Salford Safeguarding Children Partnership

Salford

Thriving Families and Neglect Assessment Tool

- Guidance -

Developed by Salford Youth Council
October 2019

Version 0.7 September 2020 (Final for Implementation)

Salford Safeguarding Children Partnership

Contents

About the Tool and how to use it

Please use the sections of the tool that are required to explore the needs of the child and family you are supporting; the tool does not have to be used in its entirety if this is not required.

Values and Principles of the tool:

- To work WITH families, respecting their experiences and views
- To ensure the lived experience of the child, parent/carer(s) is explored and understood
- To ensure all agencies and practitioners effectively work together to support the needs of the child being met.
- To ensure that there is not delay in identifying and addressing neglect.

Why is it important to understand how children's needs are being met?

We want every child and young person to thrive during their childhood. We know that if the level of care provided is not good enough, they can suffer abuse or neglect which has a long-lasting impact into adulthood.

The Salford Safeguarding Children Partnership *Thriving Families and Neglect Strategy* and Neglect webpage provide objectives and further information about how everyone in Salford has a part to play in reducing the prevalence and impact of Neglect, by supporting families earlier in being able to meet the needs of their children.

In simple terms, neglect is when a child is not getting the important things that they need like clean, warm clothes or enough to eat, or love. It is when a child is not being looked after properly by their parents/caregiver[1] and it might include not being kept away from dangerous situations or not being taken to the doctor when they are ill or hurt.

Whilst statutory definitions of neglect in Appendix A refer to *'persistent failure to meet needs'*, neglect can be episodic or cumulative. It can also be intentional or unintentional, which is an important difference to consider.

The tool and guidance is phrased with respect to a typically developing child who does not have a diagnosis or is being assessed for a significant neurodevelopment condition. However, the tool can be used for all children and may need to be slightly adapted to the child's circumstances. **Please liaise with the child's paediatricians or health practitioner prior to commencing the tool**

The Evidence Base

There is a significant evidence base about neglect nationally, including its relationship to other forms of abuse such as child sexual exploitation. Emerging evidence suggests that economic and

1 Note: The toolkit uses the words 'parent/caregiver' throughout to include either a parent or a person who has a caring role for the child, and is their 'caregiver'.

social factors such as poverty, homelessness, debt and stress related to these issues impact on children but also on parents who may lack the material resources to make changes. More information about the evidence base and needs assessment conducted in 2019 can be found on the neglect webpage.

Research suggests that physical and visible aspects of neglect are the ones most often identified by professionals. Ofsted (2018) state that the appearance of home conditions, a failure to address a child's medical needs or delays in physical development are common ways of identifying neglect. These can be easier to identify than other forms of neglect a child may experience, such as emotional neglect.

The identification of the signs of neglect in young children is more apparent. For example, they may have delays in reaching developmental milestones (such as speech delay, failure to gain weight) and appearing dirty and/or hungry.

Ofsted add that neglect of older children may look very different to that of a younger child. When older children suffer long-term neglect, the impact may be less evident and the problems they present with may not be recognised as being the result of neglect. Older children may be skilled at hiding the impact of neglect by seeking support from places other than the family or by spending more time away from home, which in itself may put the child at more risk. They may appear 'resilient' and to be making choices about their lives, when in fact they are adopting behaviours and coping mechanisms that are unsafe. For example, they may look for support from inappropriate and dangerous people or places or use alcohol and drugs as a form of escape.

In Salford, the research and descriptions of types of neglect by age by Jan Horwarth[2] have been adopted as a key synopsis for professionals.

Hyperlinks to other resources and guidance have been provided throughout the guidance where possible.

What is the Thriving Families and Neglect Assessment Tool?

This document will help to identify the level of care provided to children including identification of neglect, where the level of care poses a risk of harm to them in addition to how care could be improved. The completion of the tool is likely to be triggered by concerns about the level of care that the child is receiving and should be used as part of other assessment or planning processes (e.g. an Early Help assessment). Whilst it is likely to identify difficulties, it also identifies strengths and the potential that exists within the family for change and improvement. The tool must be completed in partnership with families and with their informed consent. Parents value an honest and direct approach "Be honest and say what you mean, they (workers) are trying to make everything sound positive but if *everything* was positive, they wouldn't be involved" (Parent Panel participant)

A range of sources and research evidence has been used to create the Thriving Families Tool, which also has its basis in the original Graded Care Profile and strengths-based approaches to working

