

wakefield safeguarding children partnership neglect toolkit

Helping you to identify and respond to neglect



May 2023

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**1.Overview of WSCP Neglect Toolkit**

**What is the WSCP Neglect Toolkit?**

* WSCP Neglect Toolkit has been produced to provide an easy to use and understandable tool for all practitioners who work or volunteer with children and families to use to assist in exploring neglect.

**When should the WSCP Neglect Toolkit be used?**

* The toolkit should be used by anybody working or volunteering with a child and family and determines where there is a need to explore and understand the issue of neglect further.
* The toolkit can be used throughout a child and family’s journey.  It should be used before a referral to wider support services, such as Children’s Social Care, during support being provided and at the point a child and family may not need to access further support.

**How should the WSCP Neglect Toolkit be used?**

* The toolkit should be used alongside existing service assessments and completed as part of multi-agency working to help identify all aspects of neglect within a family and determine what steps need to be taken to improve a child’s lived experience.
The toolkit is a guide and not an assessment, it must not replace professional judgement or be the deciding factor as to whether to take further action.
* It should be introduced to a family as a toolkit to ensure the needs of a child are being met, focusing on the child, with their voice always being sought and responded to. Using the toolkit with a family will mean needing to hold respectful but honest and curious conversations with a parent/carer of a child in relation to neglect.
* Should a child require immediate or urgent support, view the [WSCP Worried About a Child Page](https://www.wakefieldscp.org.uk/worried-about-a-child/) for the next steps to take. In these circumstances, do not complete the WSCP Neglect Toolkit prior to acting upon immediate support.

**Why should the WSCP Neglect Toolkit be used?**

Identifying and responding to neglect remains a safeguarding priority in Wakefield.

* Neglect is the most prevalent form of child maltreatment in the UK and can have a devastating impact on all aspects of a child’s life.
* Neglect differs from other forms of abuse because it is frequently passive, it is more likely to be chronic than crisis-led and often overlaps with other forms of maltreatment. There is a repeated need for intervention with families requiring long-term support.
* The indicators of neglect can often be missed resulting in no early support and a lack of clarity between practitioners on the agreed next steps.
* The WSCP Neglect Toolkit, underpinned by the [Continuum of Need](https://www.wakefieldscp.org.uk/professionals/key-safeguarding-forms-tools-standards-frameworks/) threshold document, provides a shared benchmark and understanding of neglect for all practitioners who work with children and families to refer to.

**Sections of the WSCP Neglect Toolkit**

* The toolkit does not need to be completed in its entirety but can be used either in sections or as an ongoing guide to support work with a child and family and/or the completion of assessments such as Child & Family Assessment and Early Help Assessment.

**2. Sections 1-8 Guidance**

When using these sections consider what you have observed and reflect on these observations, it will help you to develop a deeper understanding around neglect as well as facilitating decision making on what needs to happen next to safeguard the child and family. Sections can also be used with families in their homes to assist their understanding around neglect. The following sections will support a practitioner to assess any potential harm to a child in respect of:

1. Health
2. Personal Hygiene and Dental Care
3. Nutrition
4. Learning
5. Safety and Basic Care
6. Clothing and Equipment
7. Emotional Support
8. Home Conditions and Environment

**3. Capturing the voice of the child: Suggested questions set to use with a child**

Provides a suggested question set which can be used to ask a child their experiences in relation to neglect to help capture their voice. This may be, but not exclusively, helpful when focusing on adolescent neglect.

**Wakefield Safeguarding Children Partnership (WSCP) Toolkit Assessment Form: Section to be completed**

* This is where the summary of the information should be recorded.
* Once completed, the toolkit can be printed or saved separately to support decision making in respect of next steps.
* Should next steps determine a referral to the Integrated Front Door (IFD) / Multi-Agency Screening Hub (MASH) it is required that this section should be attached to a Multi-Agency Referral Form (MARF). For further guidance on making a safeguarding referral, please visit the [WSCP Worried About a Child page](https://www.wakefieldscp.org.uk/worried-about-a-child/).

**Where to go for further information and guidance on neglect**

* Visit [Wakefield Safeguarding Children Partnership website](https://www.wakefieldscp.org.uk/worried-about-a-child/)
* [West Yorkshire Multi-Agency Safeguarding Procedure on Recognising Abuse and Neglect](https://westyorkscb.proceduresonline.com/p_rec_sig_harm.html)
* [WSCP One Minute Guide on Neglect and the Neglect Toolkit](https://www.wakefieldscp.org.uk/professionals/one-minute-guides/)
* [WSCP Continuum of Need](https://www.wakefieldscp.org.uk/wp-content/uploads/2021/11/Final-Continuum-of-Need-Framework-A5-Leaflet-Version.pdf)
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**2.Sections 1-8 Guidance**

