? Do I have a toothbrush and does someone help me clean my teeth?</p> | |
| <p>Feeding</p> <p>Do I have my meals at the same time every day? What food is available and what do I usually eat? Does someone prepare my food for me? Do I eat my meals with other people or by myself? Do I sit at a table to eat my meals? Am I underweight or overweight?</p> | |

A Day in My Life – 2-5 year old

| Questions | Response/Observations |
|---|-----------------------|
| <p>During the Day</p> <p>Who looks after me in the day time? Do I go to a nursery/childminder? Who takes me there and picks me up? Do I get to socialise with other children? Do I have a routine? Are there rules and boundaries in place for me? What happens when I challenge these or misbehave? Do I have age-appropriate toys/games/books? Does somebody play with me and interact with me? Do I spend a lot of time watching television/using electronic gadgets? Is my home environment safe? Is my home environment clean and tidy? Do I have siblings and how do I interact with them?</p> | |
| <p>Bedtime</p> <p>Do I have a bath and how often? Does someone help me get ready for bed? Do I go to bed at the same time every night? Where do I sleep at night? Do I have my own bedroom and does it have the things that I need? Do I have clean bedding? Does someone put me to bed, or do I fall asleep whenever I get tired? Who is usually in the home at night time?</p> | |

What my day looks like









This activity can be completed with school age children to help practitioners understand their lived experience and the care provided to them. Children can draw, write, or talk about what they usually do during each part of their day. The tool can be adapted to meet the needs of the child or for the child's age.

Useful prompts/questions/ideas for practitioners to think about:







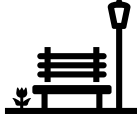

| | | | |
|--|---|---|---|
| <p>Waking Up What time does the child get up? Do they wake up by themselves or does someone wake them? Who else is awake? Who is at home?</p> | <p>Getting Ready Does someone help the child get dressed? Do they have school uniform? Do they have clean/well-fitting/weather appropriate clothes? Do they brush their teeth?</p> | <p>Breakfast What does the child eat for breakfast? Is there food in the cupboards/fridge? Who prepares this? Where is breakfast eaten?</p> | <p>Going to School How does the child get to school? How long does it take? Are they usually on time for school? Does someone take them to school, or do they go alone?</p> |
| <p>School Day Does the child enjoy school? What are their favourite/least favourite things about school? Do they have everything they need? What is their teacher like? Do they find learning easy/difficult?</p> | <p>Lunch Does the child have school dinner or packed lunch? What do they eat? Are they hungry at school?</p> | <p>Break Time What does the child do at break times? Do they have friends? Are there any issues with other children such as bullying?</p> | <p>Going Home How does the child get home from school? Are they picked up? Is this usually on time? Do they ever play with friends after school? Do they go to after school club/ childcare?</p> |
| <p>At Home Who is at home when the child returns from school? Do they have homework and does anyone help with this? Do they have a snack at home? Do they have any pets?</p> | <p>Play/Activities Does the child take part in any extra-curricular clubs or activities – sports/arts/music/social? What toys/games do they play with? Do they play video games? Is anyone monitoring online activity? Do they play outside? Is this safe?</p> | <p>Dinner Does the child usually eat at the same time? What do they eat? Where? Who prepares the evening meal? Do the family eat together?</p> | <p>Bath How often does the child have a bath/shower? Does someone help them with this/prompt them? Do they brush their teeth?</p> |
| <p>Bedtime Does the child go to bed at the same time every night? Who decides when it is bedtime? Do they have what they need in their bedroom – bed/clean bedding/curtains? Do they have a drink/snack before bed?</p> | <p>Sleep Where does the child sleep? Do they share a bedroom? Who else is in the house at night time? Do they wake up at night and what happens if they do?</p> | <p>Weekends/School holiday What does the child do at weekends? Do they have chores to do? Who looks after them at weekends/holidays? Do they have to look after anyone else? Do they visit family/friends? Is there enough food at home?</p> | <p>Days out Do the family have days out/celebrations/holidays? What does the child enjoy about these? Where do they like to go?</p> |

