The Neglect Toolkit In Practice
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Agreed Definition of Neglect

“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.

It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment.

It may also include neglect or, unresponsiveness to, a child’s basic emotional needs”.

“neglect occurs when the basic needs of children are not met, regardless of cause”.

The Department of Health 1999
Despite that clear definition, neglect can feel a bit woolly.

And there is scope for practitioners to feel they are being judgemental or for carers/parents to have that perception of professionals.
Sometimes we see the obvious...

... because home conditions are unsafe, unhygienic and uncomfortable for children to live in.
Or children are unsafely left home alone

Young boys left home alone as mum flew to Paris for wedding planning

Mum left 4 children home alone in filthy flat while she went out drinking with neighbour

Toddler was found 'hours from death' after being left home alone for 20 hours while mother went on drink and drugs binge

Partying mums who left kids home alone sentenced for neglect

& other cases where there is clear evidence
& legal thresholds for significant harm are clearly met
Omission not Commission

Lack of supervision and guidance involves a failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm. It may involve leaving a child to cope alone, abandoning them or leaving them with inappropriate carers, or failing to provide appropriate boundaries about behaviours such as under-age sex or alcohol use. It can affect children of all ages.
Families can effect change with intervention ...

.. But sustaining change over time can be over challenging.
& some families need scaffolding to support them to maintain progress
Sometimes we feel those families are stuck in a revolving door.
How neglect differs from other forms of abuse:

- It is frequently passive.
- Intent to harm is not always present.
- It is more likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies.
- Often overlaps with other forms of maltreatment.
- Can be a revolving door.
- There is a lack of clarity between professionals on the threshold for intervention.
- Managing Neglect is complex and multifaceted, it cannot be easily defined.

Therefore the way in which we define neglect can determine how we respond to it.
The Impact of Neglect

Cumulative effect

Positive: Housing, Child care, Abuse, Self esteem, Crime, Dependency, Employability, Debt, Relationships

Negative:
Factors which can contribute to neglect:

i. Deprived physical and emotional environment in parents’ own childhood.

ii. Experience of physical, sexual, emotional abuse in parents’ own childhood.

iii. Family violence, domestic abuse, or modelling of inappropriate behaviour.

iv. Multiple co-habitation and changes of partner.

v. Parental alcohol and/or substance abuse.

vi. Parental mental health problems.

vii. Poor parental level of education and cognitive ability.

viii. Parental personality characteristics inhibiting good parenting.

ix. Poor experience of caring behaviour in parents’ own childhood.

x. Health problems during pregnancy.

xi. Pre-term or low birth weight baby where it affects bonding.


xiii. Children whose parents or carers find them hard to care for; perhaps if they are perceived as being overly demanding or withdrawn.

xiv. Single parenting

xv. Teenage pregnancy

xvi. Parental social and emotional immaturity.

xvii. Low family income

xviii. Low employment status

xix. Children with disabilities

Research shows that some groups of children may be at higher risk of being neglected, although this does not indicate that there is always a direct link; complex factors within these groups are likely to apply.

Resilience; real or apparent

The resilient neglected child

Some children are not as affected by a neglectful past as others and are able to overcome many of the effects of neglect because of ‘protective factors’ which can help to balance the hardships they have experienced. Sometimes support is in place in the child’s extended family, friends and community influences, which can offer protective experiences for them, or they can be put in place by professionals. Sometimes, additional support is required to sustain informal support. The importance of children developing long-lasting relationships with trusted social care staff, teachers and volunteer befrienders or mentors cannot be underestimated.

The importance of children developing long-lasting relationships with the people supporting them cannot be underestimated

Or has the child just developed survival skills
Team Aims and Objectives

- To use the Neglect Toolkit to support identification of neglect.
- To use the Neglect Toolkit to support workers to articulate and discuss neglect.
- To support workers to discuss neglect with families by using the Neglect Toolkit with children and their families.
- Enable identification of appropriate earlier intervention.
- To use the Neglect Toolkit to support parents/carers to understand the areas of parenting that need to be improved upon.
- To use the Neglect Toolkit to identify and ameliorate societal issues around neglect, such as poverty or poor housing.
- To improve outcomes for a child/children from the process of using the neglect Toolkit.
- To support workers to discuss with a child/children and their families areas where things have improved or deteriorated.
# Leicester, Leicestershire & Rutland LSCBs

