



# Bradford Neglect Toolkit

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## Definition of Neglect:

Neglect is defined in Working Together to Safeguard Children (HM Government 2018; page 104 as;

“The persistent failure to meet a child’s basic physical and /or psychological needs, likely to result in the serious impairment of the child’s health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter ( including exclusion from home or abandonment )
- Protect as children from physical and emotional harm or danger
- Ensure adequate supervision including the use of inadequate care givers
- Ensure access to appropriate medical care or treatment
- Neglect of, or unresponsiveness to, a child’s basic emotional needs. “

Neglect can cause serious, long-term harm to a child. If a baby or young child suffers neglect, this can have a big impact on how their brain develops with life-long consequences for their learning, behaviour and mental and physical health. In the most severe cases this can be fatal (NSPCC 2016).

Neglect also has a negative impact on older children and teenagers. Some of the long-term effects of chronic neglect include:

- Mental health problems including depression, anxiety, mood swings and post traumatic stress disorder
- Risky behaviour such as breaking the law or abusing drugs or alcohol
- Difficulties forming or maintaining healthy relationships
- Generally poorer performance at school than children who do not suffer neglect.

(NSPCC and Cardiff University, 2014 4a, b).

## Risk factors:

Any child can suffer neglect, but some are more at risk such as children who:

- are in care
- are seeking asylum
- are born prematurely
- have a disability
- have complex health needs
- live with a parent who has problems with drugs or alcohol;
- parents who suffer from mental health problems;
- living in a household where there is domestic abuse.
- living in poverty, in unsuitable housing or in a deprived area ([Thoburn et al, 2000](#))
- having parents who were abused or neglected themselves ([Harmer et al, 1999](#))

Neglect happens in many contexts, and there isn't usually one single cause. Just because one or more of these factors is present, it doesn't mean a child will be neglected; but we do know that having one or more of these factors present increases the risk of neglect ([www.nspcc.org.uk](http://www.nspcc.org.uk)). In some cases support can be provided by universal services to assist with debt, budgeting, housing and so on, and will mean the 'at risk' children in this setting will not necessarily be subjected to neglect.

## Possible indicators of Neglect:

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem. Some of the signs a child may be experiencing neglect include:

- Appearing dirty, smelly or hungry
- Having clothes which are unwashed or inadequate for the weather conditions
- Being left alone or unsupervised
- Failing to thrive or having untreated injuries, health or dental problems
- Having poor language, communication or social skills for their stage of development
- Living in a home that is very dirty and unsafe, perhaps with evidence of substance misuse or violence
- Taking on the role of carer for other family members
- Neglect of medical / health issues including over or underweight..

## Purpose of this tool:

To guide front line practitioners to:

- Identify the signs of neglect at an early stage
- Recognise the need for further action
- Identify which agency/organisation/professional will carry out further assessments or intervention as required.
- Enable practitioners to recognise the impact of cumulative harm in terms of neglect identification.

## Using the toolkit.

The toolkit should be used in conjunction with:

- The Bradford Continuum of Need document ([Bradford Continuum of Need and Risk Identification Tool](#) )
- Bradford Neglect Strategy ([Bradford Neglect Strategy](#))

The toolkit is a guide only and should not replace professional judgment or be the deciding factor in decision making. Practitioners should seek advice from their line manager or safeguarding lead if they are worried or unsure how to proceed.

The toolkit is for practitioners to use in order to support them in identifying factors which may indicate that a child or young person is being neglected. It has been written to incorporate the Signs of Safety approach. The toolkit will support the practitioner to assess any potential harm to a child or young person and give them the appropriate tools to support the identification of neglect of a child or young person. It is important that the focus remains on the child or young person with the voice of the child always sought and responded to, as to what *they* think of *their* care and living conditions, *their* health and wellbeing and *their* development. Signs of Safety tools such as the Three Houses can be used to seek a child's view of their world. The child's voice alongside observation and the toolkit will inform us of the child's lived experience.

