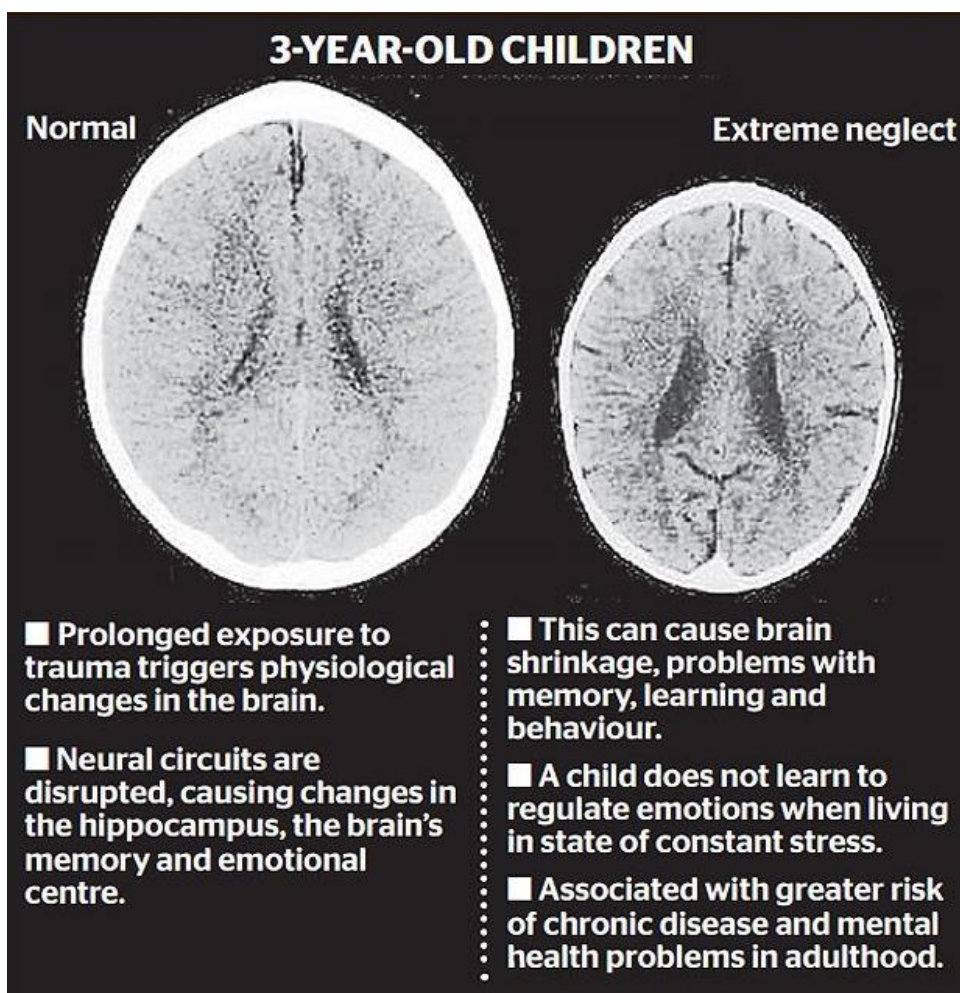


Hartlepool and Stockton-on-Tees NEGLECT STATEMENT OF INTENT – A child centred approach (Neglect Tool)



The CT scan on the left is an image from a healthy three year old with an average head size (50th percentile). The image on the right is from a three year old child suffering from severe sensory-deprivation neglect. This child's brain is significantly smaller than average.

(Perry, BD and Pollard, D. *Altered brain development following global neglect in early childhood*. Society For Neuroscience: Proceedings from Annual Meeting, New Orleans, 1997)

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1. Introduction

The following document sets out Hartlepool and Stockton-on-Tees Safeguarding Children Partnership's approach to dealing with neglect.

Neglect is identified as the main cause for children becoming subject to a Child Protection Plan and for becoming Looked After. The current pressures on services are significant with the numbers of children becoming Looked After by the Local Authority increasing for both Hartlepool and Stockton-on-Tees. For both Local Authorities a large proportion of children becoming looked after was due to neglect.

	<u>Hartlepool</u>	<u>Stockton-on-Tees</u>
31/03/16	208	377
31/03/17	258	434

Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) has recently undertaken a significant review to understand the issues that contribute to neglectful parenting. The strategy has also been informed by a wealth of research and two serious case reviews that were published in June 2017. The SCIE methodology used for the two serious case reviews have enabled reflection and learning to take place which has been used in the development of this new approach.

The aim of the HSSCP is to reduce the number of children subject to neglectful parenting and therefore improving their life chances. The following document sets out the evidence and rationale for the partnership's approach to neglect.