Neglect Toolkit 2016

<table>
<thead>
<tr>
<th>Developmental Need</th>
<th>Score</th>
<th>Examples/evidence of impact child/young person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AREA 1: PHYSICAL CARE</strong></td>
<td></td>
<td></td>
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<tr>
<td>Food</td>
<td>1</td>
<td></td>
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<tr>
<td>Quality of housing</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Stability of housing</td>
<td>3</td>
<td></td>
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<tr>
<td>Child's clothing</td>
<td>4</td>
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</tr>
<tr>
<td>Animals</td>
<td>5</td>
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<tr>
<td>Hygiene</td>
<td>6</td>
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<tr>
<td><strong>AREA 2: HEALTH</strong></td>
<td>1</td>
<td>Safety awareness and features</td>
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<tr>
<td>Safe sleeping arrangements and co-sleeping for babies</td>
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<td></td>
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<tr>
<td>Seeking advice and intervention</td>
<td>3</td>
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<tr>
<td>Disability and illness</td>
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<tr>
<td><strong>AREA 3: SAFETY AND SUPERVISION</strong></td>
<td>1</td>
<td>Supervision of the child</td>
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<tr>
<td>Handling of baby/response to baby</td>
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<tr>
<td>Care by other adults</td>
<td>3</td>
<td></td>
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<tr>
<td>Responding to adolescents</td>
<td>4</td>
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<tr>
<td>Traffic awareness and in-car safety</td>
<td>5</td>
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<tr>
<td><strong>AREA 4: LOVE AND CARE</strong></td>
<td>1</td>
<td>Parents/show attitude to child, warmth and care</td>
</tr>
<tr>
<td>Boundaries</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Adult arguments and violence</td>
<td>3</td>
<td></td>
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<tr>
<td>Young carers</td>
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<tr>
<td>Positive values</td>
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<td>Adult behaviour</td>
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<td>Substance misuse</td>
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<tr>
<td><strong>AREA 5: STIMULATION AND EDUCATION</strong></td>
<td>1</td>
<td>Urban</td>
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<td>0-2</td>
<td>2</td>
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<tr>
<td>2-5</td>
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<td>school</td>
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<tr>
<td>Sport and leisure</td>
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<tr>
<td>Friendships</td>
<td>6</td>
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<tr>
<td>Addressing bullying</td>
<td>7</td>
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</tr>
<tr>
<td>PARENTAL MOTIVATION FOR CHANGE</td>
<td>1</td>
<td>What actions are to be taken as a result of completing this checklist?</td>
</tr>
<tr>
<td><strong>TOTAL IN EACH AREA</strong></td>
<td>2</td>
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<tr>
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<td>3</td>
<td></td>
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</table>

| Date Completed                                         |       |
| Name of Assessor                                       |       |
| Name of Manager                                        |       |
The Neglect Toolkit covers all of the key areas of care:

1. Physical care
2. Health
3. Safety & supervision
4. Love & care
5. Stimulation & education
6. Parental motivation to change

And considers the extent to which children’s needs are being, as well as explicitly incorporating the need to assess parental motivation to change.
The toolkit makes it very clear about the need children have for a home which is safe and comfortable (physically and emotionally) as well as hygienic for them to live in.

**PHYSICAL CARE**
- Food
- Quality of Housing
- Stability of Housing
- Child’s Clothing
- Animals
- Hygiene

**HEALTH**
- Safe sleeping arrangements and co-sleeping for babies
- Seeking advice and intervention
- Disability and illness

**PHYSICAL CARE**
- SAFETY AND SUPERVISION
- Safety awareness and features
- Supervision of the child
- Handling of baby/response to a baby
- Care by other adults
- Responding to adolescents
- Traffic awareness and in care safety

**LOVE AND CARE**
- Parents/carers’ attitude to child, warmth and care
- Boundaries
- Adult arguments and violence
- Young carers
- Positive values
- Adult behaviour
- Substance misuse

**STIMULATION AND EDUCATION**
- Unborn
- 0 – 2
- 2 – 5
- School
- Sport and leisure
- Friendships
- Addressing Bullying

**PARENTAL MOTIVATION TO CHANGE**
- Parental Motivation to Change

**Total in Each Section**
The Neglect Toolkit drills down into each area so that practitioners can be very specific about strengths/weakness, areas where change is needed, and where thresholds are met.