**Section 1 – Health**

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| **1. Health** |
| **Considerations** | **Essential Needs met** | **Some Essential Needs UNMET** | **Many Essential Needs UNMET** | **Most or All Essential Needs UNMET** |
| ***Opinion sought and professional advice followed*** | Appropriate health advice sought, and advice followed.The child’s health needs are fully met. | The child’s health needs are not recognised or responded to by the parent/carer.Where concerns are raised by professionals the parent/carer fails to respond. | The parent /carer fails to respond to the needs of the child. The child has been unwell and there has been a delay in seeking help. | The parent /carer failure to access health services for their child; or failure to follow professional advice exposes the child to significant risk of harm.  |
| ***Health follow-up*** | The parent/carer ensures that the child attends all health-related appointments. | The parent/carer fails to take the child to some health appointments and does not consider the outcome for the child.Parental ill health impacts on their ability to meet the child’s needs.The parent/carer prioritises their own needs above those of the child.  | The child is only taken to appointments after multiple reminders.The child’s health is compromised by the parent/carer’s inaction.Parent/carer offers misleading explanations raising concerns of disguised compliance. | The parent/carer fails to take child for necessary health appointments, despite reminders.The parent/carer fails to recognise and respond to the needs of the child which has a significant and adverse impact on their health and wellbeing. |
| ***Surveillance and oversight of health matters******(Immunisations are parental choice, check this decision is an informed one)*** | The child is up to date with all scheduled health checks. Where the parent/carer has made an informed decision to refuse one or more immunisations they have fully considered the potential impact on the child. | The parent/carers fail to attend planned immunisation or scheduled health appointments with little or no consideration to the impact on the child.The parent /carer is unwilling to prioritise the needs of the child. | The parent/carer fails to attend routine health checks despite regular prompting.The child’s health needs remain unmet which has an adverse impact on their health and wellbeing. | The parent/carer shows clear disregard for the welfare of the child.Failure to respond to the child’s health needs which results in the child suffering significant harm. |
| ***Parent and/or child******Disability/chronic illness including mental health*** | There are no major concerns.The parent / carer can meet the additional needs of the child with minimal support. | Overall, the child’s medical and developmental needs are met.The parent /carer demonstrates ambivalence to the needs of the child.Some issues of non-compliance with services identified.The parent/carer does not always prioritise the needs of the child. | The parent/carer regularly fails to attend health appointments and disregard professional concerns. The child’s additional health needs remain unmet which has an adverse impact on their wellbeing and development. | Failure to attend health appointments has a serious adverse impact on the child’s health and development.The parent /carer fails to respond to professional concerns and places the child at risk of significant harm. |

**Section 2 – Personal Hygiene and Dental Care**

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| **2. Personal Hygiene and Dental Care** |
| **Considerations** | **Essential Needs met** | **Some Essential Needs UNMET** | **Many Essential Needs UNMET** | **Most or All Essential Needs UNMET** |
| **0 – 4 Years** | No concerns; evidence of regular baths, showers etc.Evidence of appropriate supervision of dental hygiene (supervised twice daily teeth brushing).The child is registered with a dentist and attends regularly. | There is limited evidence of the child’s routine hygiene needs being met. The parent /carer provide very little supervision in relation to dental hygiene.The child is registered with a dentist but attends only as an emergency.The child suffers regular infestations of lice which are not managed effectively by the parent/carer.  | The child’s hygiene needs are not met adequately by the parent/carer and the child appears smelly and unkempt.The parent/carer fails to respond to their child suffering persistent infestations of head lice.No evidence of supervision in relation to tooth brushing and some visible dental decay.Child not registered with a dentist. | The parent/carer fails to meet the child’s hygiene needs which has an adverse impact on their overall health e.g., extensive nappy rash.The child presents as extremely dirty and unkempt.The child’s clothing and bedding are filthy. Child not registered with a dentist. Evidence of severe dental decay and the child requires removal of one or more teeth due to poor oral care. |
| **5 Years +** | The child has access to hygiene products and demonstrates growing independence. Parent/carer helps and supervises the child appropriately. The child is registered with a dentist and attends regularly. | The child has limited access to appropriate toiletries.Parent/carer does not always supervise the child appropriately with day-to-day hygiene needs.eg. Dental care, washing hands after the toilet.Overall, no significant concerns. | The child has no access to appropriate toiletries parent/carer does not promote or understand good standards of hygiene or have realistic expectations in relation to the child’s independence.No evidence of supervision in relation to tooth brushing and some visible dental decay.Child not registered with a dentist. | The child’s hygiene needs are completely unmet, and parent/carer is unconcerned regarding the impact this has on the child.Parent/carer is unresponsive to prompts from professionals to ensure the child/ren are clean.Child not registered with a dentist. Evidence of severe dental decay and the child requires removal of one or more teeth due to poor oral care. |
| **Young People****10-18** | The young person has access to hygiene products and can independently meet their hygiene needs.The young person is registered with a dentist and attends regularly. | The young person has limited access to hygiene products.Parent/carer does not always encourage the young person to complete day to day hygiene tasks e.g., Dental care, bathing, washing hands after the toilet. | The young person has no access to appropriate toiletries, including sanitary wear.Parent/carer does not promote or understand good standards of hygiene.The young person lacks life skills in maintaining own hygiene.No evidence of support in relation to tooth brushing and some visible dental decay.Child not registered with a dentist. | The young person’s hygiene needs are completely unmet due to a lack of life skills and support. Parent/carer is unconcerned regarding the impact this has on the young person.Parent/carer is unresponsive to prompts from professionals to develop life skills and promote good hygiene.Young person not registered with a dentist. Evidence of severe dental decay and the child requires removal of one or more teeth due to poor oral care. |