What my day looks like

| | |
|------|--|
| Name | |
| Date | |

| Waking Up  | Getting Ready for the Day  | Breakfast Time  | Going to School  |
|--|--|---|--|
| | | | |
| The School Day  | Lunch Time  | Break Times  | Going Home  |
| | | | |

What my day looks like

| <p>At Home</p>  | <p>Play/Activities</p>  | <p>Dinner Time</p>  | <p>Bath/Washing</p>  |
|--|--|---|--|
| | | | |
| <p>Bedtime</p>  | <p>Sleeping</p>  | <p>Weekends/School Holidays</p>  | <p>Holidays/Days Out</p>  |
| | | | |

My Feelings Colouring Chart Guidance

My Feelings colouring chart is a direct work tool which can help children and young people talk about their feelings about different areas of their life. Direct work is really important when assessing neglect as it can help children communicate, feel listened to, and build their self-esteem.

- **How to use the tool:**
- Ask the child to colour in the sections of the chart which represent their feelings – happy, sad or average – for each area of their life.
- Encourage the child to talk about their choices, ensuring you use open questions and not leading ones. For example – “why do your friends make you happy?” “What is it about school that makes you feel sad”.
- Use the opportunity to have a wider discussion about the areas of the child’s life. If they have chosen a sad face, ask if they would want to change anything to make it better.
- Record what the child says in their own words on the recording sheet. At the end, ask them how happy they are on a scale of 0-10 and why.
- The child’s wishes and feelings can be used to speak to parents about any concerns (where it is safe to do so) as well as to inform any assessments or plans that are ongoing.
- Be creative and adapt the activity to suit the child’s interests, age, abilities and needs.

Ideas for questions to support direct work activities

- What do you like best about being at home?
- Tell me about where you live.
- What do you like to do with your friends?
- What do you like to do with your family?
- What are your favourite subjects at school?
- Who lives in your home?
- What would you change about school?
- Tell me what you are good at.
- What do you like best about yourself?
- What do you like to do at the weekend?
- What places do you like to visit?
- Tell me more about your family.

How happy are you?

Name:.....

Age:.....



Form for practitioner to record child's views and feelings

For each area - are you generally happy, sad or somewhere in between? What makes you feel like this? What could be better?

| Home | School | Family |
|-----------|-------------------|---------|
| | | |
| About You | Hobbies/Interests | Friends |
| | | |

Overall, how happy are you on a scale of 0-10 (10 is as happy as you can be)?



0 1 2 3 4 5 6 7 8 9 10

Home Conditions Checklist

This is a short assessment of home conditions and whether these are likely to impact on the children who live there. It considers 10 aspects of home conditions such as odour, cleanliness, and decor. At the end there is a section to record a decision about how concerning the home conditions are and what actions should be taken to resolve any concerns.

The checklist should be completed jointly with the family where possible but can also be used as a desktop exercise. The scale is scored from 0-2 on each item and includes a column to make notes based on your observations. To score, consider each of the 10 areas and select the statement that best applies. If concerns are identified, follow-up actions can be agreed with the family and improvements can be tracked over time by reviewing the checklist. It may also be beneficial to complete a GCP2 Assessment to understand whether there are wider concerns about the care of the child(ren).

| | | | |
|--|--|---|--|
| Child(ren)'s Name(s) | | Child's Date of Birth or EDD | |
| Parent/Carer's name(s) | | Date of visit | |
| Practitioner completing form | | Agency | |
| Was assessment completed during planned or unannounced visit? | | Was assessment completed with or without family? | |