<table>
<thead>
<tr>
<th>SAFETY &amp; SUPERVISION: Responding to adolescents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The adolescent’s needs are fully considered with appropriate adult care.</td>
<td>The carer is aware of the adolescent’s needs but is inconsistent in responding to them.</td>
</tr>
<tr>
<td>Where risky behaviour occurs it is identified and responded to appropriately by the carer.</td>
<td>The carer does not consistently respond to the adolescent’s needs and recognises risky behaviour but does not always respond appropriately.</td>
</tr>
<tr>
<td>Where risky behaviour occurs the carer responds inconsistently to it.</td>
<td>The adolescent’s needs are not considered and there is not enough appropriate adult care.</td>
</tr>
<tr>
<td>The carer does not have the capacity to be alert to and monitor the adolescent moods for example recognising depression which could lead to self-harm.</td>
<td></td>
</tr>
</tbody>
</table>
The toolkit supports professional analysis of the capacity of parents/carers to respond to a child’s needs. This is assessed along a continuum from which stretches from child focussed care to the child’s needs not being considered. It is utilised alongside practitioners’ existing practice knowledge, theory base, and assessment skills.
The Neglect Toolkit Correlates with SoS Scaling

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What’s working well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past harm.</td>
<td>Existing strengths.</td>
<td>Family goals.</td>
</tr>
<tr>
<td>Future danger.</td>
<td>Existing safety.</td>
<td>CiN/CP goals.</td>
</tr>
<tr>
<td>Complicating factors.</td>
<td></td>
<td>Next steps for future safety.</td>
</tr>
</tbody>
</table>

Scaling question: where are we on a scale of zero to ten, where ten means it is safe to close the case, and zero means the child may need to be removed in order to keep them safe.
The Neglect Toolkit enhances SoS planning, easily incorporated into its use as a practice framework and philosophy.

- SoS is strengths based.
- SoS involves working to keep families together.
- SoS involves building safety within existing social networks.
- SoS is aimed at increasing resilience and reducing risk.
- SoS ensures a proportionate and tailored response.
- SoS encourages practitioners to maintain a healthy scepticism.

Better Outcomes For The Child

Enhance family and environmental factors.

Enhance parenting capacity.

Enhance child development.

Ensure family have adequate resources.

Reduce isolation and increase social support.

Increase motivation and aspiration.

Direct work with adults to achieve and sustain change.

Direct work with children.

A model of concurrent interventions for addressing child neglect.
Case Study
The Neglect Toolkit Promotes Parental Participation

- Asking parents/carers focused questions, helps them reflect on the issues, seems to help parents/carers stop and think. People have noticeable ‘light-bulb’ moments. It is a self assessment as well as a practitioner’s tool.
- Record Sheet provides a visual illustration of progress, more user friendly than pages of written description.
- Scoring helps to highlight strengths, concerns and progress and promotes motivation.
- Having longer term supports in place with time limited pieces of work taking place alongside seems to work particularly well.
- The importance of providing practical assistance like escorting parents/carers to appointments and physically showing them how to clean the toilets or cook a one pot meal is invaluable in securing their engagement and trust.
The Neglect Toolkit Involves Collaborating with Children and their Families

“Helping families involves working with them and therefore the quality of the relationship between the family and professionals directly impacts on the effectiveness of help given.” Munro 2011
“What would your child say if they were here?”

“It’s clear from what you’ve said you’re not happy with how things are going. How would you like things to be instead?”

“What do you think will happen in your family if nothing else changes?”

“If the kids were here right now, what would they say is going well in your family?”
The diversity of family life for the children we work with is reflected within the Neglect Toolkit by facilitating discussions with:

- Parents/carers with learning disabilities.
- Parents/carers with physical disabilities.
- Parents/carers with dependency issues; drugs/alcohol
- Parents/carers with mental health issues.
- Parents/carers from different cultural and ethnic backgrounds.
- Young parents/carers.
- Socially deprived or isolated parents/carers.
- Families where domestic abuse is a feature of their lives.
- Parents/carers who experienced a challenging childhood themselves.
- Families where criminality is a feature.

Some of which are the stressors that can have an impact on parenting capacity.
Practitioners Work with a Diverse Array of Families

Social workers are expected to recognise diversity in their practice, actively tackle oppression, and promote equality.
Some people need more support to access the same opportunities as others.
Stressors Which Affect Parenting Capacity

- Domestic abuse
- Criminality
- Deprivation/Social isolation
- Learning Difficulty
- Substance misuse
- Mental illness
- Young parents
- Parents own experience of being parented
Parenting Capacity

A definition of parenting capacity is: "the ability to parent in a 'good enough' manner long term" (Conley, 2003).

‘Good Enough’ parenting looks like:
- Putting children's needs first.
- Meeting children's health and developmental needs.
- Providing routine and consistent care.
- Acknowledging problems and engaging with support services.