 **Section 3 – Nutrition**

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| **3. Nutrition** |
| **Considerations** | **Essential Needs met** | **Some Essential Needs UNMET** | **Many Essential Needs UNMET** | **Most or All Essential Needs UNMET** |
| ***Preparation and organisation of mealtimes*** | Mealtimes are structured and sociable for the child.Menus are organised and food well prepared.There are only some occasions where this does not happen. | Mealtimes are poorly organised. Parent/carer focus’ on their own needs for food and not on the child.Food offered is not appealing to the child.The child sometimes says that they are hungry. | Very poor level of preparation for mealtimes.Little or no consideration to the child’s needs.Child often says that they are hungry.Parent/carer does provide food but only when prompted. | Mealtimes are chaotic with no structure at all.The child is fed entirely on snacks, cereals, or takeaway food.Extremely limited or no food available in the household. |
| ***Quality*** | Parent/carer provide good quality nutritional food and drink (water or milk only) including fresh fruit and vegetables. | The parent/carer can provide a reasonable quality of food but is inconsistent through lack of awareness or effort. | Food offered to the child is of poor nutritional quality; no fruit or vegetables offered, regular fizzy drinks and juice provided.The parent/carer does not prioritise meals for the child.The parent/carer needs to be prompted to offer a reasonable quality of food to the child. | The parent/carer is not being honest about the diet they provide to their child. Fabrication of food allergies / intolerance of food.The child’s dietary intake is totally inadequate.The parent/carer makes no attempt to offer nutritious food to the child. |
| ***Overall quality and quantity of food and mealtime*** | The child is of a healthy weight and thriving. Portion sizes are relevant to the child’s age and weight. | The child is gaining weight in-line with expectations.The parent/carer provides food but is often unorganised. | The child is not gaining weight in line with expectations.The child is not offered nutritious food and there are concerns about their growth and development. | There are significant concerns about the child’s growth and development.The child says that they are often hungry and is not gaining weight or has lost weight.The child is showing signs of obesity due to being offered inappropriate food.Portions are too large or too small for the age and weight of the child.Significant tooth decay caused by fizzy drinks. |

 **Section 4 – Learning**

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| **4. Learning** |
| **Considerations** | **Essential Needs met** | **Some Essential Needs UNMET** | **Many Essential Needs UNMET** | **Most or All Essential Needs UNMET** |
| ***Child’s Learning and Development*****0 – 2 years** | Parent/carer provides age appropriate, educational, and stimulating toys.Evidence of good interaction between child and parent/carer to promote development. | Child left alone while parent/carer pursues own interests, little interaction between parent/carer and child.The child has variable access to educational toys.Parent/carer often on the phone and talks to baby only when prompted. | No-one plays or talks to the child; there is a lack of stimulation initiated by the parent/carer. Child left to own devices whilst parent/carer pursues their own interests.  Parent/carer on the mobile phone so ‘unavailable’ for the child. | Child’s mobility is restricted e.g., confined to pram, stroller, or chair.Parent/carer is visibly angered by any demands made by the child.No evidence of stimulation or interaction initiated with child.The child’s development is impaired due to lack of stimulation by parent/carer. |
| ***NB there is no statutory requirement for parents to access Early Years Provision.******Some children aged 2 have entitlement*** | The child is registered with Early Year’s provision and parent/carer is aware of what is available.Where the family do not access provision, this is through informed choice.Child showing signs of speech delay which parents have sought professional support for. | The family have indicated acceptance, but the child rarely attends Early Years provision. | The parent/carer is not accessing free provision or services provided due to the focus on their own needs. The parent/carer has limited understanding around the benefits for the child to attend. | The parent/carer is not accessing the two-year-old offer and is not wanting to be “visible” to professionals.The parent/carer has a lack of insight in terms of the impact for the child’s social and emotional development. |
| **3 – 4 years** | Evidence of age-appropriate stimulation and interaction between child and parent/carer. | There are variable levels of stimulation and interaction with the child.Parent or carer interacts with the child for short periods only.The child is regularly left in front of the TV or other electronic device as a means of keeping them occupied. | The parent/carer provides little stimulation for the child.Limited interaction between the parent/carer and the child.There are growing concerns re the child’s speech and language development.The child has limited interaction with children of a similar age. | The parent/carer provides poor or no stimulation for the child.Interaction between the child and parent/carer is extremely negative.The parent/carer is dismissive and there is no evidence of warmth or care for the child.Child regularly has unsupervised access to inappropriate content on TV or another electronic device. |
| ***5 Years plus******5 Years plus*** | The child regularly attends school or nurseryThe child fully participates in school and parent/carer takes an active interest in the child’s education.The child is supported to complete educational activities at home.The parent/carer provide adequate equipment and school uniform for the child. | Some concerns are noted e.g., low-level school attendance and punctuality issues.Parent/carer is not supporting home reading etc.The child is collected late at the end of the day or arrangements are ad-hocLow level concern regarding the child’s cleanliness or lack of appropriate clothing for the weather.The child arrives at school having had no breakfast and is tired and irritable. Poor quality food is provided in the child’s packed lunch.Where the child is entitled to free school meals parents fail to access provision.Younger children making their own way home from school, or escort younger siblings’ home, without adequate supervision. | Persistent absence from school with the child attaining below 85% unauthorised attendance.Poor engagement from parent/ carer with the school and with preventative services e.g. Parent Link Workers, EWO and the Early Help process.Frequent changes of schools, Inter-agency information regarding the care and welfare of the child from several sources increases concern.The child is not reaching their full potential because of the inaction of the parent/carer. | Parent/carer removes the child from school with no satisfactory explanation or opt to Home Educate, neither of which is in the best interests of the child.Frequent house moves without reasonable cause which adversely impacts on the child/young person’s education and attainment.Inter-agency information regarding the care and welfare of the child from several sources indicates significant concern for the child.Parent/carer shows no interest in the child/young person’s education or attainment impacting on their future life chances. |
| **Young People****10-18****Young People****10-18** | The young person regularly attends school.The young person fully participates in school and parent/carer takes an active interest in the child’s education through attendance at parent’s evenings and reading school reports.The young person is encouraged to complete educational activities at home and has access to a suitable area to study.The parent/carer provides adequate equipment and school uniform for the young person.Parent/carer shows interest and are actively involved in assisting the young person in making decisions about their future. | Some concerns are noted e.g., low-level school attendance and punctuality issues. Parent/carer frequently not checking that homework has been completed and offering support where needed.Low level concern about attendance at school.Inadequate provision of weather appropriate clothing, school uniform and equipment to fully participate in studies.The young person regularly attends school having had no breakfast and is tired and irritable. The young person regularly attends school without a packed lunch or money to buy food. Where the young person is entitled to free school meals parents fail to access provision. | Persistent absence from school with the young person attaining below 85% attendance.Lack of engagement with the school between parent/carer with preventative services e.g., Education and Inclusion and Early Help processes.Frequent changes of schools, Inter-agency information regarding the care and welfare of the young person from several sources increases concern.The young person is not reaching their full potential because of the inaction of the parent/carer. | Parent/carer removes the young person from school with no satisfactory explanation.Parent/carer is unconcerned about non-school attendance.Frequent house moves without reasonable cause which adversely impacts on the young person’s education and attainment.Inter-agency information regarding the care and welfare of the young person from several sources indicates significant concern for the child.Parent/carer shows no interest in the young person’s education or attainment impacting on their future life chances. |