[2] Horwath J (2013) Child Neglect, Palgrave

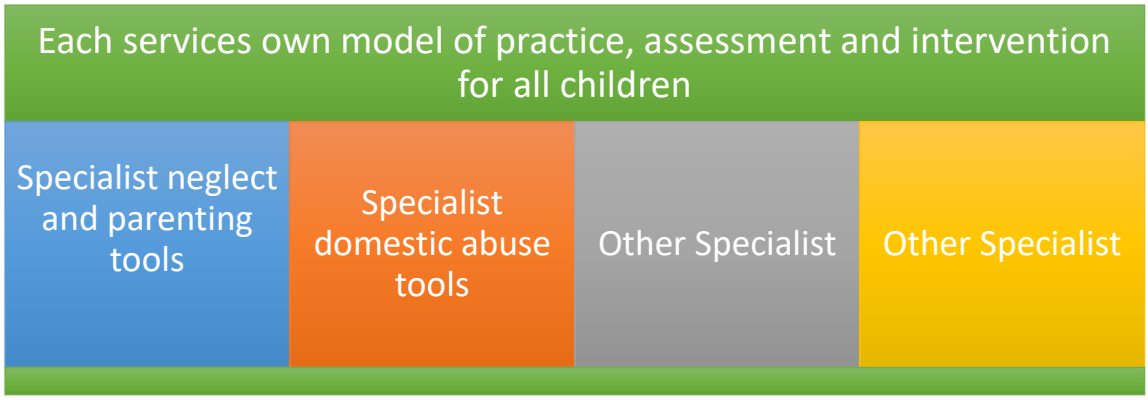
with families. We also listened to what young people thought, and the front cover shows the ten elements that Salford's Youth Council told us they believe are important to children in meeting their needs.

The document is intended to be used in a number of ways:

a) **As a reference document or aide**, to help people in a range of professions and communities develop knowledge about the different aspects of meeting children's needs and neglect and how to recognise when it is not provided at the required standard. This is best undertaken as part of training or other development opportunities.

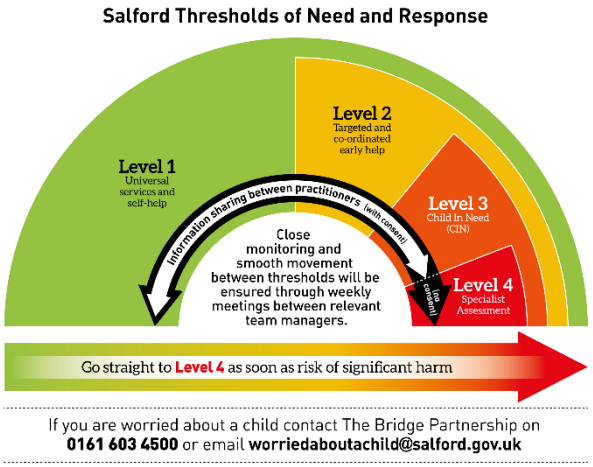
b) As a **specialist assessment tool**, for professionals to complete with a parent/caregiver and family as part of an assessment. Each profession / service may have their own strengths-based approach and assessment tools, and the purpose and pathways of using specialist tools across the partnership need to be clear and fit together. The diagram below illustrates how this may look.

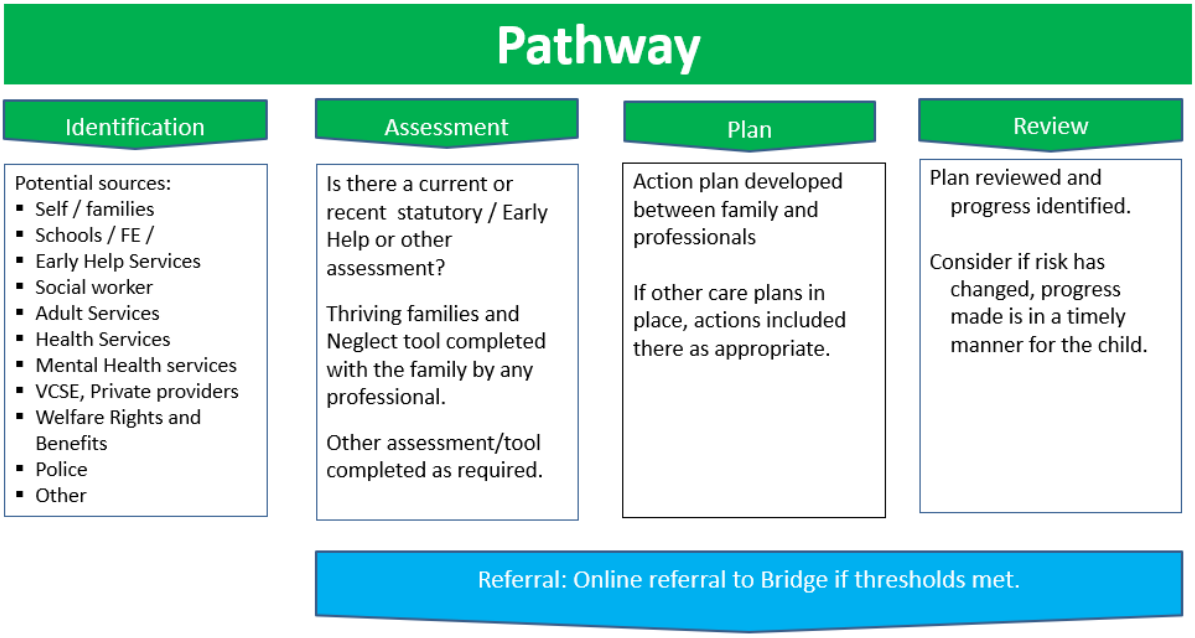
c)



Pathways and processes

The Thriving Families and Neglect Assessment can be completed by any professional, at any time, and there are no formal pathways for referral for specialist assessment outside of generic published thresholds and processes. This includes referral to Local Authority Early Help Services and The Bridge Partnership where concerns and risks are such that it is considered the child/family meet the relevant thresholds. In many cases, there is an expectation that the professionals working with the family will be able to undertake and use the tool and plan any required improvements with the family at levels 1 and 2. The diagram below further illustrates how the tool is used to support identification and planning.