Home Conditions Checklist

| | Area | 0 – issue not present | 1 – issue present to some extent | 2 – issue present to a significant extent | Notes |
|----|--|--------------------------|----------------------------------|---|-------|
| 1 | Strong odour in home – such as rotting food, urine, mould | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Kitchen is unclean – sink, draining board, worktops, cooker, fridge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Floors are dirty – covered in food, animal faeces, rubbish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Bathroom unclean or cluttered – toilet, bath, or basin dirty, broken, or not accessible due to clutter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | A child not having an appropriate bed or clean bedding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Excessive clutter/rubbish bags in home – hoarding or home cluttered to extent where access is limited, or child has no space to play | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Decorative order of home in general is poor – such as broken doors and windows, stained or damaged walls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Inadequate furnishings – such as no chairs or table, no curtains or floor covering, curtains always closed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Risks to children – eg broken plug sockets, no smoke alarms, hazardous items such as cleaning products, lighters, drug paraphernalia within children's reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Garden uncared for/unsafe – very overgrown or containing rubbish, broken furniture etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Total score (add together all 1 & 2 scores) | | | | |

Home Conditions Checklist

| Outcome | Tick |
|---|--------------------------|
| I am <i>not concerned</i> about the impact of the home conditions on the child(ren) | <input type="checkbox"/> |
| I have <i>some concerns</i> about the impact of the home conditions on the child(ren) | <input type="checkbox"/> |
| I am <i>very concerned</i> about the impact of the home conditions on the child(ren) | <input type="checkbox"/> |

| | Agreed Tasks | Who will complete this? | When will it be completed? |
|---|--------------|-------------------------|----------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Family Activity Scale

This is a short assessment of child-centred activities that take place in and outside of the home. It aims to identify the extent to which the children are offered the opportunity for family activities as well as friendships, hobbies and interests and independent play. The activities can be adapted depending on children's ages, any additional needs, and the family circumstances. They are selected to be predominantly no cost or low cost activities to avoid scores being impacted by family income where possible. There is a section for preschool age children which can be completed with parents however you can also add your own observations or other evidence that supports this. The section for children over five has two parts that can be completed with children and parents separately to gain both viewpoints.

The higher the score, the more child-centred activities are offered. There is no cut-off; the tool is designed to support assessment and encourage parents to think about the stimulation provided to their children.

| | | | |
|-------------------------------------|--|-------------------------------|--|
| Child(ren)'s Name(s) | | Parent/Carer's name(s) | |
| Practitioner completing form | | Date completed | |

Family Activity Scale for children under 5

To be completed with parents





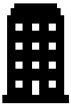





| | | Tick if yes | Notes |
|---|--|--------------------------|-------|
| 1 | Does your child regularly attend a nursery/preschool/parent and toddler group? | <input type="checkbox"/> | |
| 2 | Did you celebrate your child's last birthday? | <input type="checkbox"/> | |
| 3 | Did you celebrate any other special occasions/festivals/holidays as a family over the last year? | <input type="checkbox"/> | |
| 4 | Have you read a story to your child in the last week? | <input type="checkbox"/> | |
| 5 | Have you eaten a meal as a family in the last week? | <input type="checkbox"/> | |
| 6 | Have you and your child visited friends/family members with young children in the last month? | <input type="checkbox"/> | |
| 7 | Have you played with your child in the last week? | <input type="checkbox"/> | |
| 8 | Have you been somewhere different for a family day out or a holiday in the last six months? | <input type="checkbox"/> | |
| 9 | Has your child engaged in creative activities/messy play/sensory play in the last month? | <input type="checkbox"/> | |
| 10 | Have you taken your child to a park or playground in the last month? | <input type="checkbox"/> | |
| Can you think of any other things you have done with your child/as a family in the last week? | | | |
| Can you think of any other things you have done with your child/as a family in the last month? | | | |
| Can you think of any other things you have done with your child/as a family in the last 6 months? | | | |