2. Definition of Neglect

'[Working Together to Safeguard Children](#)' is a guide to inter- agency working to safeguard and promote the welfare of children. It is followed by all agencies in Hartlepool and Stockton-on-Tees to improve the outcomes of children and young people. Working Together 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 misuse. 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."

3. Why Must We Tackle Neglect – National Research and Learning From Serious Case Reviews

There is a large body of national research, practice guidance and policy in relation to the serious negative impact of long term neglect on children’s outcomes and their life chances. The following YouTube clips explain the impact of neglect on brain development.

Science of neglect

<https://www.youtube.com/watch?v=bF3j5UVCSCA>

Attunement and why it matters

<https://www.youtube.com/watch?v=URpuKgKt9kg>

How neglect affects brain development

<https://www.youtube.com/watch?v=uOsgDkeH52o>

There is significant evidence to show that trauma in childhood can affect brain development as shown below:

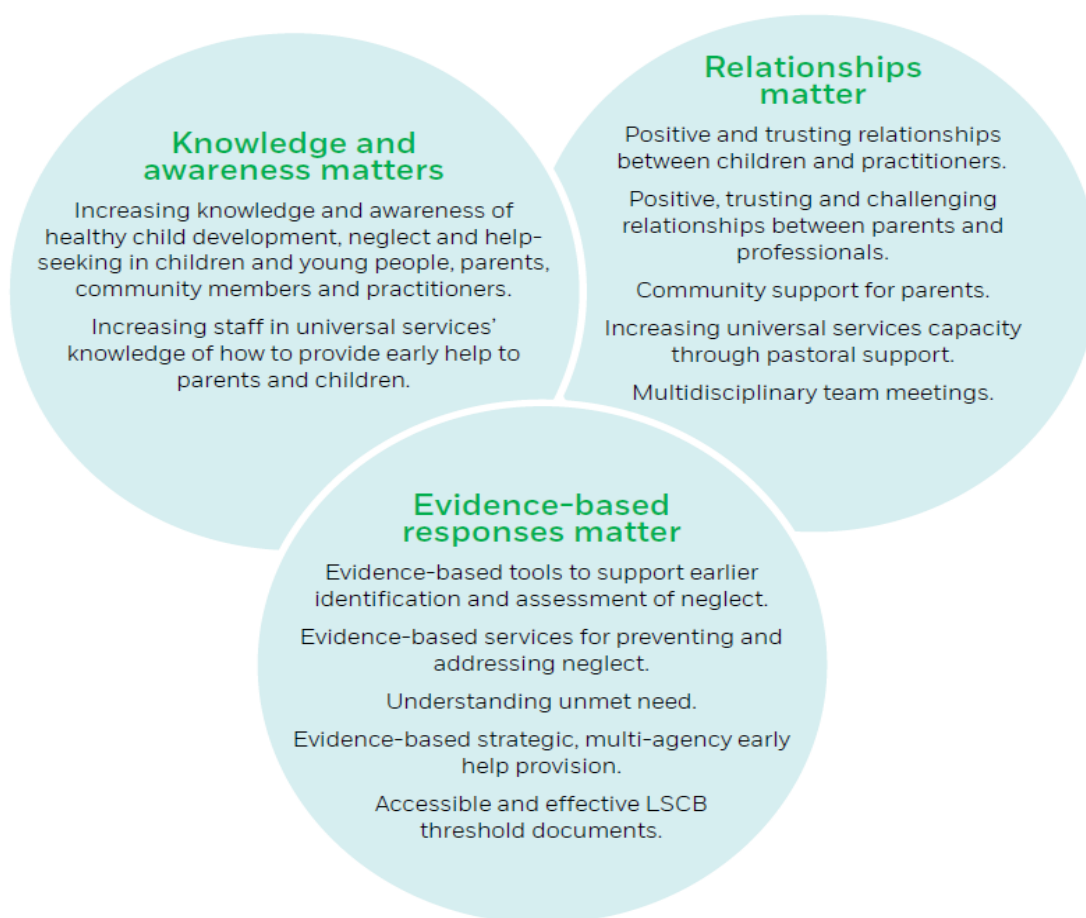
Normative	Trauma impact
Birth to 2	
<ul style="list-style-type: none"> ▪ <u>Tasks</u>: Identity, Connection, Exploration, Agency ▪ Communication through physical activity ▪ Strong increase in anxiety when immediate needs not met ▪ Need physical human contact for reassurance ▪ Growth of sensory perception/response 	<ul style="list-style-type: none"> ▪ Altered connections; sacrifice of exploration; deficits in agency ▪ Deficits in development of non-verbal/ dyadic communication strategies ▪ Exposure to significant arousal in absence of strategies for soothing ▪ Multiple potential “triggers”/ danger cues solidified on NON-VERBAL level
Stage 2-6	
<ul style="list-style-type: none"> ▪ Increased focus on development of agency, independence ▪ Need for structure and security ▪ Cognitively aware of need for nurturing ▪ Minimal concept of time/space ▪ Speech available; but feelings still communicated more through play and behaviour, needs through words 	<ul style="list-style-type: none"> ▪ Continued sacrifice of independence (or—age-inappropriate independence) ▪ Development of rigid control strategies to manage anxiety ▪ Reliance on primitive coping/self-soothing ▪ Building of defences against affect and/or connection ▪ Continued deficits in self-expression
Primary School	
<ul style="list-style-type: none"> ▪ Increase in independence and industry ▪ Increased ties to and investment in school, community, peers ▪ Concrete information more important than abstract in meaning-making ▪ Early understanding of time/space, but still focused on the present 	<ul style="list-style-type: none"> ▪ Reduced development of competencies across domains ▪ School deficits/impairments ▪ Building and internalization of negative self-concept/ self-blame ▪ Failure to develop adequate peer relationships; vulnerability to harm by others ▪ Early onset depression/ hopelessness/ helplessness
Adolescence	
<ul style="list-style-type: none"> ▪ Striving for independence; separation/individuation ▪ Peer group important source of support, information, and reference ▪ Self-conscious; belief in self as focus of attention 	<ul style="list-style-type: none"> ▪ Premature separation or age-inappropriate dependence ▪ Risk for negative peer influence and affiliation ▪ Significant risk for high-risk behaviours ▪ Over-control/perfectionism