Who completes the Thriving Families Tool?

When used as specialist assessment tool, it will generally be completed by the professional currently supporting and involved with the family and care giver together. The need for relationship based practice is essential when undertaking this tool, this means that someone has an existing relationship with the family, this should be utilised. It is important to include the voice of the child within the assessment.

When gathering information and discussions when multiple people are present, it is good practice (thinking about Restorative Approaches) to ask:

1. The child/young person
2. The parent/care giver
3. Other professionals

Where there are concerns that further specialist support or is required to complete the tool, a referral may be made to Early Help or Social Care in conjunction with a professional discussion and joint working.

The tool may be used by specialist services, for example, social workers, to support their professional assessment processes and evaluate progress in specific areas.

Format of the tool

After a section about family information, there are five areas of children's needs and parenting and sub-areas within these:

1.Relationships and Emotional Well-being:	**2.Physical Care:**	**3.Safety:**	**4.Stimulation, Education and leisure**	**5 Enabling Capacity to Change**
1.1 Quality of relationships and communication 1.2 Meeting emotional needs 1.3 Boundaries 1.4 Belonging and identity 1.5 Optimism and hope	2.1 Food and Nutrition 2.2 Clothing 2.3 Hygiene 2.4 Health 2.5 Housing-home and space	3.1 Awareness 3.2 In the home 3.3 In the community 3.4 In the care of others 3.5 Developing Safe Independence	4.1 Family activities and expression 4.2 Education and expression time (play)	

For each sub-area (e.g. nutrition), there is a mix of information provided to assist discussions, and blank spaces to write notes of the discussion. This will help the parent/carer and the worker to look at what can be done to make improvements in any areas identified. Further information about each of these parts is provided in detail later in the guidance.

Age bandings have been used throughout where appropriate, using Horwath (2013) age bands. Professionals need to be aware of the child's developmental level as much as their physical age.

- Infancy (0-2 years)
- Pre-School (2-4 years)
- Primary (5-11 years)
- Adolescent (12-17 years)

Initiating discussions with the family

The first session with the parent/caregiver(s) should include a friendly explanation of the process and the accompanying form, ensuring they have relevant information and know what to expect. The discussion may need to take place over more than one visit and should focus on what areas the parent / caregiver (s) would like to explore further, understanding a shared picture.

During discussions, the following tips may be helpful:

- The observations recorded should relate to the main caregiver(s) during a home visit(s). This may be one or both parents or substitute carer(s). If there is a discrepancy in the care offered between carers, consideration should be given to separate assessments. Observations made by other professionals should be incorporated, transparently with the parent/carer(s) and the source of information should be recorded.

- It is important that care givers, family members and professionals are supported to share realistic and accurate information. This may mean thinking about what happens on a good day, a bad day, a school day, at the weekend and what helps/hinders parenting so that the family and the worker can conclude in partnership, and identify what is working well in addition to what changes can be made. There may be differences of opinion which can be explored through the discussion, and there is a leaflet for parents and guidance for professionals to also assist completion.

  To support understanding everyday behaviours and needs, the **sequencing guidance and tool** can be utilised, this support the breakdown of daily life and in particular the interactions between the carer and child and can therefore be use to focus sessions with the child and family.

Throughout, there are terms such as 'appropriately' used. Whilst some guidance has been given and age-level descriptions have been provided where these may be helpful, professionals need to use their professional judgement and experience in determining what is 'appropriate'.

Practitioners should ensure that all sections completed are **evidence based** or further evidence is being gathered in the resulting plan, please do not 'guess' or take information at face value. Because the tool focuses on the actual care delivered, some specific concerns about the conduct or personality of one of the parents may not be reflected. This aspect should not be dismissed, and other assessments should be used to focus on these concerns.

Always consider and explore the root causes if child's needs are not being met, such as adverse childhood experiences, lack of money/poverty. For example, if a child is persistently hungry is this due to parental inability to recognise and meet nutritional needs or is this a result of insufficient household income. How will this be evidenced within the assessment?

Where perceived non-engagement or difficulty engaging, resistance and denial appear to be common features, it is important to understand the reasons behind this. It may be the result of fear, stigma, shame, denial, ambivalence, ability/understanding, or the parent's lack of confidence in their ability to change or lack of insight into their parenting capability and the impact on their children and is the subject of much research and guidance. Please utilise solution circles when exploring and planning around non engagement.

Whilst the tool provides an assessment structure, it is still reliant on the observations, and judgement of the assessor based on discussions and observations.

The relevant sections can be utilised to support the wider holistic assessment. It is not a scientific tool that provides definitive answers for your assessment. If in doubt, discuss this with your manager or supervisor.