**Section 5 – Safety & Basic Care**

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| **5. Safety & Basic Care** |
| **Considerations** | **Essential Needs met** | **Some Essential Needs UNMET** | **Many Essential Needs UNMET** | **Most or All Essential Needs UNMET** |
| **Awareness of safety in the home****Awareness of safety in the home** | The parent/carer is fully aware of safety issues and there is evidence of appropriate measures being in place within the home to keep the child safe | Parent/carer has poor awareness of safety issues.Essential safety features are not in place in the home due to a lack of understanding e.g., baby gates, fireguards.With prompting parent/carer can keep the home clean and safe. | The parent/carer is dismissive of or oblivious to safety risks.There are no safety features in place in the home.There are identifiable hazards such as harmful medicines or cleaning products that the child can easily access.Evidence of open access to the home with lots of people frequenting the property. | Parent/carer ignores the need to provide a safe home environment for the childThere is evidence of wilful failure by parent/carer to improve safety in the home despite professional adviceChild is exposed to dangerous home conditions e.g., window which are broken or have no safety catches, rubbish and clutter; items which could cause harm are easily accessible. Evidence of drug paraphernalia or accessible medicines left lying around or within reach.Evidence of unsuitable people with regular access to the homeLocking children and young people in rooms. |
| **Basic Care** **0 – 4 *years*** | A safe and appropriate level of care is provided by the parent/carer.Reasonable measures have been put in place to protect the child from any danger. Appropriate harnesses are used in the pram or stroller.The child is always in the parent/carers sight when out walking with their hand held when out near roads etc.Car seats correctly used. | Care provided by the parent /carer does not meet the child’s basic needs.The child is frequently left unattendedThere is a lack of effective measures in place to ensure the safety of the child e.g., fire guard not in place Parent/carer is not providing an appropriate level of supervision for the child.Parent/carer has limited insight in relation to the risks associated with the failure to provide adequate supervision.Car seats incorrectly used | Handling of the child from the parent/carer indicates concern.The child is often left unattended.Supervision and care for the child is not prioritised by the parent/carer.Babies in the household are observed being ‘prop’ fed.The child is not secured in the pram/stroller.When out walking with the parent/carer, the child is observed or reported to have been dragged along.  | The parent/carer displays rough, careless, and dangerous handling of the child.The child is frequently left unsecured in a pram or strollers.The child is left unattended e.g., in the bath leaving them exposed to significant risk.The child is left to wander outside the family home unsupervised.The parent/carer pays no regard to the safety and welfare of the child.No provision of car seats despite advice provided.Prop feeding despite having been advised by health professionals about its dangers. |
| **Young People****10-18** | The parent /carer ensures that they know where the young person is, and who they are with.Age-appropriate boundaries are in place including what time to return home.The young person is encouraged to maintain contact via mobile phone when away from home. | Parent/carer not always aware of the young person’s whereabouts and demonstrate limited insight in relation to the potential risks.The parent/carer is over-reliant on being able to contact young person via a mobile phone.Parental behaviours such as drug and alcohol misuse impact on the parent/carers ability to monitor and supervise the young person’s whereabouts and meet basic care needs. The parent/carer is working with support services.There is evidence of signs such as domestic abuse, parental adversity and trauma, and poverty within the household which has some impact on the parent/carers ability to monitor and supervise the whereabouts of the young person and meet basic care needs. | Young person regularly goes missing during school hours.The parent/carer shows no concern if the young person stays out late at night.The young person often goes missing and the parent/carer does not take swift and appropriate action- i.e., informing the police.The parent/carer has no insight in relation to the risks of substance misuse, Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE) and gambling (contextual safeguarding).Parental behaviours such as drug and alcohol misuse significantly impact on the ability of the parent/carer to monitor and supervise the young person’s whereabouts and meet basic care needs. The parent/carer has limited engagement with support services. The young person becomes responsible for the needs of the parent.There is clear evidence of matters such as domestic abuse, parental adversity and trauma, and poverty within the household which significantly impacts on the ability of parents/carer to monitor and supervise the whereabouts of the young person and meet basic care needs. | There is clear evidence to suggest that the young person is at significant risk of substance misuse, CSE, CCE or gambling (contextual safeguarding) and the parent/carer demonstrates no insight in relation to the risks.Parents/carer consistently fails to report the young person as missing to the police and fail to work with professionals to minimise risks. |
| **Alternative Care Arrangements** | The parent/carer only leaves the child in the care of a person deemed to be competent and mature. Where young children are left in the care of older siblings who are children, they can contact a parent or access support and have an appropriate contingency plan in place the event of an emergency. | The parent/carer occasionally leaves the child in the care of a young person who does not have an appropriate level of maturity.The parent/carer prioritises their own needs and does not fully consider any potential risk to the child from leaving the child with an inappropriate carer. | The parent/carer regularly leaves the child in the care of an inappropriate carer.The parent/carer shows no insight in relation to risks posed to the child and is fixated on their own needs. | Young children are predominantly cared for by older siblings who have no access to additional support.The parent/carer leaves the child in the care of an adult known to be unsuitable leaving them exposed to significant risk.The parent/carer shows no regard to the risks associated with leaving their child in the custody of an inappropriate carer.The young person has absented themselves from the family home.Parent/carer is no longer providing care and the young person is homeless. |

