



Kingston and Richmond  
Safeguarding Children Partnership

# **CHILD NEGLECT TOOLKIT**

## **2019**

### **Compressed Version**

1. AREA OF CARE. BASIC CARE			
	Child focused care giving Needs MET	Child's secondary to adults Sometimes MET	Child's needs not considered Not MET
<b>Food &amp; Drink</b>	Appropriate.	Low quality the carer is indifferent.	Inadequate, carer hostile to advice.
<b>Quality of Housing</b>	Child has stable home environment.	Child does not have a stable home environment, experienced lots of moves and/or lots of adults coming in and out of the home.	Child experiences lots of moves and/or adults coming in and out of house. Carer is hostile about being told about the impact on child of instability.
<b>Clothes &amp; shoes</b>	Child has clothing that is clean and fits appropriately.	Child has clothes that are usually appropriate, some concerns Child has clothing, which is dirty and in a poor state of repair, carers are indifferent to advice/concern.	Child has clothes that are filthy, ill-fitting and smelly and the carer is hostile to advice/concern.
<b>Hygiene</b>	Child well cared for and encouraged with hygiene.	The child is reasonably clean and encouraged The child looks unclean.	Child extremely unkempt, carer angry and hostile about advice.
<b>Handling &amp; care of baby</b>	Parent/carer responds to the baby's signals.	Parent/carer is usually careful in handling* and holding the baby but not always.	Parent/carer doesn't take care handling* and holding the baby, who could fall or be accidentally injured.
<b>Care as child develops</b>	Parent/carer helps the child move step-by-step to further development stages* at the right time for them as they grow up.	Parent/carer does not always help the child move step-by-step to further development stages* at the right time for them as they grow up.	Parent/carer does not help the child move step-by-step to further development stages* as they grow up, or does so very late and inconsistently.
<b>Animals</b>	Animals are well cared for, and do not present a danger.	Animals not always well cared for and presence of faeces or urine which are not addressed, <i>contribute to a sense of chaos in the house.</i>	Animals not well cared for, presence of faeces and urine and animals dangerous and chaotically looked after.
<b>SUMMARY</b>			

<b>Examples/evidence of impact child/young person</b>			
<b>2. AREA OF CARE. HEALTH &amp; WELLBEING</b>			
	<b>Child focused care giving Needs MET</b>	<b>Child's secondary to adults Sometimes MET</b>	<b>Child's needs not considered Needs Not MET</b>
<b>Preparing for a baby</b>	Mother responds to signs she may be pregnant.	She goes to some antenatal appointments, and seeks medical advice, but not always.	Mother may be ambivalent about continuing with the pregnancy. Most health appointments are not attended.
<b>Safe sleeping arrangements &amp; co-sleeping for babies</b>	Carer has information on safe sleeping and follows the guidelines.	Does not always follow guidelines, so bedding, temperature or smoking may be a little chaotic and carer may not be aware of sleeping position of the baby.	Carer does not follow or understand or is hostile about safe sleeping guidance.
<b>Seeking health advice and help</b>	Advice sought appropriately.	Advice is sought about illnesses, but this is occasionally delayed or poorly managed. The carer does not routinely seek advice about childhood illnesses but does when prompted by others.	Carer does not address to childhood illnesses and allowed to deteriorate before advice/care is sought. Carer hostile to advice.
<b>Disability, health &amp; wellbeing</b>	Carer addresses appropriately Carer positive about child's identity and values him/her.	Carer inconsistent Minimisation of child's needs. Carer is indifferent to the impact on the child.	Carer does not meet needs/leads to deterioration. Carer is actively hostile to any advice or support.
<b>Attitude to disability and illness</b>	If a child has a disability and/or health problems, parent/carer makes sure they understand their likely development and how to support their progress.	Carer does not always value child/allows issues of disability to impact on feelings towards the child. Carer shows anger and frustration at child's disability. Often blaming the child and not recognising identity.	Carer does not recognise child's identity and is negative about child as a result of their disability.
<b>SUMMARY Examples/evidence of impact child/young person</b>			