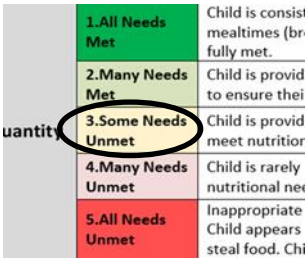
Assessment and recording

Assessment involves the gathering of information about a child's circumstances, analysing the information and reaching a judgement about the needs the child may have. Professionals need to retain the ability to undertake a holistic assessment of the child and impact of potentially not having their needs met, whilst having the ability to focus on particular aspects, including various reasons (or root causes) and differing understanding of required standards.

Professionals will have their own approaches to assessment, but support should be sought if any professional does not feel confident or skilled in undertaking an assessment.

Guidance for each section

Each section includes common parts which are a mix of information provided (to help discussion and assessment), and information to be collected and written as part of this child's assessment.

Type	**Description of each part and instructions for completion (where for input)**
Information provided	**Why this is important:** This section provides a starting point for discussions. It aims to help reach a common understanding of why this is important and what good looks like to base assessment responses.
For input	**Lived Experiences:** This is a blank section for recording the first part of a discussion about what is happening, what daily life is like both for the parent/caregiver and the child. It is important to capture this in the parent/caregivers and child's words to describe a picture of daily life in this area. This may include activities, how/when these are done, what the parent/caregiver or child thinks of this.
For input	**Assessment of Needs Section:** Each section includes a series of statements or descriptions of how well needs are met in different aspects of care. Each statement numbered from 1 to 5 reflects the continuum between areas of strength and areas of difficulties. The statements are indicative to what degree the child's needs are met from '1. all needs met' to '5. all needs unmet' as illustrated in the diagram here.  Work through each or relevant sections by discussing the description that best fits the care the child receives. This should be a measure of the care that is actually delivered, irrespective of other factors. Following discussion and/or observation, circle the description that fits best for the parent/caregiver and child.

	As a core purpose of the Thriving Families and Neglect Assessment tool is to establish whether there is neglect or risk of neglect, the worker needs to assess and consider next steps. If the nearest description is *many needs unmet* and *all needs unmet,* this maybe indicative of neglect and this should alert the assessor that this area of need is unmet. These areas are most likely to add to the assessors overall judgement about whether these areas remaining unmet are harmful to the child and inform discuss with supervisor/ manager as this may indicate significant harm (Child Protection Concern).
For input	**Summary:** Note here the result of conversation, led by the parent/caregiver, which may be about what parent/carer can change, things that may not able to happen yet dependent on something else happening first. Consider 'what would help to change this' as well as root causes such as capacity, external factors, underlying issues, and what else they have to do, as well as the protective factors and enablers which may indicate potential and ways to build on their achievements. This should inform your choices of interventions and guard against a negative focus. For example, in the area of physical care – hygiene for a child 0-4, a score of 4, "occasionally bathed but often can be dirty and hair can be uncared for". This would indicate an intervention of structured support to improve bath time routines as part of an intervention plan. Consider here what else is going on in the family as there could be things that are happening or about to happen that affect the parent/caregivers ability to meet this need or make the change- a dependency. For example, eviction, parental mental health, school exclusion. In these instances, it is important to recognise assumptions and external factors so that a realistic plan for desired change but ***that ensures the childs needs*** are met is put in place.
Information provided	**Signposting:** Information about support and activities to generate improvement where needed are provided here. The circle is not about thresholds but what the family may need to make things better for their children. It must be noted in discussion with the parent/carer that some may not be available/appropriate and to focus also on.

Guidance for each area

Family Information	
Page	**Guidance notes and links to any further information**
3	**Household Address:** The address where the child is normally resident and cared for.
3	**Significant people in the family living or visiting in the home**. Please include the names of the children living in the household first, then the names of the primary care givers which may be the parent/caregivers but could also include others who look after the children. It is important to understand and discuss with the person to whom these observations relate, which could be more than one care giver. The care giver could also be a relative, or sibling. If the latter is the case, consider whether the care giver could be classed as a young carer.
3	**Why is the Thriving Families tool being completed?** Include a brief description of why the tool is being completed. Be honest about concerns here.
3	**Consent to complete an assessment** Prior to commencement, it is important to gain consent to complete an assessment. Each professional completing an assessment will have their own agencies policies and guidance about gaining consent and data protection. The last section of the tool includes more detail about information sharing and outcomes of the assessment.

1. RELATIONSHIPS AND EMOTIONAL WELL-BEING	
Page	**Guidance notes and links to any further information**
4	The section on relationships and emotional needs is first. This is because we believe that discussing and understanding the relationship and parenting styles first, will explore parents level of understanding and assist in generating a more robust assessment of parent/caregiver responses to other sections. This tool may be undertaken in conjunction with parenting sessions where appropriate. When consider the parent/care giver(s) Reponses to a child's emotional and communication needs, please consider the parents own emotional needs and experiences, as these are likely to directly impact on interactions and emotional maturity. **Undertake observation and discussion:**