**Section 6 – Clothing and Equipment**

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| **6. Clothing and Equipment** |
| **Considerations** | **Essential Needs met** | **Some Essential Needs UNMET** | **Many Essential Needs UNMET** | **Most or All Essential Needs UNMET** |
| **Clothing and Appearance** | The child has appropriate clothing for the weather including footwear.Clothing may be handed down from siblings, but items are in good condition and clean.The child has sufficient changes of clothes for different settings e.g., school and leisure. | The parent/carer does not prioritise the needs of the child and clothing is not always clean.The child’s clothing and/or footwear is not always suitable for the weather conditions. | The child’s clothing is regularly dirty, and the child presents as unkempt.The child’s footwear is inadequate and ill- fitting causing the child to suffer pain.The parent/carer does not provide clothes appropriate for the weather conditions.The parent/carer do not provide a change of clothes leaving the child to wear the same clothes day and night.  | The parent/carer provides the child with clothing/footwear which is totally inadequate.The parent/carer prioritise their own needs above those of the child.The child is excluded from their peer group because of them being dirty and unkempt. |
| **Provision of Equipment** | The child is well provided for.The child has access to equipment and clothing required for school and leisure activities e.g.PE kit, swimwear. | The parent/carer provides only some of the equipment required for the child and this is not related to financial constraints.The child is unable to take part in some school and leisure activities which has an impact on their wellbeing. | The parent/carer often fails to provide equipment required for the child to attend school or leisure activities.The child’s activities are significantly restricted due to them having no access to equipment which has a detrimental impact on their health and wellbeing. | The parent/carer refuses to provide the child with equipment they require resulting in the child being totally excluded from peer group activities.The parent/carer shows no regard for the impact on the child and remains focused on their own needs.Exclusion from all activities has a significant and negative impact on the child’s health and wellbeing. |

**Section 7 – Emotional Support**

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| **7. Emotional Support** |
| **Considerations** | **Essential Needs met** | **Some Essential Needs UNMET** | **Many Essential Needs UNMET** | **Most or All Essential Needs UNMET** |
| **Approval** | The parent/carer talks fondly about their child.Praise and emotional rewards are offered freely and without prompt.The child feels safe and secure. | The parent/carer responds positively to other people’s praise of their child but doesn’t initiate praise spontaneously.The parent/carer lack insight into the importance of emotional support for the child.  | The parent/carer shows clear indifference when the child seeks their approval.The child’s achievements are not acknowledged by the parent/carer. The parent/carer shows no insight in relation to the emotional needs of the child which has a detrimental effect on their wellbeing.  | The child is often ridiculed by the parent/carer leaving them feeling humiliated.The parent/carer shows no emotional warmth leaving the child isolated and withdrawn.The child’s achievements are never acknowledged by the parent/carer which has a detrimental impact on the child’s self-esteem. |
| **Disapproval** | The parent/carer is consistent in their response to a situation and sets clear boundaries for the child.Where the parent/carer applies any sanctions, they are proportionate to the event which has triggered disapproval. | The child experiences inconsistent boundaries or methods of discipline by the parent/carer.The parent/carer uses inappropriate techniques to demonstrate their disapproval e.g., may shout at or ignore the child.Sanctions applied are disproportionate and excessive. | The parent/carer is inconsistent in their application of sanctions.The parent/carer shouts or uses harsh words to deliberately hurt the child.The parent /carer resorts to physical violence to demonstrate their disapproval. | The parent/carer uses physical violence as a first line response to their disapproval of the child.The parent/carer regularly ridicules the child and show no understanding of proportionate response.Excessive sanctions are put in place to punish the child which are disproportionate to the event. |
| **Acceptance** | Acceptance of the child from parent/carer is unconditional. They remain supportive even if they are temporarily upset by the child’s behaviour. | The parent/carer is intolerant of failure and responds negatively if the child does not meet their expectations. | The parent/carer is completely unsupportive of the child.The parent/carer has excessively high demands of the child resulting in the child feeling rejected and not ‘good enough’. | The parent/carer shows clear disregard to the child’s achievements.The continued rejection of parent/carer towards the child has a significant impact on the child’s emotional wellbeing. |
| **Sensitivity and responsiveness to the child’s emotional needs** | The parent/carer understands the child’s verbal and non-verbal communication and responds to their needs.The parent/carer offers warmth and reassurance. | The parent/carer does not respond to the child’s verbal or non-verbal communication until the child cries or becomes upset.When they do respond to the child, they lack sensitivity.The response from parent or carer is dependent on how they are feeling; they are not always able to prioritise the needs of the child. | The parent/carer shows no insight into the emotional needs of the child and only responds when the child becomes very distressed.The parent/carer offers no warmth or reassurance to the child.The lack of parental response to the child’s emotional needs has a detrimental impact on the child’s emotional health and wellbeing.  | The parent/carer demonstrates an aggressive response when the child becomes distressed.The parent/carer response is dismissive and fails to meet the child’s needs, leaving them isolated and distressed.The parent/carer responds by resorting to name calling; for example, cry baby or whinge which is humiliating for the child. |
| **Relationship and interaction between child and their parent/carer** | The relationship between the child and parent/carer is healthy.Positive communication between the parent/carer and the child is observed.If the child displays any challenging behaviour the parent/carer responds sensitively.There is evidence of mutual enjoyment for both from the relationship. | Some tensions are observed in the relationship between the child and parent/carer.The child is often left to initiate any interaction with the parent/carer.The response from parent/carer is always negative when the child’s behaviour is difficult.The parent/carer shows a lack of interest in any interaction with the child but once initiated there is some enjoyment evident. | The relationship between the child and the parent/carer is visibly strained.Any interaction with the parent/carer is only initiated by the child, rarely the parent/carer.The parent/carer focuses on the child’s physical needs and has little insight of the child’s emotional health and wellbeing.The parent/carer does not respond to the child attempts to derive comfort or attention from them.  | The relationship between the child and parent/carer has broken down.The child appears resigned to their needs not being met.The child is fearful or apprehensive to ask the parent/carer for anything they need.The parent/carer is unresponsive to any attempt made by the child to gain attention from them.The child is left feeling isolated and unloved. |
| **Access to Sports and Leisure** | The child has a good level of access to sport and leisure activities which the parent/carer takes a proactive interest in. | The parent/carer is not proactive in finding local sports and leisure activities for the child including those that are free.The parent/carer pays no regard to the child’s interests in relation to leisure activities. | The child accesses sports and leisure activities by themselves and seeks out their own opportunities. The parent/carer shows a lack of interest in the child’s activities outside the home and pay little regard to the safety of the child.  | The parent/carer makes no attempt to provide access for their child to be able to do any sports or leisure activitiesThe parent/carer provides no supervision for the child and shows no concern even if the child becomes involved in unsafe or unhealthy activities. |
| **Peer/friend interaction** | The parent/carer supports their child to make friends.The parent/carer shows interest in their child’s interactions with their friends.If a child discloses concerns in relation to peers, for example bullying they are fully supported by the parent/carer.  | The parent/carer provides only minimal support to their child to make friends. The parent/carer does not seek out opportunity for their child to develop friendships.If the child tells their parent/carer that they are being bullied, then they are offered some support although this is not always consistent. | The parent/carer has no insight into the importance of peer friendships for their child.The parent/carer prevents the child from accessing opportunities to make friends leaving them isolated from their peer group. The child is left to form their own friendships with no oversight from their parent/carer leaving the child exposed to potential risk. The parent/carer shows minimal concern if the child is reporting being bullied. | The parent/carer is totally disinterested in the child’s relationships with friends and/or actively seeks to isolate the young person from their peer group.The parent/carer does not respond to any disclosure their child is being bullied.The parent/carer shows no concern where there are indications that the child is developing unhealthy relationships. The parent/carer has no insight or fails to respond to developing risks in relation to their child, for example child sexual exploitation. |
| **Outings for recreational purposes** | The child enjoys regular outings to child centred place.The parent/carer prioritises activities which are child focused. | The parent/carer provides some opportunities for recreational activities, but planning is ad hoc.Family outings are not always child focused. | The parent/carer provides little opportunity for the child to enjoy child focused activities.The parent/carer prioritises their own needs for recreational activities leaving the child to ‘tag along’.The parent/carer has no insight into the importance or child focused activities. | The child has no opportunities to engage in recreational activities with the family.The parent/carer is unsupportive of the child engaging in recreational activities with their peer group.The child is left to play in the street unsupervised by the parent/carer. |
| **Celebrations** | The parent/carer ensures that the child is fully involved in all important family celebrations.  | The child is excluded from some celebrations within the family home.The parent/carer prioritise their own needs and do not always respond to important events in the child’s life; for example, the child’s birthday or exam success. | The parent/carer often fail to acknowledge important events in the child’s life such as birthdays.  | There are no celebrations in the family home and significant events such as the child’s birthday are regularly ignored.The child has no opportunity to participate in celebrations outside the home marking significant events. |