Normative	Trauma impact
<ul style="list-style-type: none"> ▪ Body image, sexual image, self-image all important ▪ Black-and-white view; extremes, judgments ▪ Able to see future but less able to see consequences 	<ul style="list-style-type: none"> ▪ Ongoing reliance on primitive coping strategies, with failure to develop age-appropriate strategies ▪ Crystallization of negative self-identity

Early Help

A recent review of learning carried out by NSPCC “Spotlight on preventing child neglect” says that research shows that the following can make a difference in preventing neglect:

<https://www.nspcc.org.uk/globalassets/documents/research-reports/spotlight-preventing-child-neglect-report.pdf>



Recent research from NSPCC states that there are four key actions that can support the prevention of neglect:

1. Use evidence based services for preventing and addressing neglect
2. Increase the community’s knowledge and awareness of healthy child development, neglect and help seeking
3. Ensure that practitioners in universal services are equipped to recognise neglect of all types and to offer appropriate and effective help
4. Enable the development of positive and trusting relationships between children and the practitioners who work with them

Research also states that practitioners feel there is a lack of agreement around what constitutes child neglect and when professionals should intervene (Gardner, 2008).

<http://www.nspcc.org.uk/globalassets/documents/research-reports/developing-effective-response-neglect-emotional-harm-children.pdf>

1001 Critical Days

A wealth of research has been undertaken into the effect of neglect in a baby's early days with the Wave Trust (2014) developing 1001 critical days.

<http://www.wavetrust.org/our-work/publications/reports/1001-critical-days-importance-conception-age-two-period>

"The early years of life are a crucial period of change; alongside adolescence this is a key moment for brain development. As our understanding of the science of development improves, it becomes clearer and clearer how the events that happen to children and babies lead to structural changes that have life-long ramifications. Science is helping us to understand how love and nurture by caring adults is hard wired into the brains of children.

We know too that not intervening now will affect not just this generation of children but also the next. Those who suffer multiple adverse childhood events achieve less educationally, earn less, and are less healthy, making it more likely that the cycle of harm is perpetuated, in the following generation."

This has led to the focus on early intervention and the use of Early Help assessments to identify needs as early as possible. However local evidence on the use of Early Help assessments indicates a lack of multi-agency ownership.

Adolescent Neglect

The majority of national research and local developments has focused on younger children because of their vulnerability with a lack of focus on adolescent neglect.