	• Relationship and attachment: Sensitivity denotes the carer showing awareness of any signal from the child. The carer may become aware, yet respond a little later in certain circumstances. Response synchronisation denotes the timing of the carer's response in the form of appropriate action in relation to the signal from the child. Reciprocation represents the emotional quality of the response. • Mutual engagement: Observe mutual interaction during feeding, playing, and other activities. Observe what happens when the carer and the child talk, touch, seek out for comfort, seek out for play, babies reach out to touch while feeding or stop feeding to look and smile at the carer. Where the child has a disability, seek information from other professionals to ensure understanding of the care that should be delivered. Spontaneous interaction is the best opportunity to observe these areas. Observe whether the carer spontaneously talks and verbalises with the child or responds when the child makes overtures. Note whether both the carer and the child, either or neither, derive pleasure from the activity. Note whether it is leisure, engagement or functional (e.g. feeding etc). • Consistency and protective factors: Consider who else is giving positive reinforcement to the child and undertaking some of the caring tasks. Is care consistent between caregivers? • Praise and reward: Find out how and how much the child's achievement is rewarded or no responded too. It can be assessed by asking how the child is doing or simply by praising the child and noting the carer's response (agrees with delight or does not respond / response is observed to not meet the child's needs). • Boundaries: If the opportunity presents, observe how the child is reprimanded for undesirable behaviour. Otherwise, enquire carefully (described your childs behaviour- how do you respond to them when they aren't agreeing with your rule/boundary?)? Beware of discrepancy between what is said and what is done. Any observation is helpful in such situations e.g. child being ridiculed or shouted at. Try and assess whether the carer is consistent. Utilise observations and views from the wider family, friends and agencies. • Boundaries: is it important not to judge parents, if boundaries are not clear or appropriate, is it vital to explore why, this may take up a visit or two and sequencing behaviours would assist in understanding the detail of how a parents responds to the child's emotionally and behavioural needs – please see tool: behaviour sequencing. • Appropriate: appropriate boundaries will look different for each child and family, the full needs of the child should therefore be considered, including any communication, diversity and learning needs, the same consideration should be given for the parent/care giver. Expert advice from other agencies should be drawn upon to support this section, e.g. CAMHS and educational psychology. • Acceptance: Observe or probe how the carer generally feels after she has reprimanded the child, or either when the child has been reprimanded by others (e.g. teacher), when the child is underachieving, or feeling sad for various reasons. Check whether the child is rejected or accepted in such circumstances as shown by warm and supportive behaviour. • Optimism and hope: Think about the families ability to problem solve and seek help and support themselves. How are the family able to be self-sufficient with the right supports in place?

2.1	PHYSICAL CARE: Food and NUTRITION
Page	**Guidance notes and links to any further information**
6/7	• Take a comprehensive history about the meals provided (breakfast, lunch, evening meal, snacks) including nutritional content, preparation, mealtimes, routine and organisation. Also note the parent/caregivers knowledge about nutrition, and reaction to suggestions made regarding nutrition (whether keen and accepting or dismissive). For babies, ensure feeding is when the baby is hungry. Ensure the parent/carers financial position is considered to understand what types of food are affordable and their accessibility to food. • Has the family had to use a foodbank in the past few months? Or apply to Salford Assist? How many times? Explore the reasons for this. If financial issues, has advice been sought? Consider a referral to Welfare Rights and Debt Advice Service? www.salford.gov.uk/advice-and-support/welfare-rights-and-debt-advice-service/contact-us-for-advice/ • Observe for evidence of working provision, kitchen appliances including a cooker and utensils, dining furniture and its use. It is important not to lead, but to observe the responses carefully for accuracy. Observation at a mealtime in the natural setting (without special preparation) is particularly useful. Score on amount offered, and the carer's intention to feed younger children, rather than the actual amount consumed. Be aware some children may have eating/feeding problems. Consider unannounced visits for such observations. • Ensure factors such as shift working patterns, activities and religious/cultural needs are taken into account when discussing nutrition. • 'Well prepared' does not mean it needs to be prepared by a parent or made from scratch. • Preparation and organisation: *Food always presented in age appropriate way*, means baby led weaning, not giving puree to a 3 year old, not filling child up with juice. • Parent/caregiver may be prompted by: Do you need any support to provide healthy food? What gets in the way? • The child may be observed to gorge on food/ steal food- consider multi agency, family and friends observations of the child around food.

2.2	PHYSICAL CARE: CLOTHING
Page	**Guidance notes and links to any further information**
8	• When considering the definition of 'ill fitting', bear in mind that some young people may choose to wear clothing that appears small or too big as a fashion choice. • Consider whether the clothing is appropriate for weather. Does the child have suitable clothing for the season, for example coat, shoes, sunhat, sunscreen.

	• Is there an ingrained dirt /smell on clothes to differentiate the duration/consistency? • Discuss with parent/caregiver why clothing may not be suitable. Do they have access to a washing machine, able to afford clothing, etc. • Understand why clothing isn't appropriate, considering finances (is there enough money- who is in charge of money etc), expectations etc.