<b>3. AREA OF CARE. SAFETY AND SUPERVISION</b>			
	<b>Child focused care giving Needs MET</b>	<b>Child's secondary to adults Sometimes MET</b>	<b>Child's needs not considered Not MET</b>
<b>Safety awareness and equipment - younger children</b>	Carer aware of safety issues.	Carer is aware of safety issues, but is inconsistent in use and maintenance. The carer does not recognise dangers, lack of safety equipment, and is indifferent to advice. Baby/infant not always secured in pushchair and 3- 5 year old not fully supervised. Baby/infant not secured in.	Carer does not recognise dangers to the child's safety and hostile to advice. Babies/infants are unsecured in pram/pushchair.
<b>Supervising the child</b>	Appropriate supervision is provided.	There is very little supervision indoors or outdoors but carer does intervene where there is imminent danger.	Complete lack of supervision. Young children contained in car seats/pushchairs for long periods of time. There is a lack of supervision around traffic and an unconcerned attitude.
<b>Keeping teenagers safe. -Gangs</b>	Child is left in care of appropriate adult carers.  Good advice given and concerns responded to.	Inconsistent Carer leaves the child with unsuitable or potentially harmful adults. Does not always provide clear advice about the issue of Youth violence, substance misuse & gang culture. Carer not interested and provides no appropriate advice.	Children left with unsuitable and/or dangerous adults. Carer hostile to advice/comment.  Carer indifferent to concerns or advice about children/young people's involvement in Youth violence, crime, drug use & gangs.
<b>SUMMARY Examples/evidence of impact child/young person?</b>			

#### 4. AREA OF CARE. STABILITY THROUGH LOVE AND CARE

	Child focused care giving NEEDS MET	Child's secondary to adults Sometimes MET	Child's needs not considered NOT MET
<b>Parent/Carer's attitude to child- warmth &amp; emotional care</b>	Carer talks warmly about the child and is able to praise and give appropriate emotional reward. Carer responds appropriately and easily to child's needs for physical care and positive interaction.	Carer seldom initiates interactions with the child and carer is indifferent if child attempts to engage for pleasure, or seek physical closeness. Carer does not speak warmly about the child and is indifferent to the child's achievements.	Carer does not show any warmth or physical affection to the child and responds negatively to overtures for warmth and care. Carer speaks coldly and harshly about child, does not provide any reward or praise and is ridiculing of the child when others praise.
<b>Behaviours &amp; Boundaries</b>	Carer provides consistent boundaries and ensures child understands how to behave.	Carer provides few boundaries, and is harsh and critical when responding to the child's behaviour.	Carer provides no boundaries for the child and treats the child harshly and cruelly, when responding to their behaviour.
<b>Daily Routines</b>	Carer encourages child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.	Carer does not teach child positive values and gives no advice or guidance about smoking, underage drinking, drug misuse, early sexual relationships, watching inappropriate TV etc.	Carer actively encourages negative values in child and has at times condoned anti-social behaviour.
<b>Housing Mobility &amp; who lives at the home</b>	Parent/carer understands the importance for a child of a settled home. Child lives with known family/ household members.	Parent/carer usually recognises the importance of stability for the child but does not always make this a priority. Privacy and safety is sometimes but not always thought about.	Child has moved home many times. Unsuitable or overcrowded home conditions. They may have moved into and out of a number of local authorities. Privacy and unknown adults may be risk to the child's safety.
<b>Youth Violence</b>	Good advice given and concerns responded to.	Does not always provide clear or appropriate advice about the issues of youth violence and gang culture.	Carer indifferent to concerns or advice about children/young people's involvement in youth violence, crime & or gangs culture.
<b>Young Carers</b>	Child helps as would be expected for age and stage of development.	Child has onerous caring responsibilities that interfere with education and leisure activities. Carer indifferent to impact on child.	Child has caring responsibilities which are inappropriate and interfere directly with child's education/leisure

			opportunities. This may include age inappropriate tasks, and /or intimate care.
--	--	--	---

<b>Examples/evidence of impact child/young person</b>			
---	--	--	--

**5 AREA OF CARE. ADULT ISSUES AFFECTING CARE**

	<b>Child focused care giving NEEDS MET</b>	<b>Child's secondary to adults Sometimes MET</b>	<b>Child's needs not considered NOT MET</b>
<b>Mental health</b>	Carers do not argue aggressively and are	Discusses feelings of depression and low mood, but does not	Caregiver has attempted suicide in front of

	not physically abusive in front of the children.	discuss suicide Carer talks about depression and suicide in front of child and is unaware of potential impact on child.	child. Carer often holds the child responsible for feelings of depression
<b>Arguments, domestic abuse</b>	Adults do not talk about feelings of depression /low mood in front of children	Carers sometimes /often argue aggressively in front of children and this leads to violence on occasions. Struggles to keep child out of adult conflict and arguments at times.	Adults with caring responsibility do not understand or is concerned about the emotional impact on the child of witnessing arguments or domestic violence/ abuse, and the risks of them being hurt.
<b>Alcohol &amp; Drugs</b>	Does not misuse drugs or alcohol.	Carer misuses drugs and/or alcohol, and is not aware or indifferent to impact on child.	Carer misuses drugs and alcohol does not ensure this does not impact on the child and is hostile to advice.
<b>Children's tasks</b>	Children's tasks are appropriate for the age of the child.	Some tasks are not appropriate for the age of the child. Parent not aware of impact on child.	Inappropriate tasks given to child which puts the child at risk or danger.
<b>Adult motivation to change</b>	Carer is determined to act in best interests of children.	Carer is not concerned enough about children's needs to change or address concerns.	Carer rejects the parental role and takes a hostile attitude toward childcare responsibilities.
<b>Finance</b>	Parent/carer's priority is to pay for essential needs, e.g. food, clothes, electricity or rent.	Their budgeting skills may not be good enough to make the best decisions with the money they have.	Carer does not prioritise essential needs and may first spend money on other things e.g. drugs, alcohol or a gambling addiction. They are often difficulties with debt.
<b>SUMMARY Examples/ evidence of impact child/young person?</b>			

#### 6 AREA OF CARE: VALUING THE CHILD AND THEIR IDENTITY

	Child focused care giving Needs Met	Child's secondary to adults Sometimes MET	Child's needs not considered Needs Not Met
<b>Attitude to child</b>	Parent/carer speaks in a positive way about the child. They praise them and encourage them.	Sometimes they speak negatively about them. They sometimes make the child feel it is the child who is "bad" rather than their behaviour.	Speaks negatively about the child and hardly ever or never praises what they do or encourages them.

<b>Values &amp; guidance</b>	Carer values the child's cultural, racial and sexual identity, and any disability. Carer guides child and gives them thoughtful advice as they grow and change.	Parent/carer sometimes tries to value the child's cultural, racial and sexual identity or disability, but also expresses negative views. They sometimes give this advice and guidance.	They may express negative/racist/ homophobic* views about the child. Carer does not give guidance or advice. They may not understand risks.
<b>Voice of the child</b>	Parent/carer listens & speaks to the child in a positive caring manner.	Some conversations are positive at times, but can also be negative.	Parent/carer does not listen to the child at all, speaks over them, gives instructions and does not have time to have conversations with their child.
<b>SUMMARY</b> Examples/evidence of impact child/young person			

