**Havering Neglect Toolkit:**

**This Neglect toolkit contains multiple tools to support you to assess and identify Neglect. This toolkit can be used by all agencies who have responsibility for safeguarding children in Havering.**

**Stage 1: Neglect Checklist**

1. **What kind of neglect is this? Does it relate to:**

Child’s basic physical needs

Child’s emotional and attachment needs

Child’s cognitive development

Child’s medical needs

Child’s needs for safety and security

Exclusion from home or abandonment

Failing to protect a child from physical and emotional harm or danger

Unresponsiveness to, a child’s basic emotional needs

Is it Global are all areas of a child’s development impacted upon?

1. **What is the harm to the child/young person?**

(Harm done – the absence of care to promote a child's optimal development)

**Short term (including impact on day to day life)**

**Medium term**

**Long term (making reference to research findings)**

1. **What is driving the failure to provide care by carers?**

Poverty

Lack of skills and knowledge

Lack of skills, knowledge, and social isolation

Parenting capacity

Domestic violence

Learning disability

Substance misuse

Mental health issues

Parental separation and divorce

Lack of a relationship of care

1. **What other kinds of abuse is the neglect driving or enabling?**

Sexual abuse

Physical abuse

Emotional Abuse

1. **Is neglectful care enabling other risks?**

Child gone missing

Sexual Exploitation

Gang involvement

Exposure to extremism or radicalisation

**What do we need to know more about? What do we need to do?**

**Comments/ Analysis / Action:**

**This checklist does NOT replace your own safeguarding policy and procedures in cases where you are concerned that a child/young person has been or is at risk of immediate harm. This checklist may aid you in making decisions about threshold.**

**Stage 2: Neglect Questionnaire to understand the history and persistence of Neglect.**

**Upon completing stage 1, you may wish to have further discussions to explore what we know about the Neglect identified in stage 1: Neglect Checklist. The Neglect Questionnaire may support discussions during supervision, professional case consultations, and help you to develop hypothesises to understand the causation and barriers to the concerns of neglect.**

***(Amended from Jane Wiffin, Standard of care tool)***

|  |
| --- |
| 1. **Is there a history or a pattern of neglect behaviour emerging?** |
| 1. **Is there evidence that this is a persistent problem (frequency of occurrence)?** |
| 1. **What is the evidence of this?** |
| 1. **Where has the information come from?** |
| 1. **Has the neglect been present over a significant period of time?** |
| 1. **Have efforts to intervene to minimise or prevent neglect had any significant impact in the past?** |
| 1. **What do you hypothesise as the barriers for why change has not been sustained?** |
| 1. **What is the impact of harm if things do not change?** |

***From Jane Wiffin, Standard of care tool***

**The child and the impact of neglect**

What does the child say about his or her experience of neglect? What do other professionals say the child has said about their circumstances?

|  |
| --- |
| Use the child’s own words, observations and provide quotes... |

This questionnaire does NOT replace your own safeguarding policy and procedures in cases where you are concerned that a child/young person has been or is at risk of immediate harm. This checklist may aid you in making decisions about threshold.

**Stage 3: Day in My Life**

This tool is designed to provide a thorough assessment of the strengths and needs for a child who you have identified in stages 1 or 2 as suffering from Neglect. This assessment includes analysis of the factors, which can affect parental motivation. In order to support you to maintain a focus on the impact of Neglect on the child, please use the Day in My Life prompts which are organised by age group (Appendix 1).

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Care and Health**  (Nutrition, Housing, Clothing, Hygiene, Health) | | **Safety**  (Awareness, Practice, Online safety, Safety in traffic, Home safety, Safety in parents absence) | |
| **Strengths** | **Worries & Concerns** | **Strengths** | **Worries & Concerns** |
|  |  |  |  |
| **Emotional care and love**  (Sensitivity, Response timing, Reciprocation (quality)) | | **Developmental care and Stimulation**  (Stimulation, Approval, Disapproval, Acceptance) | |
| **Strengths** | **Worries & Concerns** | **Strengths** | **Worries & Concerns** |
|  |  |  |  |
| **Analysis & overall summary of the standard of care provided to the child/young person.** | | | |

***From Jane Wiffin, Standard of care tool***

**The child and the impact of neglect**

What does the child say about his or her experience of neglect?

|  |
| --- |
| Use the child’s own words.... |

|  |
| --- |
| What do other professionals say the child has said about their circumstances? Provide quotes about what they have said the child has said to them. |

**Stage 4: Parental Motivation to Change**

*Some parents may appear to want to change or may say that they want to change but their behaviour, particularly their behaviour towards the child, is no different.*

*If drift is to be avoided then practitioners need to be clear about what changes they are measuring, how they will be measured and what will be done as a consequence of change or a lack of change. Howarth (2007) advises that a parent’s capacity to meet a child’s needs is dependent on:*

* *opportunity*
* *ability*
* *motivation*

*However, capacity in terms of parenting may influenced by the experiences of the adult themselves, and the child. Several factors impact on parenting capacity: this includes knowledge and experiences of parenting, and the ability to form relationships; the support or distress from extended family and other networks such as other parents; financial stress; alcohol and drug misuse; and other factors such as domestic violence and parental mental health difficulties.*

*A child’s disability, illness or emotional disturbance prior to, or because of, maltreatment, and developmental age of child at the time of the abuse will affect the parent-child relationship and capacity to parent the child.*

Now we know what the child’s needs are, use the questions below to provide evidence for the neglect. This analysis should also include an assessment of parent’s level of understanding and ability to make the changes needed for the child, as well as what you have observed and what discussions you have had with the parent.

What is the parents understanding of the worries and concerns identified in the standards of care assessment?

What is parent’s level of understanding and ability to make the changes in the following areas?