**Section 8 – Home Conditions and Environment**

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| **8. Home conditions/ Environment** |
| **Relevant Factors / sub areas** | **Essential Needs met** | **Some Essential Needs UNMET** | **Many Essential Needs UNMET** | **Most or All Essential Needs UNMET** |
| **Home condition and environment** | The family home is generally clean, free from clutter and well presented. | The standard of cleanliness in the home needs some attention and this goes unnoticed by the parent/carer.The home environment is generally disorganised.The parent/carer has difficulties in prioritising work within the home.The child has limited access to appropriate toys and reading materials.There is an over-reliance on screens such as TV, mobile phone, and tablets to provide stimulation for the child. | The house is observed to be chaotic, and dirty and the parent/carer fails to respond to any advice to clean.The parent/carer prioritises replacing non-essential items in the home, for example upgrading the TV as opposed to replacing a broken cooker or washing machine. This results in the child not being fed appropriately and with dirty clothes.There is a lack of heating in the home and the child complains of feeling cold.Toys available to the child are often broken. | The home conditions are very poor and completely unacceptable.The house is ingrained with dirt and poses a health hazard for the child.The home environment is so chaotic that it poses a risk for the child.There are no cooking facilities in the home to provide a warm meal for the child.There is evidence of alcohol or drug paraphernalia which poses a significant risk to the child.The child does not have a bed to sleep in.There is animal faeces and rubbish in the house. |
| **Prevalence of smell e.g., mouldy/rotten food, urine** | The parent/carer is aware of the concerns and responds positively to advice. | The parent/carer is aware of smells within the home but needs prompts to address the concerns. | The parent/carer is reluctant to address smells within the home, even when prompted.  | There is clear evidence of hoarding within the home, resulting in significant issues in relation to unpleasant smells. |
| **Flooring** | Floors are generally clean and clear from rubbish. | Floors are occasionally dirty, but the parent/carer responds promptly to advice to clean. | Floors are often dirty and covered with large amounts of rubbish. The parent/carer reluctantly responds to advice to clean but needs regular prompts and has no self-motivation.There is evidence of animal faeces being left on the floor. | Floors are noted to be filthy, and the parent/carer refuses to clean.Animal faeces is often present on the floor which poses a health risk for the child.There is evidence of hoarding in the family home resulting in a hazardous environment. |
| **General decorative order of the home** | The home is generally in good order and any decorative needs or repairs are addressed promptly. | The home needs some repair, and the parent/carer requires prompts to address the issues. | The home is in some need of some repair and the parent/carer fails to respond to advice. Holes are observed in the walls or doors giving rise to concerns in relation to domestic abuse which is denied by the parent/carer. | The home is in desperate need of repair to a degree that the home conditions pose a physical risk to the child. The parent/carer is unconcerned in relation to the identified risk.Holes are observed in walls or doors and information gathered indicates domestic abuse which poses a significant risk to the child. |
| **Kitchen surfaces and utensils** | The kitchen generally clean and tidy and surfaces free from clutter.On the odd occasion pots are observed in the sink but it is evident that they have not been left for significant periods. | Kitchen surfaces are often cluttered and the sink full of dirty pots left for some considerable time.The parent/carer requires regular prompts to keep the kitchen clean and has no insight in relation to the potential health risks to the child. | Kitchen surfaces are rarely clean, and the parent/carer does not respond to professional advice.There are no clear areas at all; surfaces are full of clutter and unusable for safe food preparation.The parent/carer reluctantly responds to advice to clean. | Kitchen surfaces are filthy and pose a serious risk to the child’s health. The parent/carer refuses to clean up the home.The state of the kitchen has a significant impact on the child receiving regular meals. |
| **Bathroom facilities** | The bathroom is generally clean and in good repair. | The bathroom is occasionally observed to be dirty, but the parent/carer responds to advice to clean.The parent/carer is slow to initiate repairs even where there may be an impact on the child’s health. | The bathroom facilities are often dirty and on occasion unusable which has a significant impact on the child.The parent/carer fails to respond to advice to initiate repairs. | The bathroom facilities are filthy and pose a serious risk to the child’s health. The parent/carer does not initiate repairs and shows no regard to any risks to the child. |
| **Beds and household, furnishings** | The parent /carer makes every effort to keep the home furnishings including the child’s bed in good repair  | Beds and furnishings within the home are occasionally dirty but the parent/carer responds to advice and initiates cleaning.The parent/carer removes any broken furniture without prompt.There is evidence to suggest that there is insufficient furniture to meet the needs of the child; for example, the child regularly shares with other family members. | Beds and furnishings are in a poor state of repair and often dirty; the parent/carer is unconcerned.The parent/carer shows no initiative to clean and responds negatively to professional advice.The child’s bed and bedcovers are observed to be filthy, and the parent/carer makes no attempt to initiate change. | There is clear evidence of broken furniture around the home which may indicate some level of violence within the household. The poor state of some furniture poses a physical risk to the child.The child has no bed and is left to sleep on the floor. |