Family Activity Scale for children over 5 – parent version

| | | Tick if yes | Notes |
|---|---|--------------------------|-------|
| 1 | Have you taken your child to the park/playground in the last month? | <input type="checkbox"/> | |
| 2 | Has your child had a friend over to visit in the last 3 months? | <input type="checkbox"/> | |
| 3 | Has your child been to visit a friend in the last 3 months? | <input type="checkbox"/> | |
| 4 | Have you celebrated any special occasions as a family in the last year? Eg birthdays/festivals/religious holidays | <input type="checkbox"/> | |
| 5 | Have you had a family day out/holiday in the last 6 months? | <input type="checkbox"/> | |
| 6 | Has your child stayed with friends or family members in the last year? | <input type="checkbox"/> | |
| 7 | Has your child attended any activities outside/after school in the last 3 months eg football, cubs, dance? | <input type="checkbox"/> | |
| 8 | Has your child been for a trip to somewhere like cinema/museum/zoo/sports match/local event in the last 6 months? | <input type="checkbox"/> | |
| 9 | Has your child participated in any sports/physical activities other than in school in the last 3 months? eg swimming/skating/tennis | <input type="checkbox"/> | |
| 10 | Have you played a game/other activity as a family in the last 3 months? | <input type="checkbox"/> | |
| Can you think of any other things you have done with your child/as a family in the last week? | | | |
| Can you think of any other things you have done with your child/as a family in the last month? | | | |
| Can you think of any other things you have done with your child/as a family in the last 6 months? | | | |

Family Activity Scale for children over 5 – child’s version

How often do you do these things? Tell me about them

| | | | |
|--|--|--|---|
| <p>Celebrate special occasions</p>  | <p>Have friends over to play</p>  | <p>Family days out or holidays</p>  | <p>Go to the park</p>  |
| <p>Go to friends’ houses</p>  | <p>Play sport/activities</p>  | <p>Special trips out eg zoo, cinema</p>  | <p>Play a game as a family</p>  |
| <p>Go to clubs</p>  | <p>Stay with friends/family</p>  | <p>Anything else I do with my family</p> | <p>Anything else I do without my family</p> |



Further reading and resources

To read more about Neglect

Identifying neglect:

NSPCC [Neglect is also Child Abuse: Know All About It](#)

NSPCC [Emotional neglect and emotional abuse in pre-school children](#)

DfE [Missed opportunities: indicators of neglect](#)

Impact of Neglect:

Harvard Center on the Developing Child [The Science of Neglect](#)

NSPCC [Neglect and serious case reviews](#)

US Child Welfare Bureau [Long-Term Consequences of Child Abuse and Neglect](#)

Responding to Neglect:

Ofsted [Professional responses to neglect: in the child's time](#)

Adolescent neglect:

Children's Society [Understanding Adolescent Neglect: Troubled Teens](#)

Ofsted briefing [Growing up neglected: multi-agency response to older children](#)

NSPCC [Neglect or emotional abuse in teenagers: Core info leaflet](#)

DfE [Adolescent neglect: guide for professionals](#)

Books:

Gardner, R., 2016. *Tackling Child Neglect*. London: Jessica Kingsley.

Horwath, J., 2007. *Child Neglect: Identification & Assessment*. Basingstoke: Palgrave Macmillan.

Horwath, J., 2013. *Child Neglect: Planning & Intervention*. Basingstoke: Palgrave Macmillan.

Rees, G., Stein, M., Hicks, L. and Gorin, S., 2011. *Adolescent Neglect*. London: Jessica Kingsley.

More useful tools and resources

Assessment tools:

[Home Conditions Assessment Tool](#)

[Home Safety Risk Assessment Tool](#)

[Attachment & Bonding checklist](#)

[Child Development Timeline](#)

Direct work with children:

[Child's Daily Routine Activity](#)

[Daily Hygiene Checklist for Children](#)

[Morning Routine Checklist for Children](#)

['Animal Talk' Direct Work Activity](#)

['Say it Your Way' Worksheets](#)

Advice & support for parents:

[NSPCC Look, Say, Sing, Play - Brain-building tips for babies](#)

[Barnardos Five to Thrive resources for parents](#)

[Activity & Play ideas](#)

[NSPCC Positive Parenting Guide](#)

[Stepchange Budget Planner Template](#)

[Daily Routine Templates for parents](#)

[NHS Healthier Families Resources](#)

[NSPCC Online Safety guides](#)

[Child Safety guides](#)