**Physical Care and Health**

**Safety**

**Emotional** **care and love**

**Developmental care and Stimulation**

What causal factors are affecting the parent’s ability to meet the child’s needs e.g. poverty, substance misuse, parental learning disability, mental ill health, domestic abuse etc.?

**Analysis**

*What is the history of the problem? Has it changed over time? What are the intergenerational patterns? What is your hypothesis? Consider the social graces.*

**Overall Summary of Care Action Plan**

**Use the below table to create an outcomes focused action plan to address the concerns you have identified in each standard.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area of care** | **Overall summary of standard of care provided (positive and negative)** | **Impact on child if this standard continues?** | **Actions to address concerns** | **Outcomes for child** | **Timescales** |
| **Physical care** |  |  |  |  |  |
| **Health** |  |  |  |  |  |
| **Safety and supervision** |  |  |  |  |  |
| **Love and Emotional care** |  |  |  |  |  |
| **Developmental care and Stimulation** |  |  |  |  |  |
| **Parental Motivation to Change** |  |  |  |  |  |
| **Recommendations** | | | | | |

**APPENDIX 1**

The Day in My Life prompts are organised by age group, from baby to teenager. These questions are written from the perspective of the child to help you remain focused on the impact of the neglect upon the child. These questions serve as prompts; you should NOT ask Parents/Carers these questions directly.

* **Day in My Life (Baby)**

Things to think about when assessing the appropriateness of the daily routine and care of a baby.

|  |  |
| --- | --- |
| **Physical Care and Health**  (Nutrition, Housing, Clothing, Hygiene, Health) | **Safety**  (Awareness, Practice, Online safety, Safety in traffic, Home safety, Safety in parents absence) |
| * Do I take milk from a bottle or am I breastfed? * Am I easy to feed or can it be difficult sometimes? * How often do I have milk and do I have it at the same times every day? * Are my bottles clean and sterilised and who does this? Are my bottles prepared properly? Am I fed freshly made bottled milk each time I feed? * Who gives me my milk? Am I particular about who can feed me? * Am I held whilst I am fed or am I propped in a cot or bouncer? * Do I have eye contact with my carer whilst feeding? * Am I ‘burped’ during and at the end of feeding? * Am I settled and contented after a feed? * Am I weaning? What foods do I like? * Are the weaning foods varied and healthy? * Do I feed better at different times of the day? * Do I have feeds during the night? * Do I often need a nappy change during the night? * Do I have a bath and if so what time of day do I have this and how often? * Do I like baths? * Who baths me and do I bath with any of my siblings? * How am I kept clean in between baths? * Are my clothes clean and appropriate for the weather? * Are they the right size for me? * Are bibs/muslin cloths used whilst I am fed and if I am teething? * Are my clothes changed through the day if they get wet or soiled? * Who changes my nappy and helps me to get dressed? Is this the same every day?   **Health**   * Am I a healthy weight and height? Am I meeting my developmental milestones? * Have I seen my Health Visitor lately? Is my development recorded in my Red Book and are my immunisations up to date? * Does my carer smoke cigarettes near me? * Are my room, clothes and bedding free from the smell of cigarette smoke? * Do I have any health conditions that require medical attention? * If I have medication/treatment, does my carer follow the professional advice? * Does my carer know when my medical appointments are and am I taken? * If I miss appointments are these rescheduled straight away? * Am I or my carer’s sleep deprived as a result of my condition? * If I stay in hospital am I being visited regularly and appropriately by my main carer giver(s)? * Are my social and emotional needs being met while I am in hospital? | * Do I watch TV with any of my family in the evenings? If so, is what I watch okay for my age? * Do I go to bed at the same time every night? * Am I put to bed or do I fall asleep whenever I am tired enough? * Where do I sleep? Do I have my own cot or am I sharing a bed? * If I am placed in my cot, do I settle well by myself? Do I have appropriate bedding? * What is my bedroom like? * Do I go to sleep with toys? Are these safe to keep with me? * Does my carer use a monitor? * Who is normally in the house at night time? * Do I sleep well at night or do I tend to wake? * How often do I wake? * What happens when I wake up? * Does my carer respond or am I left to cry / self soothe? * Do I join in on the school-run? * If I go how do I get there? * If I stay at home, who looks after me? * What happens to me when my sibling(s) are home – do they play with me nicely? * Is our carer around to make sure the play is appropriate? * Where do the pets sleep in the house? * Do we have any pets in the house? * How am I protected from any pets? |
| **Emotional care and love**  (Sensitivity, Response timing, Reciprocation (quality)) | **Developmental care and Stimulation**  (Stimulation, Approval, Disapproval, Acceptance) |
| * Am I comforted when I am unsettled/crying? * Who comforts me? * How do they comfort me? * Do I know who my main care giver is? * Are there many people looking after me? * How am I around new people? * Do I go to other people easily or am I cautious? * How am I around loud noises? * What time do I tend to wake in the morning? * Am I attended to as soon as I wake up or after a while? * Who gets me up and ready in the morning? * What do they do for me? * Do I have a regular night time routine? | * What do I like to do during the day? * Who do I spend the most time with and where do they take me? * What is my home environment like? Is it clean and warm? Is there safe space for me to move around? * Have I moved homes since I was born? How many times have I moved? Am I likely to move again? * Do I go to baby and toddler groups to make friends or do I go wherever my carer needs to go? * Does my carer help me to learn by playing with toys and books with me? * Do I sleep in the day and is that at regular times each day? * Do I like to sleep at home in my cot, or out in my buggy or car seat? * Who feeds me and is this at the same time each day? * Is my nappy changed regularly and by whom? * Am I ever left alone unsupervised with any pets? * Do I like to watch a lot of television? Is the television on child appropriate channels? * Do I like to sit a lot in car seats or pushchairs during the day? * Am I encouraged to explore my environment? If so, can I do so safely, e.g. not climb the stairs unsupervised or put my fingers in plug sockets? * Do I have regular eye contact and communication time with my carer? This is really important very early on in my life. * Does my carer find it easy to understand my needs from my cues (e.g. tired, hungry, in pain, overstimulated)? * Does my carer encourage my sounds and babbling development? * Does my carer respond to my noises or mirror my sounds? * Do I respond to their facial expressions when they are trying to calm me / talk to me / play with me? * Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs) * Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs) * Do I join in meal times as appropriate to my needs? |