| **Garden and/or outside areas** | The garden and outside areas are well maintained and provide a safe area for the child to play. | The garden area is sometimes cluttered and unsafe for the child to play. The parent/carer responds positively to advice to clear it. Some evidence of animal faeces observed which poses a potential risk to the child however parent/carer responds quickly to remove.  | The garden/outside space is always full of rubbish including broken glass making them unsafe for the child to play.Animal faeces is regularly left and not cleaned up by the parent/carer posing a significant risk to the child’s health.Parent/carer responds negatively to professional concerns. | The garden/outside areas are completely unsafe for the child to play due to the amount of rubbish broken glass, and animal faeces.The parent/carer refuses to respond to professional advice leaving the child exposed to risk. |
| **Evidence of drug paraphernalia in the house** | The parents /carers take full responsibility to ensure that drug paraphernalia is not left around the house and is disposed of safely. | There are occasions where the parent/carer has been careless in their disposal of needles or other drug paraphernalia leaving the child exposed to risk.The parent/carer puts immediate plans in place to address future risk following professional advice. | There is clear evidence that exposed needles or other drug paraphernalia is accessible to the child.The parent/carer has limited insight into the risks posed to the child and needs regular prompts from professionals to remove such items from children’s reach. | Dirty needles and/or other drug paraphernalia is regularly accessible to the child leaving them exposed to significant risk of harm.The parent/carer fails to respond to professional advice to minimise risk.The parent/carer is on a Methadone programme but do not store their drugs safely.  |
| **Rodents Infestation** | There is some evidence of rodents/vermin within the property causing a potential health risk to children, but the parent/carer engages with relevant services to tackle the problem. | There are rodents/vermin within the property causing a health risk to children and the parent/carer requires regular prompts to address the problem.  | The household is regularly infested by rodents/vermin causing a significant health risk to the child.The parent/carer fails to respond to professional advice to address the problem. | The parent/carer refuses to address persistent infestation by rodents/vermin leaving the child exposed to significant health risks.The parent/carer fails to engage with professionals attempting to provide support for the child. |
| **Potentially hazardous environment** | The parents/carer can recognise any hazards and respond without prompt.The parent/carer ensures all appropriate safety equipment is in place. | There is evidence of some hazardous equipment such as broken sockets, exposed wires within the home environment but the parent/carer responds to prompts to rectify the problem.The home has no working smoke alarm, but the family responds to advice to have one fitted.The parent/carer does not use safety equipment to its full potential, and they forget to close safety gates or use safeguards.  | The home environment is often observed to be unsafe for the child and the parent/carer is reluctant to respond to professional advice to keep their child safe. The parent/carer does not initiate repairs when prompted.Fireguards and safety gates, although present in the house, are not regularly used by the parent/carer leaving the child exposed to risk. | The home environment is unsafe for children and the parent/carer refuses to engage with professionals.Clear evidence of hazardous equipment which the parent/carer refuses to address.No evidence that any safety equipment is in place such as safety gates or fireguards and the parent/carer is unconcerned in relation to the potential risk to the child. |
| **Provision of basic services including water, electricity, and gas** | The parent/carer ensures that all basic services are available and is proactive in responding to any problems with their supply. | There is some evidence that a failure in supply is not responded to in a timely way by the parent/carer.Financial issues may disrupt service provision resulting in a potential lack of heating for the home however the parent/carer seeks support to resolve the issues and get services reinstated. | There are regular disruptions to basic services and the parent/carer is unable to meet the child’s basic needs.The parent/carer is not open and honest with professionals about any difficulties and refuses to engage with support services. | There is no water, gas or no electricity in the house and the parent/carer is unable to meet any of the child’s basic needs.This environment presents significant risks for the child and the parent/ carer refuses to co-operate with professionals.The parent/carer takes no responsibility for their inaction. |
| **Risk associated with pets or animals** | The parent/carer is a responsible pet owner and take appropriate precautions to ensure that the animals within the home pose no risk to the child. | There is evidence of an aggressive dog being in the household which poses a risk to the child and leaves them feeling frightened.The parent/carer takes action to rehome the dog when prompted by a professional. | There is a dangerous dog in the household which places the child at significant risk. The parent/carer lacks insight into the potential risk and is reluctant to rehome the dog to ensure the safety of the child. | The parent/carer is fully aware of the risks that their dog poses to the child but refuse to take action to rehome the animal leaving the child exposed to significant risk of harm. |