Risky parenting is associated with:
- Neglecting basic needs; putting adults' needs first.
- Chaos and lack of routine.
- An unwillingness to engage with support services (Kellett and Apps, 2009).
Children; Involving and Explaining

The Neglect Toolkit allows children to understand their own experiences, to assess their parents/carers and to challenge them.
Since the children were born mum and dad struggled to keep the house clean and tidy, to have enough food in the house, to pay for gas and electricity and to buy clothes for the children. The children were often hungry, unclean and wearing clothes that were too small. The children had lots of toys in the beginning but this became less and less as they grew older.
Social Work supported Mum and Dad to manage with the house, budget and to look after the children.
Unfortunately mum and dad were not able to keep up their good work because everything seemed too much for them.
Children involved in Children and Family Services intervention have said that they feel like “pawns in big people’s games” and they have little say or contribution in what happens to them (Gilligan 2000; Westcott 1995; Westcott and Davies 1996).

SoS uses straightforward tools to work with children; Three Houses, Wizards, Fairies, Safety House, Words and Pictures. The neglect toolkit sits alongside this and complimenting and contributing direct work with children and adults.
YOUR WISHES
How things would look if your worries were gone.

WORRIES
Things that need to change.

Things that are going well.

WORRIES
Things that need to change.

Things that help you 'escape' your worries.
Neglect Can Be Devastating for Children

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

**Emotional effects:**
- The bonding between child and caregiver potentially being affected and leading to insecure attachment problems.
- Low self-esteem and self-regard, anxiety and depression, over-compliance or anger/hostility.
- Difficulties in seeking emotional support from adults.

**Social effects:**
- Social isolation due to difficulties in forming and keeping friendships, being bullied or being ignored by peers.
- Social exclusion leading to becoming involved with groups of children who display anti-social behaviour or who may bully others.
- Behaviour difficulties that can make managing the school environment hard.
- Poor school attendance and attainment that means the child does not reach their potential.

**Later effects: adolescence and adulthood:**
- Becoming involved in risky behaviours such as substance misuse, criminal activity and sexually exploitative relationships.
- Self-harm and suicide attempts.
- Difficulties in forming relationships, becoming involved with violent partners and adopting parenting styles that may pass on similar problems to their own children.
The Neglect Toolkit helps a family’s existing social network, and their safety people, understand the issues, enhancing safety planning.
The Neglect Toolkit can be used as a distanced travelled tool;

- It is a baseline at beginning of assessment and intervention.
- Tool for setting goals for parenting.
- The baseline and subsequent scores of the toolkit can inform the practitioner if enough progress is being made.
- Picks up patterns of concern over time.
- Identifies change effected, if any, over time.
- Subsequent scores can inform the practitioner about whether parents/carers have the capacity to consistently maintain change over time.
- Can be used retrospectively.
- Contributes to an assessment of capacity to change, as well as motivation to change.
- Levels of engagement or compliance are transparent, clarity about non engagement or compliance is exposed.
- Working together, the right support for this family can be identified, and it is clear what needs to happen for this child/children now.
Family 1

Referral from HV:

- Mother has PND
- Gradual deterioration in home conditions.
- Parental support needed.

Healthy Visitor Visits

Attend GP

Let’s Talk Wellbeing

SLF, direct work, regular visits and calls, goal setting.

Benefits Check

Budgeting

Homestart
# Family 1; Baseline Assessment

| Food | Quality of housing | Stability of housing | Child's clothing | Animals | Hygiene | Seeking advice and intervention | Disability and illness | Safety awareness and features | Supervision of the child | Handling of baby/responses to baby | Care by other adults | Responding to adolescents | Traffic awareness and in-car safety | Parents/careers attitude to child, warmth and care | Boundaries | Adult arguments and violence | Young carers | Positive values | Adult behaviour | Substance misuse | Unborn | 0-2 | 2-5 | School | Sport and leisure | Friendships | Addressing bullying | Physical Care | Health | Safety and supervision | Love and Care | Stimulation and Education |
|------|-------------------|----------------------|------------------|---------|--------|-------------------------------|------------------------|--------------------------|------------------|-------------------------------|------------------|------------------------|--------------------------|--------------------------------|------------|-----------------|---------------|---------------|--------------|-----------|-------------|----------------|-----------------|----------------|------------------|----------------|--------------------------|

Children and Family Services
# Family 1; 3 Month Review

<table>
<thead>
<tr>
<th>Food</th>
<th>Stability of housing</th>
<th>Child’s clothing</th>
<th>Hygiene</th>
<th>Seeking advice and intervention</th>
<th>Safe sleeping arrangements and co-sleeping for babies</th>
<th>Disability and illness</th>
<th>Safety awareness and features</th>
<th>Supervision of the child</th>
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<th>Sport and leisure</th>
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<td>Physical Care</td>
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**Notes:**
- 1: No concerns
- 2: Low concern
- 3: Medium concern
- 4: High concern

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**Children and Family Services**
Family 2

Referral from HV:
- Home Conditions are unsafe, unhygienic and uncomfortable.
- Lack of supervision.
- School attendance is very low %.
- Poor attendance at routine health appointments.
- Children’s clothing doesn’t fit and isn’t clean.