2.3 PHYSICAL CARE: HYGIENE

Page	Guidance notes and links to any further information
9	• Observe a child's appearance (hair, skin, behind ears and face, nails, rashes due to long-term neglect of cleanliness, teeth). Ask about daily routine, is the child consistently washed by carer (at least face and nappy area), assisted to brush teeth twice daily and hair kept neat and tidy. Child is taught excellent hygiene habits and consistently encouraged to wash hands before meals. Child's hands and face are cleaned, and clothes are always changed when required. Nappy is changed immediately when full. Nails are consistently filed/clipped short. • Discuss age appropriate hygiene for the childs age and ability/developmental age. • Check if the child is registered with a dentist and when they last attended. Sugary foods and drinks are consistently avoided • Bottles are consistently sterilised up to age of 12 months • Pets are bathed and huts/ cages consistently cleaned on a regular basis. Pets are well trained. Excrement is contained in designated tray and consistently emptied on a daily basis/ cat litter changed weekly • Home environment is consistently clean and tidy. Kitchen work surfaces are consistently visibly clean, clear from dirty pots and regularly disinfected. • There is a bed and bedding, which is clean. • Home environment is smoke free. No recreational drugs used. • Any medical devices required e.g. gastrostomy, PEG, NG tubes or catheters are consistently maintained in accordance with medical advice • Age appropriate toiletries and products are used/provided.

2.4 PHYSICAL CARE: HEALTH

Page	Guidance notes and links to any further information
11/12	• Consider overall wellbeing and parent/caregiver provision of a healthy lifestyle including diet, exercise, rest/sleep, and self-care. Dental, hearing and eye test appointments. • Consider if there is good sleep opportunity and routine. • Consider age and development, including provision of sexual health/advice/education for older children. • Discuss attendance at routine health checks/appointments and identify any barriers if not brought (e.g. too many appointments, travel costs, unwillingness). • Consider if ailments are treated by parent/caregiver appropriately, and appropriate professional advice and support is sought as required. Excellent awareness of healthy lifestyle and preventative measures. Home environment is smoke free. No recreational drugs used by Parents/carers.

	• Distinguish genuine difference of opinion and informed choice between carer and professional, compliance with medical advice from non-genuine misleading reasons. Beware of being over empathetic with the carer if the child has a disability or chronic illness. • Substance misuse and smoking should be considered in the context of impact upon the child health and immediate safety.

2.5	PHYSICAL CARE: Home and Space
Page	**Guidance notes and links to any further information**

13	• Observe and discussion. Ensure children's bedrooms are seen.
	• Consider:
	  • Type of tenure (private, owner occupied or registered provider), is it a secure tenancy? If there are rent or mortgage arrears, how much? Is the property affordable based upon family income? If there is a risk of eviction in 56 days there is a statutory duty to refer to Housing Options.
	www.gov.uk/government/publications/homelessness-duty-to-refer/a-guide-to-the-duty-to-refer
	https://www.salford.gov.uk/housing/housing-advice-and-support/salford-housing-options-point-shop/
	
	  • The property is in good condition, no health and safety issues or hazards, any repairs required have been reported and any outstanding repairs have been chased up. If privately rented, the Housing Standards checklist (found at https://www.salford.gov.uk/children-and-families/safeguarding-children/advice-for-professionals/early-help-assessment-and-taf/early-help-forms-and-upload/) has been completed where there are concerns around hazards and contact made with the Private Sector Housing team where appropriate.
	  • Is the property adequately heated? If not, why? Is there fuel debt? Is a fuel meter installed? How much is being put on in each week? Often, households "self disconnect" due to financial hardship.
	  • There are no ASB issues, there are no neighbour disputes and active disputes are being dealt with and the landlord is aware and involved, there is no threat of eviction
	• If deficient, ask reasons (for example landlord or other external factor) and what effort has been made to remedy. Assess if the parent/caregiver is capable of doing things him/herself. Discount if the repair or decoration is done by welfare agencies or landlord.
	• Facilities: Child's needs met for example space for play, learning and entertainment, such as somewhere to do homework. See also section on Stimulation for more information.
	• Facilities: what is appropriate and why they need it and access to outside open spaces. That doesn't have to be in the family home. Professional curiosity when the child has access to high degree of technology, toys, etc but either family has no money to fund them or is not engaging with the child.
	• Consider where the house is situated, the neighbourhood, community and identify any risks / opportunities.

3 SAFETY	
Page	**Guidance notes and links to any further information**
14	• This area covers how safely the environment is organised. It includes safety features and the carer's behaviour regarding safety in every day activity (e.g. lit cigarettes left lying in the vicinity of child). The awareness may be inferred from the presence and appropriate use of safety fixtures and equipment in and around the house (gates, guards, secure windows, locked drugs/alcohol cabinets, smoke alarms, household chemicals secured, electrical and gas safety devices, intercom, safety within garden e.g. pond, fences) or in the car (child safety seat etc.), • Maintaining an environment that is free from inappropriate experiences and materials. Such as pornography and violent images. • Observe handling of young babies and supervision of toddlers. • Fully aware of the risks of outside influences such as strangers, CSE,CEE • Very aware of appropriate safety and potential risks in all areas e.g. digital technology. All relevant safety features. Gates, guards, secure windows, locked drugs/alcohol cabinets, smoke alarms, household chemicals secured, electrical and gas safety devices, intercom, safety within garden e.g. pond, fences. Always aware of where child(ren) are. Fully aware of the risks in the modern world with technology and outside influences such as strangers, CSE,CEE. • In the home: Babies are supervised at all times, particularly when lying on surfaces they could fall from or in the bath. Always ensures child is held and cared for appropriately as advised by health professionals and other early year's advisors. • In the community: Observe or ask about the child being allowed to cross the road, play outdoors etc. If possible, verify from other sources. If observation is not possible, then ask about the awareness. • Allows out in known safe surroundings with agreed time limits and check if goes beyond set boundaries. • Parent/carer is fully aware of friendship groups and takes appropriate steps to ensure child has access to appropriate groups such as Brownies, cubs, sports clubs etc • Parent/carer is aware of illegal money lenders and the dangers of borrowing money from loan sharks. See support available from; https://www.stoploansharks.co.uk/who-we-are/