**4. Capturing the voice of the child**

**Suggested question set to use with a child**

**Q. In the past 6 months how often did your parents, or the adults you live with…**

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| **Emotional Support Sample Questions** | **Your notes** |
| Do things with you just for fun?Take an interest in your activities or hobbies?Comfort you if you were upset?Help you to do your best?Help you when you had problems?Praise you?Tell you they loved you? |  |
| In response to the above, how does that make you feel? |  |



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| **Education: Sample Questions** | **Your notes** |
| Show an interest in what you were doing at school?Attend parents’ evenings at school?Keep track of how you were doing at school – by doing things like reading reports?Help you if you had problems at school?Support you if you were upset about school?Tell you when they thought you had done something well?Help you with your homework?Make sure you always went to school?Help you when you had trouble understanding something?Care if you got into trouble at school? |  |
| In response to the above, how does that make you feel? |  |

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| **Physical Care: Sample Questions** | **Your notes** |
| Make sure you bathed regularly?Make sure you saw a doctor if you needed one?Help you get enough to eat?Keep the house clean?Give you enough clothes to keep you warm?Take care of you when you were sick?Have something for you to eat when you were hungry?Support you to look after your teeth and go to the dentist? |  |
| In response to the above, how does that make you feel? |  |

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| **Supervision: Sample Questions** | **Your notes** |
| Ask you where you were going when you went out?Want to know what you were doing when you go out?Like to know where you were after school?Expect you to call or text to let them know if you were going to be home late?Care if you got into trouble at school?Take an interest in the kind of friends you had?Care if you did bad things, like shoplifting?Leave you to be responsible for younger siblings for extended periods? |  |
| In response to the above, how does that make you feel? |  |



**5. WSCP Neglect Toolkit Assessment Form**

This form is to be completed as part of multi-agency working and attached / referred to alongside existing assessments and/or to support a referral to the Multi-Agency Safeguarding Hub (MASH) to access further support for a child and family.

Using the information that you have gathered from either the hard copy or the online toolkit found at <https://hub.wakefieldscp.org.uk/neglect-toolkit/>  **referring to the overview and guidance above** and **capturing the voice of the child** please use the following sections to summarise the indications and areas of concern; what is working well; what are the worries and what needs to happen.

Please include specific examples.

**Child & Family Details**

**Child/ren Name(s) & DOB(s):**

Click or tap here to enter text.

**Address:**

Click or tap here to enter text.

**Parent(s) / Carer(s) Name(s):**

Click or tap here to enter text.

**Practitioner & Agency:**

Click or tap here to enter text.

**Practitioner Contact Details:**

Click or tap here to enter text.

**Neglect Checklist**

Please detail below, providing specific examples to indicate the levels of neglect a child may be experiencing. Please note, not every section needs completing but providing as much information as possible against the categories and identified level where concerns are prevalent will help determine the next steps.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section** | **Category** | **Essential Needs MET** | **Some essential needs UNMET** | **Many essential needs UNMET** | **Most or all essential needs UNMET** |
| **1** | **Health** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | **Personal Hygiene & Dental Care** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **3** | **Nutrition** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4** | **Learning** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **5** | **Safety & Basic Care** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **6** | **Clothing & Equipment** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **7** | **Emotional Support** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **8** | **Home Conditions & Environment** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**View of the child(ren) & parent(s) / carer(s)**

Click or tap here to enter text.



**Brief view of the practitioner(s)**

Click or tap here to enter text.

**PLAN: What are the risks, what are the strengths, what steps need to be taken?**

|  |  |  |
| --- | --- | --- |
| **What are the worries and risks?** Note the category of worry and the specific issues / risks and impact on the child(ren) | **What are the strengths and what is working well?** What changes have already been achieved and/or how the situation has improved and why | **What practical steps are to be taken?** Task agreed, who will do this and by when? Identified actions should be incorporated into relevant plans for a child and family i.e., Team Around a School / Early Years / Young Person, Early Help, CIN (Child in Need), CP (Child Protection) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |



**Assessing Risk**

On a scale of 0 to 10; where **0 - everyone is confident** **the child is being well cared for and safe even when things get difficult in the family** and **10 – the risk is present,** **and the child will be hurt or harmed**, where would you assess the risk for the child?

**Score** = Click or tap here to enter text.