* **Day in My Life (Pre-School aged child)**

Things to think about when assessing the appropriateness of the daily routine of a pre-schooler.

|  |  |
| --- | --- |
| **Physical Care and Health**  (Nutrition, Housing, Clothing, Hygiene, Health) | **Safety**  (Awareness, Practice, Online safety, Safety in traffic, Home safety, Safety in parents absence) |
| * Do I eat food at breakfast, lunch and dinner? What food is available? What do I like to have? * Is the food healthy and varied or the same every day? * Is there someone to help me eat? * Do I eat my breakfast with others or by myself? * Where do I eat my breakfast? * Do I have snacks in between meals? Are these snacks healthy for me? * What do I drink through the day? Am I given sugary drinks? How often do I have these if I do? * Do I have enough clothes? * Are my clothes clean, the right size for me, right for the weather? * Does someone help me get dressed or do I do it myself? * Do I have water/a toothbrush and does someone help me to wash and brush my teeth? * Am I potty trained? Am I cleaned properly between toileting? * Do I have a bath and if so what time of day do I have this and how often? * Do I like baths? * Who baths me and do I bath with any of my siblings? * How am I kept clean in between baths?   **Health**   * Am I a healthy weight and height? Am I meeting my developmental milestones? * Have I seen my Health Visitor lately? Is my development recorded in my Red Book and are my immunisations up to date? * Does my carer smoke cigarettes near me? * Are my room, clothes and bedding free from the smell of cigarette smoke? * Do I have any health conditions that require medical attention? * If I have medication/treatment, does my carer follow the professional advice? * Does my carer know when my medical appointments are and am I taken? * If I miss appointments are these rescheduled straight away? * Am I or my carer’s sleep deprived as a result of my condition? * If I stay in hospital am I being visited regularly and appropriately by my main carer giver(s)? * Are my social and emotional needs being met while I am in hospital? | * Do I watch TV with any of my family in the evenings? If so is what I watch okay for my age? * Do I go to bed at the same time every night? * Am I put to bed or do I fall asleep whenever I am tired enough? * Where do I sleep? Do I have my own cot or am I sharing a bed? * If I am placed in my cot, do I settle well by myself? Do I have appropriate bedding? * What is my bedroom like? * Do I go to sleep with toys? Are these safe to keep with me? * Does my carer use a monitor? * Who is normally in the house at night time? * Do I sleep well at night or do I tend to wake? * How often do I wake? * What happens when I wake up? * Does my carer respond or am I left to cry / self soothe? * Do I join in on the school-run? * If I go how do I get there? * If I stay at home, who looks after me? * What happens to me when my sibling(s) are home – do they play with me nicely? * Is our carer around to make sure the play is appropriate? * Where do the pets sleep in the house? * Do we have any pets in the house? * How am I protected from any pets? * What time do I normally get up? * Do I normally sleep well? Am I kept awake by TV or anything? * Do I wet the bed? If so is there someone to help with the sheets? * Does someone help me get up or do I get myself up? * Do I have to get anyone else up? * Is there anyone else up when I get up? * Are my mornings the same or is it different every day? * How much time do I spend at home? Who is there to look after me? Is there anyone else who looks after me other than my main carers? * Do I have any siblings? How is care split between us? * Do I watch TV and if so, is what I watch okay for my age? * What type of food do I eat at home? Do I have regular meals? Who makes them for me? What is my favourite food? Do I eat that food all the time or do I try new things? * Do I eat with others, and at the table, or do I eat by myself? * Is there anyone I can tell if I am hungry and do they provide food for me? * Do I have toys and games at home? Are they age appropriate / help me to learn? What is my favourite toy to play with? * What do my carers do? Do we spend time together or do our own things? * Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs) * Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs)   **Bedtime**   * Do I go to bed at the same time every night? * Who decides when it is bed time? * Does someone help me wash and get ready for bed? * Where do I sleep? * Do I like where I sleep? * Who else is in the at night time? * Do I have my own room or do I share with others? * Do I have what I need in my room (bed, curtains, warm floors)? * Do I sleep well at night or do I get up a lot? |
| **Emotional care and love**  (Sensitivity, Response timing, Reciprocation (quality)) | **Developmental care and Stimulation**  (Stimulation, Approval, Disapproval, Acceptance) |
| * Am I comforted when I am unsettled/crying? * Who comforts me? * How do they comfort me? * Do I know who my main care giver is? * Are there many people looking after me? * How am I around new people? * Do I go to other people easily or am I cautious? * How am I around loud noises? * What time do I tend to wake in the morning? * Am I attended to as soon as I wake up or after a while? * Who gets me up and ready in the morning? * What do they do for me? * Do I have a regular night time routine? | * Do I go to any childcare settings – pre-school / nursery / childminder? How far away is it? How do I get there? Who takes me / picks me up? Is it the same people each day or does that change regularly? * Do I attend appropriate and relevant activities for my development such as short breaks for disabled children. * Do I tend to arrive at my setting on time or am I late? * Do I have meals at my childcare setting? Do I tend to eat them well? * Do I like my setting? Do I settle well there? Do I interact well with other children there? What do I like doing when I am there? * Do I see anyone for extra help with my behaviour or development in the setting e.g. Portage? * Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs) * Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs) |