Children and Family Services Support required to ensure the children are safe, healthy and developing as they should, emotionally and physically.
## Family 2; Baseline Assessment

<table>
<thead>
<tr>
<th>Physical Care</th>
<th>Health</th>
<th>Safety and supervision</th>
<th>Love and Care</th>
<th>Stimulation and Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of housing</td>
<td>Stability of housing</td>
<td>Child’s clothing</td>
<td>Animals</td>
<td>Hygiene</td>
</tr>
</tbody>
</table>
## Family 2; 3 Month Review

| Food | Quality of housing | Stability of housing | Child’s clothing | Animals | Hygiene | Seeking advice and intervention | Safe sleeping arrangements and co-sleeping for babies | Disability and illness | Safety awareness and features | Supervision of baby/response to baby | Care by other adults | Responding to adolescents | Traffic awareness and in-car safety | Parents/carers attitude to child, warmth and care | Boundaries | Adult arguments and violence | Young carers | Positive values | Adult behaviour | Substance misuse | Unborn | 0-2 | 2-5 | School | Sport and leisure | Friendships | Addressing bullying |
|------|--------------------|----------------------|------------------|---------|---------|---------------------------------|-------------------------------------------------------|-----------------------|---------------------------------|-------------------------------------------|-------------------|---------------------------|-------------------------------|-------------------------------------------------|-----------------|----------------------|----------------|-----------------|----------------|----------------------|------------------|-----------------|------------------|
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|      |                    |                      |                  |         |         |                                 |                                                        |                       |                                 |                                                           |                   |                           |                               |                                               |                 |                      |            |                  |                |                      |        |         |       |

### Physical Care
- Food
- Quality of housing
- Stability of housing
- Child’s clothing
- Animals
- Hygiene
- Seeking advice and intervention
- Safe sleeping arrangements and co-sleeping for babies
- Disability and illness
- Safety awareness and features
- Supervision of baby/response to baby
- Care by other adults
- Responding to adolescents
- Traffic awareness and in-car safety
- Parents/carers attitude to child, warmth and care
- Boundaries
- Adult arguments and violence
- Young carers
- Positive values
- Adult behaviour
- Substance misuse
- Unborn
- 0-2
- 2-5
- School
- Sport and leisure
- Friendships
- Addressing bullying
# Family 2; 6 Month Review

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<thead>
<tr>
<th>Physical Care</th>
<th>Health</th>
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<th>Stimulation and Education</th>
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</thead>
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The Team’s Experience of the Impact of the Neglect Toolkit On Practice

- It provides a common language and baseline.
- It promotes partnership with other agencies and joint assessment and planning.
- It comprehensively covers all areas of care and details the areas to be targeted.
- It is based on observation and fact, therefore clearly presented and easier for parents/carers to understand and act upon.
- This leads on to further explanatory discussion, how each of these areas impact on the child, supports parents’/carers’ learning, feedback from parents/carers can be that they didn’t realise they were being neglectful.
- Promotes partnership and participation of parent with other disciplines, assessment that they have contributed to can be used in multi-disciplinary meetings.
- It reinforces the importance of relationship-based work in social work.
Impact of the Neglect Toolkit On Practice continued...

- It provides a framework to support assessment and planning, ensuring it is focused and targeted.
- Embraces numerous presenting concerns in adult behaviour (such as domestic violence, mental health problems or substance misuse problems).
- It provides an opportunity to highlight areas not always apparent.
- It helps with working through issues systematically, which is important, because families where neglect is a feature can often be chaotic and eventful.
- It helps practitioners challenge their own perception of what is ‘good enough’ and to reflect on the impact of the features of neglect upon children in the family.
- It is evidence-based (linking theory, research and practice knowledge).
- Practitioners need their existing skills to work with families using the tool, but it can also support learning and skill development.
The Neglect Toolkit Strengthens Focus

- The elements being assessed are clear.
- The assessment is based on actual observations.
- It ensures clarity.
- It captures negative and positive care.
- It is a strengths based model which coexists with SoS.
- It ensures everyone using it has a common language.
- It ensures a shared frame of reference.
- It is an objective and effective measure.
- It is child focused.
- It covers all areas of care.
- It is based on outcomes, not opinions.
- It promotes partnership working with families.
- It is user friendly.
- It covers all areas of care.
- It is specific to this child and these carers.
Workshop
Any Questions?
References