There is limited research available to inform practice in relation to adolescent neglect however one piece of recent research (Research in Practice: The Difficult Age: Developing a more effective response to risks of adolescence (2015)) <https://www.rip.org.uk/news-and-views/latest-news/evidence-scope-risks-in-adolescence/> sets out the following principles of working with adolescents:

- 1. Working with adolescent development – in particular perception, agency, aspiration and skill – for example, identity formation, friendships attachments, risk-taking. This includes avoiding policies and practice that respond to adolescent choice and behaviours that could "ensnare" them and constrain positive development – and to avoid responses that "do to" adolescents rather than "work with" them.*
- 2. Work with young people as assets and resources*
- 3. Promote supportive relationships between young people and their family and peers (where possible)*
- 4. Prioritise supportive relationships between young people and key practitioners(s) within the system response*

5. *Take a holistic approach to young people and the risks they face*

6. *Ensure services are accessible and advertised – for example, services should incorporate self-referral mechanisms, social marketing, and assertive outreach to target hard to reach groups.*

7. *Equip and support the workforce, including through high quality learning opportunities and regular supportive supervision.*

<https://www.childrenssociety.org.uk/what-we-do/research/troubled-teens-understanding-adolescent-neglect>

4. What Does Neglect Look Like For Children in Hartlepool and Stockton-on-Tees?

<https://www.youtube.com/watch?v=IOeQUwdAjE0>

Some examples of that it might feel like for our children:

Baby/Toddler (aged 0- 3 years)

- I'm crying in my cot and no one comes to me. I'm dirty, I'm uncomfortable, and I'm in distress. I'm learning that adults won't come when you cry. I'm learning that emotions are unhelpful. I'm learning to switch off.
- I have been left in my pushchair for a long time. No one plays with me. I don't know how to play with others because no one has taught me. I'm still dirty and uncomfortable.
- Sometimes I am cold when I go out as my clothes are not warm enough.
- I want someone to play with me.
- Sometimes I feel hungry.
- My nappy is wet and no-one has changed me.
- I am hungry
- I need my nappy changing as I am wet and sore, I have no toys, no one cuddles me or talks to me, I am not taken to my medical appointments
- I watch TV/a tablet all day
- No-one talks or listens to me. My language is not developing as it should.
- No-one shares stories or sings songs and rhymes with me.

Mid Childhood (4 years to 11 years (primary school))

- I haven't had breakfast before I go to school. I'm hungry, I can't concentrate because I'm so hungry. I'm learning that food is more important than listening.
- I go out to play after school and my mum and dad don't know where I am and don't tell me what time to come home. I can do what I want. I'm not learning about risk or how adults are supposed to keep people safe. I'm learning that I can only rely on myself. I don't need anyone.
- I would like somewhere warm, dry and nice to sleep.
- Other children call me dirty and smelly.
- I want someone to look after me when I feel ill or I've been hurt.
- My clothes and shoes don't fit,
- I might smell, I sleep on a mattress

- My mum seems really stressed because there's no money for food in the house
- My mum is crying because dad has just beaten her
- I can't concentrate at school because I'm worried about my mum/dad's safety
- I spend time at home when I should be at school. I am learning that school is not important.
- No-one helps me with my reading at home. I am not learning to read as quickly as I could.
- No-one reads messages from school. I miss out on important events and experiences.

Adolescence (12 years to 18 years)

- Mum and Dad let me do what I want. I think they don't like me. I'm confused, all I want is friends but I'm not sure how to make them and keep them. Perhaps alcohol will help. I'm sure now I don't need anyone. No one has been there for me so why should I trust anyone new.
- I am having to care for my younger siblings
- I need protection from dangerous situations.
- I want someone to care about my future.
- I need support with school and my learning.
- I would like clean clothes that fit me properly.
- I need help to make good choices.
- No-one speaks to me, don't go to school, no routine and boundaries, lack of food, can drink and take drugs no-one is bothered, I smell and I'm dirty so no-one wants to talk to me
- No-one is bothered whether I go to school or not
- No-one is bothered whether I have homework and now-one helps me with it
- I have no place to do my homework
- No-one reads the messages from school and I miss out on events, experiences and trips

Local Serious Case Reviews

In addition to the above national research local serious case reviews undertaken by both Hartlepool and Stockton-on-Tees have highlighted the need for professionals to assess parental attitude alongside the quality of care across the development domains:

“Neglect is often assumed to be an act of omission parent caregivers struggling to provide effective care because of their own impoverished and deprived circumstances. This is very often the case and this knowledge provides a pathway to appropriate support and intervention. However, for some parents and caregivers neglect is an act of commission; they take no responsibility for the quality of care they provide and are often hostile or dismissive to advice or interventions. These parents do not agree with professionals’ concerns and do not engage in services designed to improve their children’s circumstances. These render those services ineffective and require robust challenge. “

5. Needs Analysis

The percentage of children subject of a Child Protection Plan under the category of neglect at 30 October 2017 was:

Hartlepool: 114 (out of 165) equates to 65 %
Stockton-on-Tees: 144 (out of 230) equates to 63%. The largest group within this category was the under 5's.