**Day in My Life (Primary School Child)**

Things to think about when assessing the appropriateness of the daily routine of a primary school child.

|  |  |
| --- | --- |
| **Physical Care and Health**  (Nutrition, Housing, Clothing, Hygiene, Health) | **Safety**  (Awareness, Practice, Online safety, Safety in traffic, Home safety, Safety in parents absence) |
| * Do I eat food at breakfast, lunch and dinner? What food is available? What do I like to have? * Is the food healthy and varied or the same every day? * Is there someone to help me eat? * Do I eat my meals at home with others or by myself? * Where do I eat? * Do I have snacks in between meals? Are these snacks healthy for me? * What do I drink through the day? Am I given sugary drinks? How often do I have these if I do? * Do I have enough clothes? * Are my clothes clean, the right size for me, right for the weather? * Does someone help me get dressed or do I do it myself? * Do I have water/a toothbrush and does someone help me to wash and brush my teeth? * Do I need appropriate assistance as a result of my additional needs with my personal hygiene over and above age related expectations? * Do I think I look ok in my clothes? Do I have a positive body image? Do I think I look fat/thin in my clothes? Do I get bullied or picked on because of how I look or what I wear? * Do I have a bath and if so what time of day do I have this and how often? * Do I like baths? * Who baths me and do I bath with any of my siblings? * How am I kept clean in between baths?   **Health**   * Am I a healthy weight and height? * Does my carer smoke cigarettes near me? * Are my room, clothes and bedding free from the smell of cigarette smoke? * Do I have any health conditions that require medical attention? * If I have medication/treatment, does my carer follow the professional advice? * Does my carer know when my medical appointments are and am I taken? * If I miss appointments are these rescheduled straight away? * If I stay in hospital am I being visited regularly and appropriately by my main carer giver(s)? * Are my social and emotional needs being met while I am in hospital? | * Do I use a clock to get up? * What time do I normally get up? * Does someone help me get up or do I get myself up? * Do I have to wait for someone to help me get up if I require it? * Do I have to get anyone else up? * Is there anyone else up when I get up? * Who else is at home when I get up? * Are my mornings the same or is it different every day? * If I need medicine or other interventions, does someone help me with them? * How do I get home from school? * Do I go home at the end of the school day or do I go to afterschool clubs? * Does someone meet me at the end of the day and take me home or do I go to friends’ houses or somewhere else? * Is there anyone at home? * Do I watch TV and if so, is what I watch okay for my age? * Do I play any video games? Do I play online? Does anyone supervise me when I play online? Do I play with other people online and do I know who they are? * Do I have a Facebook account, or other social media account? * Do I have my own mobile phone and do I use this to message friends? Who are the friends? Are they all from school or are there others? Have I met them all? Do I send any photos or picture messages? * Do I have homework to do and does anyone help me with it? * Do I watch TV and what do I watch? * Do I use the internet or social networking sites? What device do I use – laptop / tablet / phone? Does anyone check what I am doing on the internet / are there any parent controls? * What sites do I visit online and what do I do? * Do I chat online or share any information or pictures? What do I talk about? * Do I go out in the evening and if so, who do I go out with? Where do I go and what I do there? * Do I have to be home by a set time? * Does my carer know who I play with? * Do I like doing my homework, does anyone check that I have done it? * Is my home to school communication book maintained? * Do I have to look after anyone else? * Is there food available? * Does anyone help me get some food? * Do I need to get food for anyone else? * Do I play out with friends after school? Who and where do we go? * Do I like to play with toys? Do I have toys and games at home to play with? * Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs) * Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs)   **Bedtime**   * Do I go to bed at the same time every night? * Who decides when it is bed time? * Does someone help me wash and get ready for bed? * Where do I sleep? * Do I like where I sleep? * Who else is in the house at night time? * Do I have my own room or do I share with others? * Do I have what I need in my room (bed, curtains, warm floors)? * Do I sleep well at night or do I get up a lot? |
| **Emotional care and love**  (Sensitivity, Response timing, Reciprocation (quality)) | **Developmental care and Stimulation**  (Stimulation, Approval, Disapproval, Acceptance) |
| * Is there anyone I can tell if I am hungry and do they provide food for me? * What do I do with my family in the evenings? * What do my carers do? * Do we spend time together or do our own things? * Is there an appropriate behaviour management plan in place and is this adhered to? * Do I go to bed at the same time every night? * Who decides when it is bed time? * Is my bedtime appropriate to my needs? * Does someone help me wash and get ready for bed? * Does someone help me to wash and brush my teeth? * Where do I sleep? Do I like where I sleep? * Who else is in the house at night time? * Do I have to look after anyone else at bed time? * Do I have my own room or do I share with others? * Do I have what I need in my room (clean bed, curtains, warm floors)?   **School holidays/weekends**   * What do I do in the school holidays? * Do I attend appropriate and relevant activities for my development such as short breaks for disabled children. * Do I have to look after anyone? * Do have chores / jobs to do? If so what are they? * Do my carers look after me during the holidays or are they at work? If at work where do I go – to holiday camps or friends houses? * Is there anyone else who looks after me? * Do I go on days out and play with friends? * If I get free school meals during the term what happens in the holidays? * Is there food to eat at home? Is there someone around to help make food and supervise mealtimes? | * Do I go to school? How far away is it? How do I get there? Are there busy roads to cross? Does someone take me to school or do I go by myself? * Do I need to take anyone else to school i.e. younger siblings? * Do I tend to arrive at school on time or am I late? * Do I see anyone for extra help with my behaviour or development in the setting e.g. Portage? * Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs) * Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs) * Do I like school? * What is my favourite bit? Which bit don’t I like so much? * Do I have any friends there? * Are my friends the same age or older/younger? * What do I do at breaks? Do I have a snack? * Do I eat school dinners or packed lunch? Am I hungry at school? * Do I have the right things for school – uniform, coat, wellingtons, PE kit? * Do I have a favourite teacher or someone I like to talk to? * Do I fall asleep in class or struggle to concentrate? * Do I see anyone for help at school either for my development or behaviour – ELSA, school counsellor, support worker etc? * Are my medical and care needs (e.g. medication and moving and handling protocols) appropriately met while at school and consistent with at home? * Is there anyone that I don’t like at school or think is mean? * Have I ever been bullied? * Do I go on school trips? |