4 STIMULATION, EDUCATION AND LEISURE

Page	Guidance notes and links to any further information
17	• Observe or enquire how the child is encouraged to learn. Examples with infants (age 0-2) include: stimulating verbal interaction, interactive play, nursery rhymes or joint story reading, learning social rules, and providing developmentally stimulating equipment. If lacking, try to note if this is due to carer being occupied by other essential chores. • Identify resources and opportunities. Is there plenty of positive educational toys and regular time for reading. improvising if unable to afford toys. Electronic devices are not used as a source of education at a young age but are used age appropriately. • Child has consistent opportunity to engage in exercise.

	4.2 FAMILY ACTIVITIES AND EXPRESSION TIME
Page	**Guidance notes and links to any further information**
18	• Observe or enquire how the child's developmental needs are being met. The information could be compiled about a weekday and a day at the weekend. Horwath's (2007) guide is also helpful: • Do you get yourself up in the morning? • Do you have anything to eat? • What happens about getting dressed? • What happens if you are going to school? • What happens at school? • What happens if it's the weekend or school holidays? • What happens after school? • What happens in the evening? • What happens at bedtime?' (pp178-9) The importance is to think what it is like to be the child; what are they experiencing? The HOME Inventory (Cox and Walker 2000) is an evidence based assessment tool that provides important and useful information about a child's daily life. Some parts of the brain, e.g. the cortex, depend on experience and stimulation to develop. When children experience good early education and care, their short-term cognitive, social and emotional development take a boost. At different stages of development and key transition points throughout childhood, parents/caregivers have a crucial part to play to ensure their child's development and readiness for adulthood. Involved parents can make a positive and lasting impact on their children's learning ability and outcomes for them in terms of education, play and achievements. Not meeting these needs can be a significant factor in delaying a child's development, including their speech and language, which in turn, affects their education. Low confidence and academic failure can reinforce negative self-image, lack of aspiration and poorer life chances into adulthood

5 CAPACITY TO CHANGE	
Page	**Guidance notes and links to any further information**
20	This section is purposefully at this point of the assessment so that parental capacity and the required changes are in the context of the amount of change that may be required. Parents should be made aware that the assessment of capacity to change is an opportunity to demonstrate their motivation and ability to work towards clearly specified targets and that genuine effort will be provided to facilitate change. If there is a known or suspect learning need, this should be specially assessed, utilising the relevant agencies and where needed, adults services. 'Parenting capacity' and parents' 'capacity to change' are linked but distinct aspects of assessment with high-risk families. Parenting capacity considers parents' current ability to meet the developmental needs of their children; an assessment of capacity to change asks whether parents – when provided with the right support over a specified period of time – are able to make the necessary changes to ensure their child's well-being and safety. Capacity to change requires that parents recognise the need to change, have the ability to make the necessary changes including financial resources and are prepared to invest and sustain effort over time. Parents' capacity to change will be supported by professionals working in partnership with them to achieve clearly identified and meaningful goals (Research in Practice: Capacity to Change) Interventions can then be planned with the family to aim for improvement which is both in the child's timescale and parents capacity, prioritised where appropriate. For example, aiming for one grade better or prioritising improvements required will place less demand on the parent/carer than aiming for the ideal in one leap. It is critical that the needs of the child are always at the forefront and not compromised. Please refer to the SSCP capacity to change guidance.

Summary and Action Plan

ASSESSMENT OF NEEDS SUMMARY	
Page	**Guidance notes and links to any further information**
22	This provides a summary of each sub-area in one grid. Please transpose from the sub-area descriptions you have circled so that an overall picture of how the child's needs are being

	met and whether there are concerns of neglect. Establishing a baseline summary is useful when repeating this Scale at a later date. Progress can be demonstrated by comparing scores. This can be useful to establish the success of intervention and can motivate both the child and their family, as well as the professional. Consider the 'Summary Scores' and your notes in each section. Discuss and summarise here: • What are the family's strengths and resources? • What are the family's needs and worries? • Talk about desired changes and what changes the parent/caregiver, the child and the worker consider any priorities. On the basis of this information, decide which of the following options are appropriate. If you are unsure of your judgement, discuss this with your supervisor. • Concerns about neglect in this case have not been established • Some concerns about neglect in this case have been established but I do not consider that the child is suffering significant harm • Concerns about neglect in this case have been established and I am concerned that the child is suffering significant harm

Actions

Page	Guidance notes and links to any further information
23	The action plan is the working tool that arises from assessment and should either inform, or be included in any existing Child's Plan so that the child/family does not have too many separate plans. Its aim is to describe the changes, allocate tasks and to engage families in the process. Further action arising from this assessment: Regardless of whether neglect has been substantiated or that neglect indicates significant harm you may judge that further actions are indicated, include an action to confirm whether support will be undertaken by your agency, in conjunction with other agencies or request support of another agency. In cases where significant harm is indicated, Child Protection Procedures must be followed. Ensure a date for review is agreed with the parent/carer which is realistic and agree who will undertake the review. Individual actions agreed with the family in response to the desired change. A single desired change may be broken down into a number of smaller, specific action points.