The application of the toolkit should include having an honest and respectful conversation with the parent /carer of the child about the worries around neglect. The toolkit should be used with due care, diligence professional curiosity and sensitivity. It should be completed in collaboration with the family and used as a guide to help ensure that the needs of the children and young people within the home are being met and can also be used with families to assist their understanding of neglect. It should be remembered that there

will be occasions when professionals will need to challenge families when positive changes are not witnessed or maintained within reasonable timescales for the child.

The toolkit should be used by practitioners to consider what they have observed, enable reflection on their observations and assist their decision making about what needs to happen.

The tool is intended for front line practitioners across all partner agencies as a means to quickly identify areas of concern which may indicate a child/young person is being neglected. It is intended to complement existing tools e.g. Early Help assessment, Signs of Safety assessment, Genograms, chronologies, and/or other agency specific screening/assessment tools and should be used accordingly. The tool is designed to be applicable to all ages of children and should help you identify neglect and associated factors across all age ranges.

In order to complete this tool it is essential that you are able to evidence the reasons why you have highlighted concerns for any of the factors indicated. Only complete the parts of the tool you are certain about. If you are unsure about completing the assessment, seek appropriate help within your organisation. It is essential that where you have highlighted areas of the assessment where you are **very concerned** or **sometimes concerned** that you provide further information to evidence these concerns. Please refer to [Signs of Safety](#) for guidance on Signs of Safety and/or the Bradford Continuum of Need [Bradford Continuum of Need and Risk Identification Tool](#) if needed.

A note on cumulative harm: Neglect is different from other forms of abuse because it isn't necessarily a single incident or crisis that brings attention to the family but rather it is more likely to be repeated, persistent neglectful behaviour that causes damage over time;

*“The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child’s sense of safety, stability and wellbeing.” (Bromfield and Miller 2007)*

*“Cumulative harm can overwhelm even the most resilient child; attention should be given to the complexity of the child’s experience.” (Bromfield and Miller 2007).*

It can be tempting to concentrate on the present situation or see a change (such as a new worker) as a 'fresh start' but it is important to see current events in the context of a full history of safeguarding issues including how a family has previously responded to support.

**NEGLECT TOOLKIT - Identifying signs of neglect**

<b>Child's Name(s):</b>	<b>Parent(s)/Carer(s):</b>
<b>DOB or EDD:</b>	<b>Contact telephone number:</b>
<b>Address:</b>	<b>Other members of the household:</b>
<b>Have you discussed your concerns with parent(s)/carer(s)? Yes/No</b>	
<b>What was the outcome of this discussion? What were their views?</b> <a href="#">Bradford Consent Guidance</a>	
<b>Does the child have any additional needs? Yes/No</b>	
If YES please give details:	
<b>Has the child been spoken to about what they think of their care and living conditions, their health and wellbeing and their development? Yes/No</b>	
If NO please explain why, if YES please elaborate: (consider the child's presentation)	
<b>Name of practitioner or agency:</b>	<b>Date form completed:</b>

**Use each child's initials if there are separate siblings that this document relates to and include a key if necessary.**

Category: Emotional and Behaviour	Very concerned	Sometimes	Not concerned	Not known
Relationships with peers/support networks are poor				
Child feels or is excluded by family				
Child is excessively clingy, fearful, withdrawn, anxious, avoidant, socially unresponsive or unusually quiet for his or her age				
High criticism, low warmth from parent/carer				
Non-biological partner appears to resent the child				
Child seeks physical comfort from a stranger/professional				
Under-stimulation evident				
Lack of online supervision, exposed to inappropriate films, websites, games or materials				
Child appears not to want to go home				
Self- harm				
Episodes of missing or running away				
Child has inappropriate carer responsibilities for other family members				
Not selective about relationships with adults				
<b>Further information to evidence concerns:</b>				

**Use each child's initials if there are separate siblings that this document relates to and include a key if necessary.**

<b>Category: Environmental Factors</b>	<b>Very concerned</b>	<b>Sometimes</b>	<b>Not concerned</b>	<b>Not Known</b>
Unsafe or unhygienic home environment				
Not enough or no bedding/furniture				
Rural isolation or poverty				
Human and/or animal excrement				
Animals pose a level of a risk				
Little or no food in cupboards				
Inadequate area to prepare food				
Poor housing conditions e.g. overcrowding, poor standard of repair				
Unidentified adults or young people in the home				