**Day in My Life (Teenager)**

Things to think about when assessing the appropriateness of the daily routine of a teenager.

|  |  |
| --- | --- |
| **Physical Care and Health**  (Nutrition, Housing, Clothing, Hygiene, Health) | **Safety**  (Awareness, Practice, Online safety, Safety in traffic, Home safety, Safety in parents absence) |
| * Do I eat food at breakfast, lunch and dinner? What food is available? What do I like to have? * Is the food healthy and varied or the same every day? * Do I eat my meals at home with others or by myself? * Where do I eat? * Do I have snacks in between meals? Are these snacks healthy for me? * What do I drink through the day? Am I given sugary drinks? How often do I have these if I do? * Do I have enough clothes? * Are my clothes clean, the right size for me, right for the weather? * Does someone help me get dressed or do I do it myself? * Do I have water/a toothbrush and does someone help me to wash and brush my teeth? * Do I need appropriate assistance as a result of my additional needs with my personal hygiene over and above age related expectations? * Do I think I look ok in my clothes? Do I have a positive body image? Do I think I look fat/thin in my clothes? Do I get bullied or picked on because of how I look or what I wear? * Do I have a bath and if so what time of day do I have this and how often? * Do I like baths? * Who baths me and do I bath with any of my siblings? * How am I kept clean in between baths?   **Health**   * Am I a healthy weight and height? * Does my carer smoke cigarettes near me? * Are my room, clothes and bedding free from the smell of cigarette smoke? * Do I have any health conditions that require medical attention? * If I have medication/treatment, does my carer follow the professional advice? * Does my carer know when my medical appointments are and am I taken? * If I miss appointments are these rescheduled straight away? * If I stay in hospital am I being visited regularly and appropriately by my main carer giver(s)? * Are my social and emotional needs being met while I am in hospital? | * Do I use a clock to get up? * What time do I normally get up? * Does someone help me get up or do I get myself up? * Do I have to wait for someone to help me get up if I require it? * Do I have to get anyone else up? * Is there anyone else up when I get up? * Who else is at home when I get up? * Are my mornings the same or is it different every day? * If I need medicine or other interventions, does someone help me with them? * How do I get home from school/college? * Do I go home at the end of the school day or do I go to afterschool clubs? * Do I want to go home or do I avoid going home? * Does someone meet me at the end of the day and take me home or do I go to friends’ houses or somewhere else? * Do I have to get anyone else home, i.e. siblings? * Is there anyone at home? * Do I watch TV and if so, is what I watch okay for my age? * Do I play any video games? Do I play online? Does anyone supervise me when I play online? Do I play with other people online and do I know who they are? * Do I have a Facebook account, or other social media account? * Do I have my own mobile phone and do I use this to message friends? Who are the friends? Are they all from school or are there others? Have I met them all? Do I send any photos or picture messages? * Do I have homework to do and does anyone help me with it? * Do I watch TV and what do I watch? * Do I use the internet or social networking sites? What device do I use – laptop / tablet / phone? Does anyone check what I am doing on the internet / are there any parent controls? * What sites do I visit online and what do I do? * Do I chat online or share any information or pictures? What do I talk about? * Do I go out in the evening and if so, who do I go out with? Where do I go and what I do there? * Do I have to be home by a set time? * Does my carer know who I play with? * Do I like doing my homework, does anyone check that I have done it? * Is my home to school communication book maintained? * Do I have to look after anyone else? * Is there food available? * Does anyone help me get some food? * Do I need to get food for anyone else? * Do I play out with friends after school? Who and where do we go? * Do I like to play with toys? Do I have toys and games at home to play with? * Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs) * Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs)   **Bedtime**   * Do I go to bed at the same time every night? * Who decides when it is bed time? * Does someone help me wash and get ready for bed? * Where do I sleep? * Do I like where I sleep? * Who else is in the house at night time? * Do I have my own room or do I share with others? * Do I have what I need in my room (bed, curtains, warm floors)? * Do I sleep well at night or do I get up a lot? |
| **Emotional care and love**  (Sensitivity, Response timing, Reciprocation (quality) | **Developmental care and Stimulation**  (Stimulation, Approval, Disapproval, Acceptance) |
| * Is there anyone I can tell if I am hungry and do they provide food for me? * What do I do with my family in the evenings? * What do my carers do? * Do we spend time together or do our own things? * Is there an appropriate behaviour management plan in place and is this adhered to? * Do I go to bed at the same time every night? * Who decides when it is bed time? * Is my bedtime appropriate to my needs? * Does someone help me wash and get ready for bed? * Does someone help me to wash and brush my teeth? * Where do I sleep? Do I like where I sleep? * Who else is in the house at night time? * Do I have to look after anyone else at bed time? * Do I have my own room or do I share with others? * Do I have what I need in my room (clean bed, curtains, warm floors)?   **School holidays/weekends**   * What do I do in the school holidays? * Do I attend appropriate and relevant activities for my development such as short breaks for disabled children. * Do I have to look after anyone? * Do have chores / jobs to do? If so what are they? * Do my carers look after me during the holidays or are they at work? If at work where do I go – to holiday camps or friends houses? * Is there anyone else who looks after me? * Do I go on days out and play with friends? * If I get free school meals during the term what happens in the holidays? * Is there food to eat at home? Is there someone around to help make food and supervise mealtimes? | * Do I go to school? How far away is it? How do I get there? Are there busy roads to cross? Does someone take me to school or do I go by myself? * Do I need to take anyone else to school i.e. younger siblings? * Do I tend to arrive at school on time or am I late? * Do I see anyone for extra help with my behaviour or development in the setting e.g. Portage? * Does my carer attempt to communicate with me in ways which are useful to me? (E.g. for children with sensory impairment or social communication needs) * Does my carer stimulate me in ways which are supportive of my development? (E.g. for children with sensory impairment or social communication needs) * Do I like school? * What is my favourite bit? Which bit don’t I like so much? * Do I have any friends there? * Are my friends the same age or older/younger? * What do I do at breaks? Do I have a snack? * Do I eat school dinners or packed lunch? Am I hungry at school? * Do I have the right things for school – uniform, coat, wellingtons, PE kit? * Do I have a favourite teacher or someone I like to talk to? * Do I fall asleep in class or struggle to concentrate? * Do I see anyone for help at school either for my development or behaviour – ELSA, school counsellor, support worker etc? * Are my medical and care needs (e.g. medication and moving and handling protocols) appropriately met while at school and consistent with at home? * Is there anyone that I don’t like at school or think is mean? * Have I ever been bullied? * Do I go on school trips? |