CONSENT AND INFORMATION SHARING

Page	Guidance notes and links to any further information

27	Discuss together data protection requirements, what will happen next and who will be involved. Make every effort to gain the confidence and consent of the parent/caregiver to work with you and answer any questions about sharing information. You may wish to provide them with a copy of the privacy notice or any information sharing leaflets. Upload the Assessment to the Child's electronic record within your own service area e.g. Health (EPR), Social care (Care First, Early help (DCTM).

References and further reading

- SSCP further information https://safeguardingchildren.salford.gov.uk/professionals/neglect/
- Policies & Procedures
  - Salford https://safeguardingchildren.salford.gov.uk/professionals/policies-and-procedures/
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Appendix A: Statutory definition of Neglect

The main statutory definition of neglect is laid out in Working Together to Safeguard Children (DfE, 2018) and has not altered since The Children Act 1989:

> The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
>
> a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
> b. protect a child from physical and emotional harm or danger
> c. ensure adequate supervision (including the use of inadequate caregivers)
> d. ensure access to appropriate medical care or treatment
> It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

This is supported by the definition of criminal neglect:

> The College of Policing (2019) defines criminal neglect as outlined in section 1(2)(a) of the 1933 Act. They state that "an offence is committed if a parent or the legal guardian, or other person legally liable to maintain a child or young person has wilfully neglected the child in a manner likely to cause injury to health by failing to provide adequate food, clothing, medical aid or lodging or, if having been unable to provide such items, they fail to take steps to procure them".
>
> "Under section 1(2)(b), an individual aged 16 or above is deemed to have neglected an infant (under three years), where it is proved that the death of the infant was caused by suffocation while the infant was in bed with that individual, and that the same individual was under the influence of alcohol or a prohibited drug at the time. The definition of 'bed' includes any kind of furniture or surface being used by the adult for the purpose of sleeping".
>
> The definition of child cruelty is given as:
>
> "The offence of cruelty to persons under 16 years incorporates neglect, as set out in the Children and Young Persons Act 1933 section 1(1). Under the Act, if anyone who is 16 years or over wilfully assaults, ill-treats, whether physically or otherwise, neglects, abandons, or exposes a child, or procures a child to be assaulted, ill-treated, whether physically or otherwise, neglected, abandoned, or exposed, in a manner likely to cause unnecessary suffering or injury to health, whether the suffering or injury is of a physical or psychological nature, they are guilty of an offence.
>
> There is no statutory definition of wilfully, but the term has been interpreted by the courts. In Attorney General's Reference No 3 of 2003 [2005] 1 Q.B. 73 it was said that wilful misconduct means, 'deliberately doing something which is wrong, knowing it to be wrong or with reckless indifference as to whether it is wrong or not'. Although there is no definable threshold for when a minor neglectful act becomes a criminal offence, each single incident must be examined in the context of other acts or omissions and the possibility of a criminal offence should be considered. See definition of 'reckless' in R v G [2004] 1 AC 1034.
>
> There will be occasions when the issue is one of poor parenting and/or the carer's lack of knowledge, rather than a deliberate and wilful act. The decision to record wilful neglect as a crime should be made in light of all available evidence and information".

Types of Neglect

Commonly categorised types of neglect are listed below. These are likely to be present together rather than in isolation, but research and Salford's evidence tells us that we don't always identify these specifically at an early enough stage, or in terms of the impact on the child's well-being.

Neglect type	Features associated with type of neglect
Educational neglect	Where a parent/carer fails to provide a stimulating environment or show an interest in the child's education at school/education provision. They may fail to respond to any special needs and fail to comply with state requirements about school attendance.
Emotional neglect	Where a parent/carer is unresponsive to a child's basic emotional needs. They may fail to interact or provide affection, undermining a child's self-esteem and sense of identity. (Most experts distinguish between emotional neglect and emotional abuse by intention; emotional abuse is intentionally inflicted, emotional neglect is an omission of care.)
Medical neglect	Where a parent/carer minimise or deny a child's illness or health needs and/or fails to seek appropriate medical attention or administer medication and treatment.
Nutritional neglect	Where a child does not receive adequate calories or nutritional intake for normal growth (also sometimes called 'failure to thrive'). At its most extreme, nutritional neglect can take the form of malnutrition or obesity.
Physical neglect	Where a parent/carer does not provide appropriate clothing, food, cleanliness and/or living conditions.
Supervisory neglect	Where a parent/carer fails to provide an adequate level of supervision and guidance to ensure a child's safety and protection from harm. For example, a child may be left alone, abandoned, left with inappropriate carers, or they may not be provided with appropriate boundaries about behaviours (for example, under-age sex or alcohol use) may not be applied