In the development of A Better Childhood in Hartlepool a significant amount of data analysis and LAC audit activity (sample of 25% of all LAC cases) was undertaken.

Domestic violence was a key factor in children becoming LAC in 53% of the cases that were reviewed. Substance misuse was also a big factor playing a role in 62% of cases. DV and substance misuse together was a factor in 47% of cases. Amongst 0-4 year olds, the prevalence of DV as a factor increases to 74% of cases, and substance misuse to 68% of cases. Amongst over 15 year olds however, 42% of cases involve domestic violence or substance misuse as contributory factors.

Stockton-on-Tees:

During the financial year 1 April 2016 to 31 March 2017 182 children were admitted into care. Of these the following reasons were cited as concern(s):

- 92 – Neglect
- 63 – Domestic abuse (parent)
- 50 – Drug misuse by parent
- 46 – Emotional abuse
- 29 – Alcohol misuse
- 24 – Domestic Abuse (child)
- 16 – Missing
- 11 – Physical abuse
- 9 – Domestic abuse (another person)
- 3 – Sexual abuse

In over half of the cases where neglect had been identified, Domestic Abuse by a parent was also raised as a concern.

In over a third of the cases where neglect had been identified, parental drug misuse was also raised as a concern.

Of those children missing all (100%) were teenagers with neglect being cited as a concern in nearly a quarter of cases.

The findings from the piece of developmental work by Hartlepool and analysis from Stockton-on-Tees showed that it requires a strengthened multi-agency response to break the cycle apparent in families. Including:

- Improved analysis of 'root cause' issues to better respond, first time, to the challenges facing families.
- A service response focused on building family and community resilience – with provision designed to enable families to deal with 'crisis' themselves
- The 'blurring' of professional boundaries to remove silo working and ensure all services respond to root cause issues present in families lives

- A recognition that for some families, they will require on-going 'life coach' intervention to enable them to remain out of specialist support

6. Key Priorities and Implementation

A) Investment in Relationships

1. Why are we doing this?

To create a workforce that are able to build trusting, respectful and mutually co-operative relationships with families. This relationship based approach is based on the premise that every relationship has the potential and power to enhance other associated relationships. We also know that children who experience good relationships at home are protected from the harmful effects of poverty, but it is equally important to recognise that the quality of parent-child relationships predicts physical as well as mental health in adulthood.

2. Actions

- All workforce to undertake development to improve the way they build relationships with families:
 - Restorative practice is mandatory training currently being rolled out in Stockton-on-Tees.
 - Healthy Relationship Partnership is leading this in Hartlepool
- Support workforce to use skills and tools to develop relationships with families:
 - All front line practitioners in Stockton-on-Tees and Hartlepool have access to CC inform.
 - Graded Care profile 2 (GCP 2) is a tool that is being rolled out across Stockton-on-Tees. To date 450 multi-agency practitioners have been trained.

3. How will we know we are successful?

- Families report good relationships with workers with families having a clear understanding of what is expected of them
- Families understand and own their plan and respond positively to the actions in the plan

B) Foster A Curiosity Across Multi Agency Workforce

1. Why are we doing this?

A curious workforce are open to working across teams, skilled at looking at underlying issues and can both identify and fill the gaps in their own knowledge. The benefit of having a curious workforce are two-fold we will be more effective in our individual roles and this will contribute to a more successful and efficient organisation.

2. Actions

- Agencies to set up sessions with staff to share learning about best practice
- A toolkit of interventions has been shared with the workforce in Hartlepool that offers ideas for the workforce to get to know their families.

3. How will we know we are successful?

- A workforce that curious to understand the lives of children and their families they are supporting
- A workforce that is up to date with best practice

C) Understanding A Week in the Life Of A Child

1. Why are we doing this?

Neglect can be devastating for children yet it can be difficult to identify as its affects are cumulative. Workers often get snapshots of information about a situation for the child but this does not give a full picture of the neglect a child may be subject to. It is important for all members of the workforce to understand what life looks like for a child in order to effectively identify neglect at the earliest possible opportunity.

2. Actions

- All agencies to ensure their workforce is equipped with the tools to allow them to understand whether a child is being neglected
- All agencies to support their workforce to use the Neglect framework as attached as appendix

3. How will we know we are successful?

- Workforce confident in identifying neglect for all ages of children
- Children experiencing neglect are identified earlier

D) Good Thorough Assessment and Understanding of The Impact of Neglect and Understanding The Difference Type of Parenting and Why and How to Respond

1. Why are we doing this?

Neglect is notoriously difficult to define as there is no common view across cultures as to what are desirable or minimally adequate child rearing practices. There is no single cause for neglect. Most neglectful families experience a variety and combination of adversities and it is important for workers to undertake a thorough assessment leading to an analysis of needs in order to implement evidence based interventions.