**Use each child's initials if there are separate siblings that this document relates to and include a key if necessary.**

Category: Health/physical care	Very concerned	Sometimes	Not concerned	Not Known
Frequent inappropriate attendance at A&E and/or hospital admission				
Failing to bring children to medical appointments.				
Poor weight gain/nutrition/obesity/family not engaged with services in relation to their weight management especially if associated health problems e.g. liver disease or diabetes				
Untreated or persistent head lice or other infestation or skin condition				
Refusing help/services/not following advice given/not accessing appropriate medical advice or care				
Poor personal hygiene of child				
Substance abuse/misuse by child/adult/household member				
Child not brought to appointments/not addressing health needs/treatments				
Not suitably dressed for time of year/clothes are not clean/do not fit/not enough clothes				
Not registered with a GP				
Not registered with a dentist/dental neglect – untreated dental caries rotten/grossly discoloured teeth, noticeable odour, child unable to eat normally, covers mouth with hand, in chronic pain.				
Red/mottled skin, particularly hands and feet, seen in the winter due to cold/hypothermia				
Medical neglect i.e. Parental failure to provide their children with adequate treatment for a chronic illness (asthma, diabetes, epilepsy, etc.)				
Not up to date with immunisations (and not due to an informed decision not to immunise)				

**Use each child's initials if there are separate siblings that this document relates to and include a key if necessary.**

Category: Parenting	Very concerned	Sometimes	Not concerned	Not Known
Poor/inappropriate family support or support network				
Unsuitable language/poor boundaries for own behaviour				
Fail to give child suitable boundaries for behaviour				
Substance misuse/abuse that impacts on parenting				
Mental health or learning disability that impacts on parenting				
Domestic abuse				
Disguised compliance – involves parent or carer giving the appearance of co-operating with agencies to avoid raising suspicions, to put to rest professional concerns and ultimately to diffuse professional intervention.				
Parents/carers playing one professional off against another				
Aggressive or threatening behaviour towards professionals				
Leaving children with inappropriate carers/babysitters/left home alone				
Unrealistic expectations of child for its age				
Incidents that suggest lack of supervision such as sunburn or other burn, ingestion of a harmful substance(s), near drowning, road-traffic accident or being bitten by an animal				

**Use each child's initials if there are separate siblings that this document relates to and include a key if necessary.**

<b>Category: Education</b>	<b>Very concerned</b>	<b>Sometimes</b>	<b>Not concerned</b>	<b>Not Known</b>
Non-attendance/poor attendance at school/nursery				
Not achieving as expected for age due to neglect / parenting issue				
Inadequately equipped for nursery/school/college e.g. uniform, homework, equipment				
Lack of parental/carer engagement with nursery/school/college				
Withdrawn/lethargic due to little or no sleep, emotionally withdrawn due to not having emotional needs met.				
Unexplained extremes of behaviour				

**Use each child's initials if there are separate siblings that this document relates to and include a key if necessary.**

<b>Category: Feeding and Eating</b>	<b>Very concerned</b>	<b>Sometimes</b>	<b>Not concerned</b>	<b>Not Known</b>
Presents at nursery/school/college as consistently hungry - Abnormal appetite/ravenous				
Little or no food in cupboards				
Stealing/scavenging food				
Does not have breakfast/misses regular meals				
Poor quality of diet resulting in poor nutrition e.g. anaemia				

## Signs of Safety Assessment

What are we worried about?	What's working well?	What needs to happen?	

**Safety Scale** – On a scale of 0 -10 where 0 is severe impact and 10 is no impact, where would we rate the answers in this category as having an impact on the child(ren). Please identify separate children using initials if necessary.

0 ←—————→ 10

## Onward referral? What needs to happen next?

Give a summary in this section based on findings throughout the document:

<u>Danger Statements</u>	<u>Safety Plan</u>	<u>Safety Goal</u>

Have you discussed concerns with your line manager or a safeguarding lead? Yes  No

Do you need to complete the Multi Agency Referral Form? Y  N

If yes, what further action is required?

Referral to Family Hub support	
Referral to Early Help support	
A social work assessment- This should be about concerns for a child at risk of significant harm	

## Flow Chart:

