



Child neglect toolkit - Child age profile guidance

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The information on this document aims to provide guidance regarding spotting the signs of neglect. These may be considered and discussed with children and their family / carer when completing Neglect Toolkit 2022.

During conversations with families you should utilise the 4 key considerations as per Child Neglect Strategy 2022.

Key Considerations

1. What has been identified?
2. Which of the child's needs are not being met?
3. Why are some needs not being met?
4. What could help ensure the child's needs are met?

Relational Practice

Ensure you consider strengths and vulnerabilities and record both areas. This is key for building sustainable relationships with adolescent and family members.

The guidance is not designed as a prescriptive list of questions. Professionals should use professional curiosity when analysing gathered evidence as every child, young person and family is unique. When engaging with a child or their family, the language used is important. Avoid descriptions that place the young person at fault. Consider they are not putting themselves at risk, but they are at a higher vulnerability. Also consider non-verbal language and visual communication to assist the child express themselves or understand what is being asked.

Different help may be required at different times, the Rochdale Children Needs and Response Framework should be considered in partnership of the neglect assessment.

PHYSICAL CARE

In this age group the child is more reliant for parent / carer to provide the basic needs such as food, clothing or shelter. Guidance below may help form your assessment of child neglect.

Nutrition:

Observation of a mealtime is useful but not always possible. Information is therefore to be gained by asking questions sensitively about foods given, whether set mealtimes, routines etc. and the answers given backed by observation of the kitchen, working utensils, storage, and supply of food. It is important that this is not perceived as intrusive.

Clothing:

Base this on whether the care giver(s) cleans, repairs, replaces outgrown clothing. Observe whether the clothing is appropriate for the weather. Observe whether shoes are fitting and appropriate – this depends on age and whether the child is self-determining what is worn.

Housing:

If deficient, note what effort has been made to remedy and whether it is possible for the care giver to take practical remedial steps to improve.

Hygiene:

Observe what is temporary, acceptable dirtiness from play and what seems to be ingrained “long term dirt” e.g. behind ears, washing/ bathing, according to age appropriate needs.



Safeguarding is everyone's business

HEALTH

Children require parental / carer support to ensure their health needs are met. This includes dental care and attendance to key medical appointments and support of medical recommendations. It is important that parents / carers saying that action will occur, are followed through with statements.

Check on what the reasons are for non-attendance for health appointments. If no immunisations, what is the reason? If failure to attend for a routine screening appointment (i.e. dental appointment or developmental assessment) or follow up appointments/investigations, what is the reason given? E.g. is there a problem with transport, costs etc. Has the child a disability/ongoing medical needs? Are the prescriptions for medication obtained and administered appropriately to the child? If not what are the reasons given. Consider whether the caregiver's views may be reasonable/unreasonable; ask yourself whether this is wilful medical neglect. What is the impact on the child?

SAFETY AND SUPERVISION

The child and family may not be aware of appropriate safety and supervision. Where the knowledge is not present, the child may be more vulnerable to risks in and around the home.

In the presence of the caregiver:-

- Does caregiver have age appropriate knowledge to keep child safe?
- Is there age suitable safety equipment?
- Is the environment secure?
- Is there evidence of hazardous substances?
- Does the caregiver have an apparent conscious awareness of the young person, what they are doing, whether there may be danger?
- Ask about what the young person is told about road safety, playing outside etc.
- If possible, observe whether the young person's behaviour or actions gives an indication of being told or made aware of any safety issues.
- What measures are in place around internet safety, in particular social media and inappropriate websites/material?
- Electronic devices (mobile phones, gaming consoles etc.) including frequency of use/age appropriate gaming?



In the absence of caregiver:-

- What are the child-care arrangements when the care-giver is away?
- Are babysitters always familiar to the young person, are they competent and of a reasonable age and maturity? The NSPCC recommends that a babysitter should not be under the age of 16 years and should be suitable person to care for the young person.
- Is babysitter background and history fully known to family?
- Does the caregiver leave a contact number for the babysitter?
- Is the young person looking after younger siblings or other people's children and is this appropriate?
- Is the young person often missing from home/education? Do carers react appropriately?
- Is the young person safe crossing the roads and have been show how?
- Is the carer aware of CSE risks? Such as money/ clothes/gifts that are unaccounted for.
- Is the young person involved in ASB/criminality in the community? Do carers react appropriately?
- Does the carer check if young person stays away from home/ who they are staying with/appropriate friendship groups?
- Does the young person have a working mobile phone if age appropriate?

CARE AND NUTURE

Neglect changes childhood. Children who have been neglected might experience both short and long term effects such as developing appropriate relationships with their family and peers. Other circumstances may present in the child' and families life which is placing child in a vulnerable situation. Ensure to explore using key considerations when assessing.

Care giver:

- Is the carer is aware of the young person's emotional signals and whether they respond?
- Is the timing of the carer's response appropriate?
- Is the child provided with social rules or boundaries?
- Reciprocation relates to the depth of the response on an emotional level (e.g. does the parent give appropriate responses to the young person's signals –verbal and non-verbal for reassurance, affection or praise)
- Does carer ensure positive friendships are safe and appropriate?
- What significance is placed on celebrations (seasonal/religious/birthdays and if not acknowledges/celebrated what impact does this on the you person

Child:

Observe the interaction and what happens when the child seeks comfort/attention/ reassurance from the carer.

What is the quality of interaction – verbal and non-verbal?

Note if there is pleasure expressed by either; or an absence of response/an inability to notice the child's signals or to respond.

DEVELOPMENT

A child's engagement with learning is part of their wellbeing. The positive support from parents / carers to encourage learning and development should be present. Without support, cognitive impairment or challenging behaviour may be an indicator of neglect.

Stimulation

- Is the young person encouraged to learn and supported in their education?
- Does carer work in partnership to support good attendance and positive behaviour in school? Does the carer attend school events?
- Does the carer provide the educational establishment with emergency contact details and inform of any changes in family dynamics/circumstances?
- Does the carer work with the educational establishment to support policies and actions/decisions?
- Does the young person have access to appropriate resources?
- Is the young person encouraged and supported to engage in age appropriate sports and leisure activities?

Approval

Are the child's achievements rewarded or ignored?

What is the child's reaction to this?

Disapproval

How is the child shown disapproval?

Ask what happens when the child misbehaves?

Beware of any discrepancy between what is said and what is actually done.

Does the child have clear messages about right/wrong and what kind of behaviour brings disapproval? Ask for an example from both the caregiver and the child.

Acceptance

How does the carer feel when they have reprimanded the young person or others have reprimanded the young person (e.g. a teacher)? Is their response a considered one or is there over-reaction? Is the young person belittled or accepted?