Addressing the causes and not the symptoms through assessment of the specific circumstances is always necessary to establish the difficulties that underpin the neglect.

2. Actions

- All agencies Implement neglect framework as attached as appendix
- A highly skilled workforce in undertaking assessment, analysis and parental motivation
- Use of chronologies/ genograms in all cases
- Regular supervision – to prevent drift

3. How will we know we are successful?

- Good thorough assessment with an analysis that identifies needs
- Neglect cases identified quickly without drift

E) Effective Plans Based on a Change Journey for Children Understand and Use Evidence Based Interventions

1. Why are we doing this?

Research shows that in order to improve outcomes for children suffering from neglect there are a range of interventions that have been proven to be effective. It is important that once a child has been identified as being neglected that work is undertaken to support the family to improve the child's life. A large proportion of plans focus on compensatory care without fully addressing the parental actions needed to improve the lives of their children. This does not promote positive change.

2. Actions

- Development work carried out with all workforce to ensure that plans set out the change journey for families and monitor the plan to clearly understand progress for the child
- Review parenting programmes we are currently using and agree programmes to be used
- Review interventions/ tools all agencies use to understand what is effective and share this learning across all

3. How will we know we are successful?

- Children who have been identified as suffering from neglect see an improvement in their lives:
 - Reduction in the number of children in need and number of children on child protection plans as a result of neglect.
 - Reduction in the numbers of families identified as 'troubled families'
 - Increase in the number of Early Help Assessments (EHA) completed by a range of partners where neglect is a concern

F) Workers Supporting Adults (Particularly in Relation to Domestic Abuse; Substance Misuse and Parental Mental Health) Are Confident in Identifying Children Experiencing Neglect and Are Able To Support Families To Access Services.

1. Why are we doing this?

A growing body of research is revealing the long-term impacts that experiences and events during childhood have on individuals' life chances. Adverse Childhood Experiences (ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. Audits are showing that the large majority of cases where children are experiencing neglect show that domestic abuse/ substance misuse/ parental mental health are the main factors of the resulting neglect. In addition there are low levels of referrals for services (whether Early Help or social care) from services supporting adults with domestic abuse/ substance misuse/parental mental health.

2. Actions

- Workforce sessions for the workforce to understand Adverse Childhood Experiences and the impact this has on the adults they are working with
- Workforce development for the workforce in services supporting adults with identified needs (domestic abuse/ substance misuse/ parental mental health)

- Establish links between the Children's Hub and services offering adults services
- Establish effective links between Early Help and services offering adults services

3. How will we know we are successful?

- Increase in the number of children identified early experiencing neglect by services that are supporting adults – increase in the number of Early help assessments being undertaken
- Decrease in the number of children experiencing neglect which therefore leads to a decrease in the number of children needing to be supported by children's social care.

The Hartlepool and Stockton-on-Tees-on-Tees HSSCPs Annual Reports will provide an account of how they improve and support professional response to neglect in their Boroughs. This will also be demonstrated through performance data reports presented to the HSSCP Exec Partnership.

A final thought (Patrick Ayre)

“We are guilty of many errors and many faults but the worst of our crimes is abandoning our children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer 'Tomorrow.' His name is 'Today.’”

Gabriela Mistral (Chilean poet, 1889-1957)

Please note this page is deliberately blank.

Appendix A: Developed by Jane Wiffin.

Questions to inform assessment and analysis

The following are prompts to answer six key questions to understand the identification and impact of neglect:

1. Persistence and Change
2. Child's Development Needs
3. The Impact of Neglect and the Child's Lived Experience
4. Causal Factors
5. Acts of Omission or Commission
6. What other kinds of abuse are taking place?

1. Persistence and Change

1.1 Parental Motivation to Change

- Is the carer concerned about the child's welfare and wants to meet their physical, social and emotional needs to the extent the carer understands them?
- Is the carer determined to act in the best interests of the child and has realistic confidence that they can overcome problems?
- Is the carer willing to ask for help when needed and is prepared to make sacrifices for children?
- Does the carer have the right "priorities" when it comes to child care and may take an indifferent attitude?
- Does the carer believe that there is something about the child that deserves ill treatment and hostile parenting?
- Does the parent seek to give up the responsibility for the child?