**Parental motivation change**

Questions to consider when assessing parental motivation to change.

|  |
| --- |
| **Does the Parents(s**)………. |
| * Use age appropriate disciplinary measures? * Show interest in their child’s development? * Respond to child’s overtures? * Encourage physical closeness with the child? * Comfort the child in a positive way? * Initiate positive interactions with the child? * Accept expressions of autonomy? * See the child as “taking after” or “features of” someone else? Is this positive or negative? * Does the parent show affection to the child? * How is affection demonstrated? * What are the rules in this family? * What guidance does the parent give the child about what behaviour is acceptable? * How does the child behave? How does this relate to the messages that are given by the parent? * What punishment/disciplinary strategies does the parent deploy? * How are these messages delivered/reinforced? * Does the parent praise/reward/notice the child and their achievements? What does the parent do? * What level of involvement does the parent have in the child’s life? How much does the parent know and understand the child? * Does the carer notice the signals from the child e.g. desire for comfort interaction, attention, crying distress? * How does the parent respond? (ignore, respond inconsistently, critically , positively, promptly, with urgency) * Does the parent show a variety of interactions with their child, smiling, hugging, guiding etc? * Is there acceptance of their responsibility to the child? * What is the parents’ attitude to the child? * How do they view the child as a pleasure or as a burden nuisance? * Does the parents’ attitude to the child’s needs change dependent on their mood? * Is the parent realistic in their expectation of the child’s ability? * Whose wishes and feelings dominate? Is it those of the parents or those of the child? * Does the parent respect the wishes and feelings of their child? * Are they aware and able to respond to the varying wishes of the child? * What do the parent and child do together? What conversations do they have? * What does the parent know about the child’s life outside of the home? (**Adolescents only**) |

**Appendix 2a: Indicators of neglect in the context of childhood obesity.**

**Key Indicators: Emotional Neglect**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Universal/early intervention | Early Help | Targeted Early Help | Children’s Social Care |
| Characteristics of carers | Cannot cope with children’s demands  Parents may feel awkward/tense when alone with their children  Inconsistent responses to child | Failure to connect emotionally with child  Lots of rules  Lack of attachment to child  Unrealistic expectations in line with child’s development | Dismissive/punitive response to child’s needs  Poor attachment to child | Parental responses lack empathy  Not emotionally available to child  No attachment to child |
| Characteristics of children | Over friendly with strangers  Over reliance on social media to interact  No risk CSE | Frightened/ unhappy/anxious/ low self-esteem  Know their role in family  Attention seeking  Mild risk CSE | Withdrawn/isolated  Fear intimacy and dependency  Self-reliant  Difficulties in regulating emotions  Extremely poor self esteem  Moderate risk CSE | Precocious  Unresponsive/no crying  Oversexualised behaviour  Self-harm  Significant risk of CSE |
| What professionals notice | Ignore advice  Children spend a lot of time on-line  Lack of engagement with universal services  Materially advantaged  Child not included  Child always immaculately clean  Child and family isolated in community  Pattern of rereferrals to Early Help  Poor dental hygiene | Avoid contact  Missed appointments  Child learns to block expressions  Child ‘shut down’  Risky behaviour on-line  Material advantages can mask the lack of emotional warmth and connection  Pattern of rereferrals to Early Help | Deride professionals  Children unavailable  Children appear overly resilient  Poor social relationships due to isolation  Scapegoated child  Regression in child’s behaviour  Pattern of step ups to social care  Severe dental disease | May seek help with a child who needs to be ‘cured’  Fabricated illness  Parents seeking a diagnosis/label for child  Pattern of step downs to early help |