**7:AREA OF CARE: STIMULATION, LEARNING AND DEVELOPMENT**

	Child focused care giving Needs Met	Child's secondary to adults- Sometimes MET	Child's needs not considered NEEDS Not Met
<b>Unborn</b>	She prepares for the birth of the baby and has the appropriate clothing, equipment and cot in time.	The mother acknowledges the pregnancy is unsure of her feelings towards the pregnancy. Delays to seek care as soon as the pregnancy is confirmed.	She engages in activities ( <i>e.g., substance misuse</i> ) that could hinder /harm the development, safety and welfare of the unborn.
<b>Age 0-12 months</b>	Child is well stimulated Carer takes an active interest and ensures attendance.	Little stimulation provided. There is inadequate stimulation.	Carer hostile about education, and provides no support/does not encourage child. Total lack of

			engagement.
<b>Age 1 to school age</b>	Parent/carer spends regular time with the child, focusing on them as much as needed for their age and stage of development and particular needs. They talk to them, smile and make eye contact, and offer them affection and physical warmth. They respond to what the child says and does, and when they call them.	Carer maintains schooling but there is not always support at home. Carer not motivated and not interested. There is a lack of engagement with school.	Parent/carer pays little/no direct attention to child. Does not or does not often smile, make eye contact, speak to the child or provide physical warmth. They often do not respond to them, and their response may be angry. Parent/carer constantly on their mobile phone.
<b>School age</b>	Parent/carer encourages child to see school and education as important. Child & parent/carers actively involved & engaged in the school and its activities.	If a child will not go to school, or has behaviour difficulties in school, or is bullied, parent/carer sometimes but not always works with school (and other advice, support and services). They do some of but not all of what has been planned to solve the problem.	Child may not be registered for school. Does not attend school or has very low attendance. Parent/carer has little or no contact with school and hardly ever comes to meetings. Parent/carer does not help with home-school tasks (homework) or read to primary age child.
<b>Activities &amp; friendships</b>	Carer encourages child to engage in sports and leisure where affordable carer aware of who child is friends with.	Inconsistent in supporting child to engage in sports and leisure where affordable. Carer aware of need for friends, does not always promote. Child finds own friendships, no help or interest from carer unless Does not understand importance of friendships.	Carer does not encourage child to take part in activities, and may be active in preventing this Carer hostile to child friendships and shows no interest or support.
<b>Addressing bullying</b>	Parent/carer talks to the child about safe friendships and helps them to solve friendship problems. They are supportive and take reasonable actions if a child is bullied or harmed in any way (e.g. if necessary contacting school, police or Children's Services).	Parent/carer seems concerned about child and aware of possible bullying but sometimes responds in angry manner and does not resolve the situation.	Parent/carer doesn't talk to the child about friendships and friendship problems. Does not prevent child from being engaged in unsafe/unhealthy activities. If a child is being bullied or harmed they may take no action, or actions in anger which are unreasonable (e.g. threats to another child). They do not contact professionals for help (e.g. school, police or Children's Services).
<b>SUMMARY Examples/eviden</b>			

<b>ce of impact child/young person</b>	
--	--

<b>8.AREA: ANYTHING ELSE KNOWN</b>

<b>ADDITIONAL QUESTIONS AND PROMPTS</b>	
If the quality of care is of concern, does this represent global neglect of the child's needs?	
Type 1 - Passive Type 2 - Chaotic Type 3 - Active	
Is the neglect of the child persistent and ongoing or is it acute? Is there evidence that	

it may be Intergenerational?	
What appear to be the underlying causal factors of neglectful care?	
What is the impact of this poor or unacceptable quality of care from child's perspective?	
Is neglectful care enabling other risks e.g. child going missing, sexual exploitation, gang involvement, exposure to extremism or radicalisation?	

**Acknowledgements**

*Kingston and Richmond Safeguarding Children Partnership have adopted this guidance from Hounslow LSCB, Jane Wiffin The original concept came from work undertaken by Dr Leon Polnay and Dr O P Srivastava at Bedfordshire and Luton Community NHS Trust and Luton Borough Council. .*