1.2 Cumulative Harm

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

Look at:

- Case history
- Case conferences
- Worker handover
- Risk assessments

1.3 Parents Experience

- What is the parent's experience of being parented?
 - Lack of caregivers
 - Poor early experiences
 - Poverty
 - Lack of skills knowledge
 - Social Isolation
 - Domestic Abuse
 - Parental Learning Disability
 - Parental Substance Misuse
 - Parental Mental Health Issues
 - Parental Separation and Divorce

2. Child's Development Needs

2.1 Physical Care

Growth, Diet and Nourishment

- Is the child's growth appropriate for age?
- If growth is not appropriate is there an organic reason for this?
- Does the child have nutritionally balanced meals?
- Is there food in the cupboards?
- If the child has dietary advice for low weight or obesity does the carer follow dietetic advice?

Hygiene

- Is the child clean either given a bath/ washed daily or encouraged to do so if appropriate to age?
- Is nappy rash treated consistently?
- Does the carer take an interest in the child's appearance?

Safe Sleeping for babies

- Does the carer have information on safe sleeping and follow the guidelines?
- Is there suitable bedding and carer has an awareness of the importance of the room temperature, sleeping position of the baby and the carer does not smoke in household (be aware this raises risk of cot death)
- Is the carer aware of guidance around safe co-sleeping, recognises and observes the importance of the impact of alcohol and drugs on safe co-sleeping?
- Is carer not concerned about the impact on the child or risks associated with co-sleeping, such as witnessing adult sexual behaviour?
- Are there adequate sleeping arrangements for children?
- Is the carer indifferent or hostile when given safe sleeping guidance? Sees it as interference and does not take account?

Clothing

- Does the child have clothing which is clean and fits?
- Is the child dressed for the weather?
- Is the carer aware of the importance of suitable clothes for the child in an age appropriate way?
- Is the carer hostile when given advice about the need for suitable clothes for the wellbeing of the child?

Animals if present

- Are animals well cared for and do not present a danger to children or adults?
- Are children encouraged to behave properly towards animals?
- Is there a presence of faeces or urine from animals and animals are not well trained?

2.2 Emotional Care

Carer's attitude to the child

- Does the carer talk consistently warmly about the child and is able to praise and give emotional reward?
- Does the carer value the child's cultural identity and seeks to ensure the child develops a positive sense of self?
- Is the carer ridiculing of the child when others praise?
- Is the carer hostile when given advice about the importance of praise and reward to the child?

Warmth and care

- Does the carer respond to the child's needs for physical care and positive interaction?
- Is the emotional response of the carer one of warmth?
- Is the child listened to?
- Is the happy to seek physical contact and care?
- Does the carer respond with concern if child is distressed or hurt?
- Does the carer understand the importance of consistent demonstrates of love and care?

Responses to baby

- Does the carer respond to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended?
- Does the carer spend time with baby, cooing and smiling, holding and behaving warmly?
- Is the carer hostile to advice to pick the baby up, and provide comfort and attention?
- Does the carer recognise the importance of interaction with the baby?

Responses to adolescents

- Are the adolescents' needs fully considered with consistent adult care?
- Does the carer recognise that the adolescent is still in need of guidance with protection from risky behaviour i.e. an awareness of the adolescent's whereabouts for long periods of time (missing or absent)?
- Does the carer encourage e child to see education as important, and supports regular attendance at school?
- Does the carer either address directly or seek support to address risky and challenging behaviour?
- Does the carer have the capacity to be alert to and monitor the adolescent moods for example recognising depression which could lead to self-harm?
- Does the carer have the capacity to be alert to and monitor relationships (including online relationships) which may be risky or exploitative?
- Is the carer aware of any risks associated to online activities particularly; grooming in relation to sexual exploitation or radicalisation?
- Does the carer encourage positive peer relationships?
- Does the carer take and active interest in the child's day to day life and activities?

Positive values

- Does the carer encourage the child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness?
- Does the carer understand the importance of the child's development to include an awareness of smoking, underage drinking and substance misuse as well as early sexual relationship?
- Does the carer give clear advice and support?
- Does the carer ensure the child does not watch inappropriate films/TV or play with computer games which are unsuitable for the child's age and stage of development?

Medical needs

- Does the carer seek advice from professionals/ experienced adults on matters of concern about child health?
- For adolescents, does the carer ensure that sexual health needs are met including advice on contraception and sexually transmitted infections?
- Are medical appointments made and attended?
- Is preventative care carried out such as dental/ optical and all immunisations up to date?
- Does the carer ensure child completes any agreed programme of medication or treatment?
- Does the carer attend to childhood illnesses or are illnesses allowed to deteriorate before advice/ care is sought?
- Is the carer hostile when given advice from others (professionals and family members) to seek medical advice?