**Key Indicators: Disorganised Neglect**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Universal/early intervention | Early Help | Targeted Early Help | Children’s Social Care |
| Characteristics of carers | Demanding and dependant  Cope with babies (babies need them) but then struggle  Flustered presentation  Late  Low mood  Unstructured  Problem driven  Revert back to own needs  Everything ‘big drama’ | Feelings of being undervalued or emotionally deprived as a child-so need to be centre of attention/ affection  Lack of ‘attunement’  Crisis response  Avoidance of contact  Poor attachment  Poor parenting  Not engaging with health | Disguised compliance  Putting own needs before child  Drug/alcohol misuse  Depression  Not getting children to school  Escalation of mental health | High criticism/low warmth  Continuous use of medical issues to cover up/disguise  Chaotic family  Escalation of depression |
| Characteristics of children | Anxious and demanding  Infants-fractious/ clinging-difficult to soothe  Lateness at school/ nursery  Overactive at school  No school equipment  Not able to sit still  Snatching  Struggle with quiet time  Vulnerable to unhealthy relationships  No boundaries or routines  Not at risk CSE | Young children attention seeking, exaggerated affect, poor confidence and concentration, jealous, show off, go too far  Fear intimacy  Missing school/ nursery  Disruptive at school  Fretful  Crying  Angry  Afraid  Mild risk CSE | Roaming late at night  Trouble during unsupervised times  Engaging in risky behaviours  Bullying  Aggressive  Jealous  Depressed  Poor school attendance  Speech and language delays  Moderate risk CSE | Self-harm  Causing harm to others  Substance/alcohol use  Offending  Left at home alone  Anti-social behaviour  Able to do what they want  Feral  Ignored  Danger to self/ others  Head lice infestation  Significant risk CSE |
| What professionals notice | Classic ‘problem families’  Numerous pregnancies  Missed appointments  Messy house  Erratic changes in mood  Unable to acknowledge problems  Not reporting absences  Disruptive behaviour  Poor hygiene  Poor dental hygiene | Annoy and frustrate but also endear and amuse  Chaos and disruption  Avoidance of home visits  Lots of contact  Regular lateness and absences  Family identify own need  No improvement  Persistent lateness  Children visibly tired | Thick case files  Feelings drive behaviour/social interaction  Dependency on services to provide support  Lack understanding/ acceptance of issues  Exclusion from school  Severe dental disease | Anti-social behaviour  Parents create new crises  Difficult to work with  Frequent exclusions  Non-engagement with education |

**Key Indicators: Severe Depravation Neglect**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Universal/early intervention | Early Help | Targeted Early Help | Children’s Social Care |
| Characteristics of carers | Contact with GP for depression  History of chronic mental health  Long term unemployed  Low cognitive functioning  Poor physical presentation  Socially isolated | Contact with specialist agency for depression, mental health – in treatment.  Postnatal depression  Poor attachment with children | Carers with serious issues of depression, learning disabilities, substance misuse  Homeless  Not in treatment | Institutional neglect  Suicidal thoughts |
| Characteristics of children | Arrive late at school  Poor presentation  Hungry  Tired  Miss initial health checks  Lack confidence  Poor attachment with parents  Anxiety and low self esteem  Minor accidents at home  Poor dental hygiene  Poor school attendance  Not at risk CSE | Inhibited, withdrawn, passive, rarely smile, autistic type behaviour and self-soothing  Relationships shallow, lack reciprocity  Disinhibited: attention-seeking, clingy, very friendly  Not accessing early years  High absence from school  Mild risk CSE | Infants- poor pre attachment behaviours of smiling, crying, eye contact  Children-impulsive, hyperactive, attention deficit, cognitive impairment and developmental delay, eating problems, poor relationships  School exclusion  Moderate risk CSE | Self-harm  Mental ill health  Sexualised behaviour  Failure to thrive  Recurrent illnesses  Going missing  Out of education  Significant risk CSE |
| What professionals notice | Clutter  Disorganised home  Hoarding  Not enough furniture  Lots of animals  Not attending appointments  Poor dental hygiene | Dirty home and children  Poor physical and mental health  Poor hygiene  Regularly attending A&E | Material and emotional poverty  Head lice  Homes and children dirty and smelly | Urine soaked mattresses, dog faeces, filthy plates, rags at the window  Children left in cot or serial care giving  Child essentially alone-severe neglect, absence of selective attachment.  Unable to get into house  Severe dental disease |

**Key Indicators: Depressed/Passive Neglect**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Universal/early intervention | Early Help | Targeted Early Help | Children’s Social Care |
| Characteristics of carers | Often severely abused/neglected by own parents  Given up thinking and feeling  Withdrawn  Lack of meaningful engagement  Forgetting appointments  Can’t impose boundaries  Focused on own needs  Not seen in school  Blame others for children’s behaviour | May seem unmotivated/mild learning disability  Learned helplessness  No structure/poor supervision  Stubborn negativism-passive aggressive  Missing appointments  Disorganised  Seeking services to solve problems (but not changing)  Emerging criticisms  One or two elements of toxic trio emerging  Change schools | No smacks/ no shouting/no deliberate harm BUT no hugs, warmth emotional involvement either.  Unresponsive to children’s needs  limited interaction  Avoiding appointments  Struggling to engage  Blaming services for lack of progress  Refuse to engage with early help | Obstructing appointments  Blaming others  Combination of toxic trio reaching crisis  No ability to change  No boundaries |
| Characteristics of children | Lack of interaction with carers  Presents as hungry  Lack of progression  Tired, withdrawn, isolated  Poor diet  Lateness at school  Dirty clothes  Developmental milestones not met  Attendance at A&E  Not at risk of CSE | Infant-not curious, unresponsive, moans and whimpers but does not cry or laugh  Tend not to say much  Unwashed, ill-fitting clothes  Missing school  Repeated attendance at A&E  Unmet health needs  Obese  Mild risk CSE | At school - isolated, aimless, lacking in concentration, drive, confidence and self esteem  Anxious  Goes missing  Poor school attendance  Self-harm  Self-isolating  Unresponsive  Moderate risk CSE | Developmental delay  Absent from school  Regularly goes missing  Not accessing health services  Inappropriate behaviour for age  Morbidly obese  Significant risk CSE |
| What professionals notice | Shut down and block out all information.  Absence from school/nursery  Children appear hungry  Inconsistent engagement  Turn up late at school  Poor dental hygiene | Parents do not believe they can change so do not even try  A sense of hopelessness and despair-which can be reflected in the workers too  Poor dental hygiene  Stealing food | Material and emotional poverty  Homes and children dirty and smelly  Chaotic, dirty households  Children not saying anything or making excuses for their parents  Children attending appointments on their own  Repeated concerns reported by neighbours  Severe dental disease | Urine soaked mattresses, dog faeces, filthy plates, rags at the window  Children parenting their parents  Offending behaviour  Difficult to work with  Not in for visits |