Disability

- Does the carer comply with needs relating to child's disability?
- Is the carer proactive in seeking appointments and advice and advocating for the child's wellbeing?
- Does the carer accept advice and support i.e. follows advice from physio and occupational therapists?
- Does the carer always value child and not allow issues of disability to impact on feelings towards the child?

2.4 Supervision and Guidance

Supervision

- Is supervision provided in line with age and stage of development?
- Does the carer recognise the importance of supervision to child's wellbeing?
- Is there consistent supervision provided both indoors and outdoors, and the carer does intervene where there is imminent danger?
- Does the carer always know where child is and has inconsistent awareness of safety issues when child is away from home?
- Is there a risk that the adult carer is being groomed for criminal or other exploitative purposes i.e. particularly parents who have learning difficulties or misuse substances?

Care by other adults and children

- When the child is left in care of someone over the age of 16 are they a suitable carer?
- Is the carer consistent in raising the importance of a child keeping themselves safe from others and provides some advice and support?
- Are there occasions where a child/young person is left in the care of another child, young person or unsuitable adult?
- Does the parent risk assess the circumstances to ensure the child is safe?

Boundaries

- Do the carers provide consistent boundaries and ensure the child understands how to behave and to understand the importance of set limits?
- Is the child disciplined with the intention of teaching proactively?
- Does the carer treat the child harshly and cruelly, when responding to behaviour?
- Is the carer hostile when given advice about appropriate methods of disciplining?

2.5 Stimulation and Education

Stimulation

- Is stimulation provided? Does the carer understand the importance of it for the child?
- Does the child have suitable toys to play with?
- Does the child have opportunities to go on outings? To child centred places?
- Does the child have the opportunity and space to play outside the house?

Education

- Does the carer take an active interest in the child's schooling and gives support at home e.g. for homework?
- Does the carer engage well with school/nursery and does not sanction missed days unless necessary?

3. The Impact of Neglect and The Child's Lived Experience

3.1 The Child's Experience

Stimulation

- If you put yourself in the child's shoes, what is life like?
- Can you describe a day in the life of this child?
- What is it like for this child living in this house?

3.2 Other Abuse

- Is the poor quality care causing any other kinds of abuse?
 - Sexual Abuse/ Sexual Exploitation
 - Physical Abuse
 - Emotional Abuse

4. Causal Factors

4.1 Mental Health

- Does the carer have a history of depression or is currently experiencing depression?
- Does the carer talk about feelings of depression/ low mood in front of the children?
- Are the child's needs understood and the carer is aware of the impact of talking about their mental health issues in front of the children?
- Does the carer hold the child responsible for feelings of depression and is open with the child and/or others about this?
- Is the carer hostile when given advice focused on stopping this behaviour and carer does not recognise the impact on the child?

4.2 Domestic Abuse

- Is the carer currently experiencing domestic abuse?
- What is the family norm of domestic abuse?
- Does the carer argue aggressively and/or is physically abusive in front of the children?
- Does the carer understand the impact of arguments and anger on children and is sensitive to this?

4.3 Substance Misuse

- What is the carer's frequency of substance and what substances are they using?
- Does the carer believe it is normal for children to be exposed to regular alcohol and substance misuse?
- Does the carer understand the importance of hygiene, emotional and physical care of their child and arranges for additional support when unable to fully provide for the child?
- Are finances affected by parental substance misuse?
- Is the mood of the carer irritable or distant at times?
- Are alcohol and drugs secured safely?
- Is the carer aware of the impact of substances misuse on the child (including unborn child)?
- Does the carer hold the child responsible for their use and blames their continual use on the child?

4.4 Learning Disability

- Is it apparent that the carer has any learning disability?
- What is the level of understanding of the carer?
- Does the carer understand written advice and/or instruction?
- If learning disability is not apparent, the parent may still have limited comprehension that needs to be assessed. Is there any evidence of barriers to level of understanding or ability to implement advice?

4.5 Poverty and Social Isolation

- Are the family currently in debt?
- What is the family's source of income and how do they chose to spend their money?
- How do those choices impact on the child?
- Does the carer have a consistent support network within the family or community?

5. Acts of Omission or Commission

5.1 Omission or Commission

- Does the neglectful behaviour occur as a result of carer ignorance or competing carer priorities? (Omission)
- Is there a general lack of action regarding the child's needs?
- Does the neglectful behaviour occur due to a deliberate intention to harm? (Commission)
- What do the caregivers say about what causes the difficulties they are experiencing with care giving?
- Does the parent blame the child for their inability to care for them?
- What do you consider to be the primary factors causing poor quality parenting?

6. What Other Kinds of Abuse Are Taking Place?

Please use this page to record any other kinds of abuse that are taking place or notes you want to make.