**Appendix 2b: Healthy weight management pathway**

**Healthy Weight Management Pathway**

Teacher/other professional raises concerns of child’s weight to School Nurse via email to generic 0-19 universal service email address

School Nurse contacts parent/carer for consent to weigh and measure height of the child and arranges meeting

**BMI Chart 91st & <98th centile (Overweight)**

* Discuss child’s weight referring to centile chart
* Link to healthy eating resources given
* Discuss responsibility of parent
* Introduce safeguarding pathway to parent
* Review in 3/12 and refer to Dietician if no significant change in BMI
* GP notified

**BMI Chart >98th Centile (Obesity)**

* Discuss child’s weight, referring to centile chart
* Explain co-morbidities and link to healthy eating resources given
* Discuss responsibility of parent
* Introduce safeguarding pathway to parent
* Gain consent for referral to GP/Paediatrician
* GP notified via letter
* Refer to dietitian
* Review in 3/12 a~~nd refer to Dietician if no significant change in weight~~

**A free, fun and informal day focused on your health**

**Consent gained by parent/carer**

**Consent denied by parent/carer:**

***Refer to Safeguarding Tool***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME:** |  | | **OBESITY ANALYSIS TOOL** | | **DATE:** | |
| **D.O.B:** | *Always co* | | *nsider the potential of neglect when assessing* | | **School:** | |
| **NHS NO:** |  | |  | *obesity* |
|  | | | | | **BMI = weight**  **Height2 ( *weight in kg/*** | **v y** |
|  | | **YES** | **NO** | **COMMENTS** |
| **Is the child currently engaged with Children's Services or any other Services (e.g. CAMHS, Early Help)** | |  |  |  | ***height in cm)***  **Centile =** |  |
| **Is the child severely obese (on or above 99.6th centile)?**  *Attach centile chart to show BMI trajectory if weight history known* | |  |  |  | **What is the impact or obesity on the child's health and wellbeing**  (10 appropriate lifestyle and 0  severely impacted **&** will lead to serious harm or death)-please circle | |
| **Has the child had some weight management advice including a**  **weight management plan?** | |  |  |  |
| **Has the child made any progress with weight management advice?** | |  |  |  |
| **Are there any other Child Safeguarding Concerns? (inci. other indicators of abuse/neglect)** | |  |  |  | **10**  **9**  **8**  **7**  **6**  **5**  **4**  **3**  **2**  **1**  **0** |  |
| **Has a medical professional informed the family of the**  **significance of their child's weight and the health risks involved?** | |  |  |  |
| **Do parents/carers understand the concerns around their child's weight?** | |  |  |  |
| **Are parents/carers willing to engage?** | |  |  |  |
| **Does the child understand the concerns around their weight?** | |  |  |  |
| **Is the child willing to engage?** | |  |  |  |
| **Are there concerns of 'Disguised Compliance'?** | |  |  |  |
| **Are the concerns escalating over time?** | |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD HEALTH FACTORS** | | | | | | **COMMENTS** | | |
| **PHYSICAL PROBLEMS** | |  | □ Is there a diagnosis of any health conditions.......................... | | |  | | |
| □ Joint pain/problems | |  | □ Is the child on any medication | |  |
| □ Fatigue, exhaustion | |  |  | |  |
| □ Difficulties with self-care/ dress | | | **EMOTIONAL PROBLEMS** | |  |
| □ Hygiene | |  | □ Low self-esteem | |  |
| □ Appearance/ ill-fitting clothes | | | □ Loneliness or isolation | |  |
| □ Unable to walk to and from school | | | □ Sadness or depression | |  |
| □ Enuresis / incontinence | |  | □ Worry, fear or anxiety | |  |
| □ Constipation/ diarrhoea | |  | □ Feelings of insecurity | |  |
| □ Shortness of breath | |  | □ Anger or frustration | |  |
| □ Sleep apnoea / snoring | |  | □ Teasing/bullying/social discrimination | | |
| □ Type II Diabetes | |  | □ Reclusive/ uncomfortable to go out | | |
| □ Asthma | |  | □ Trigger (bereavement, accident, separation) | | |
| □ Raised BP | |  |  | | |
| □ Raised Cholesterol | |  |  | | |
| **PARENT** & **FAMILY FACTORS** | | | | | | | | |
| □ Absence of meal routines/ meals unplanned | | | | □ Are parents or siblings obese or overweight? | | |  |  |
| □ Are parents/carers unsure of what child is eating | | | | □ Has a whole family approach been considered? | | |  |  |
| □ Does child go to bed after parents/carers | | | | □ Are they receiving DLA for this child | | |  |  |
| □ Does the parent see any of the above as a problem? | | | | □ Is the child LAC /CPP/CIN ....................... | | |  |  |
| □ Does parent agree child is overweight? | | | Social Worker .............................................. | | |  |  |  |
| □ Does parent enable child to attend health appointments | | | | □ Does parent accept health advice? | | |  |  |
|  | & comply with treatment? |  |  | |  |  |  |  |
|  | **Main concerns identified** | **Danger Statement** | | | **Plan of action** | | **Expected Outcome &** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Timescale** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Evidence Child's wishes and feelings (include the child's view of their weight/obesity):

Staff: Date: