



Kirklees **Safeguarding Children** Partnership



Neglect Practitioner Toolkit

Contents

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Introduction

Welcome to the KSCP's Neglect Toolkit. This toolkit has been developed in collaboration with a wide range of our partners with the aim of supporting anyone working with children, young people, parents and families to identify, assess and reduce child neglect.

The use of a clearly understood, consistently used neglect tool has been shown to improve the early identification of neglect, the quality of assessments at every level of safeguarding intervention and provide a record of the improvements made as intervention work commences.

It is the aim of the KSCP to promote this toolkit widely to ensure a shared understanding of what constitutes neglect and how we can work together to address it.

This toolkit consists of guidance, assessment tools and recording documents to support practitioners to:

- Identify strengths that may not be apparent when multiple needs are presenting
- Identify early, children whose developmental needs are being insufficiently met placing them at risk of achieving poor educational, emotional and social outcomes
- Focus on the main areas of concern – when things can seem overwhelming and chaotic
- Engage parents in looking at their parenting using pictures and descriptions that help discussion and provide an opportunity for working together and agree required actions
- Feel more confident in making judgments and decisions that they can share with other agencies
- Deliver better outcomes for vulnerable children and their families
- Develop an improved service response that can be rolled out across the setting
- Improve co-working relationships between social work services, health, education and other agencies

We would like to acknowledge:

- The hard work of the Neglect task and finish group members
- Work completed in Calderdale and Oxford Safeguarding Children Partnerships
- Glasgow Action for Children and;
- Jan Howarth

The information gathered using the Neglect Tool should be transferred into the appropriate assessment such as an Early Support Assessment or for Social Workers a Single Assessment and analysed in relation to:

1. The interaction between the child's strengths and difficulties
2. The interaction between the parenting strengths and difficulties
3. The interaction between family and environmental factors
4. The impact of parenting on the child's health and development in terms of resilience and protective factors and vulnerability and risk factors
5. How family and environmental factors are directly impacting on parenting and/or the child.

The final steps are to:

- look for patterns within the child and family's life;
- assess the extent to which the parents ability/capacity to change is linked with the child's developmental needs and pace of development;
- explore alternative explanations for what is happening;
- consider what a day in the life of this child would look like if their needs were being met and risks removed;
- and finally make professional judgements based on research, specialist knowledge and theory in order to arrive at a conclusion.

Definition of Neglect

The persistent failure to meet a child's basic physical and or psychological needs likely to result in the serious impairment of the child's health or development

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 a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
or
- ensure access to appropriate medical care or treatment.

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

Young persons definition

Every child and young person has the right to be looked after properly. Not receiving the important things they need could constitute a form of neglect.

The term neglect is an emotive issue which can illicit an array of different feelings and responses from an individual depending on their personal experiences.

Children and young people are often able to describe what neglect means to them and throughout the document you will see quotes from young people that have been taken from the summary document "What 'Neglect' means" an

engagement project carried out by the IYCE Team, Kirklees Council September 2017.

As a result, to minimise the potential impact of this issue on vulnerable participants of the project, rather than focus on the term 'neglect' they were asked to explore the concept of 'Wants and Needs'.

'WANTS & NEEDS':

There is a big difference between having the things we want and the things we need. The children and young people involved were clearly able to identify between the two, defining 'wants' as desirable items such as consoles and phones and 'needs' as things that are important for their well-being and survival such as food, clothes and shelter.

According to Childline, every child and young person needs and should have access to the following:

- Clothes that are clean and warm and shoes that fit and keep you dry
- Enough to eat and drink
- Protection from dangerous situations
- Somewhere warm, dry and comfortable to sleep
- Help when you're ill or you've been hurt
- Love and care from your parents or carers
- Support with education
- Access and help with medication if needed

Impact of Neglect

The effects of neglect can be difficult to detect as there is often no obvious, sudden or immediate threat to the child's wellbeing as is the case with physical abuse. However, neglect can be life-threatening and should be treated with the same urgency as other forms of abuse as the cumulative damage that takes place over time that can cause long-standing problems to a child's health, development and general wellbeing.

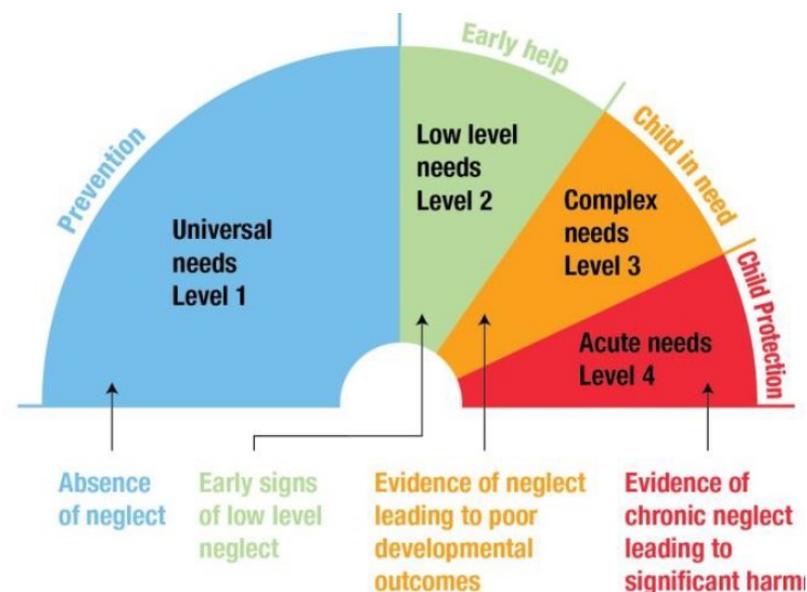
Neglect is also likely to co-exist with other forms of maltreatment and professionals should also be aware of any indicators of physical, emotional and sexual abuse.

Research shows that the impact of neglect is greatest within the first 3 years of the child's development and during adolescence; neglect can interfere with important neurological developments which can negatively affect development, leading to life-long consequences for health, behaviour and emotional wellbeing.

Neglect can also have the following impacts:

- A serious negative effect on the relationship and attachment between the child and parent; a failure to interact with the child can cause attachment difficulties that can lead to behavioural issues later.
- Short term consequences such as poor physical health, slow growth, behavioural difficulties and withdrawn behaviour. Children may experience social isolation and poor self-esteem. This can affect the child's ability to learn.
- Persistent neglect over time can have a significant effect on the child's neuro-development which can affect their cognitive, social and emotional functioning.
- Older children may be more vulnerable to mental health difficulties, substance misuse, anti-social behaviour and sexual exploitation. Young people may dis-engage from school and this may be with parental complicity.

- Lack of supervision or boundaries can place children at risk of harm at home and in the community and lead to frequent accidents or the child being left alone.
- Poor and unsanitary housing can risks to the child's health and safety.
- Children's long-term health and development can be put at risk if routine health checks and treatment are not taken up.
- Nutritional neglect does not only result in children being under-weight. A persistently unhealthy diet and lack of exercise can result in obesity with associated adult health risks such as diabetes and heart disease.
- Long-term, children who have experienced neglect are less resilient, have poorer outcomes and are more susceptible to poor physical and mental health issues, as well as social isolation and poor relationships.



Risk and Protective Factors

Risk factors in neglect

These are factors that, when present, may raise the risk of neglect but in themselves do not indicate that the child is being neglected.

- Poverty is known to make parenting more difficult and can lead to stress as parents struggle to meet their child's material needs. Poverty may be due to a lack of resources, low pay or problems with benefits. However, it may also be due to financial mismanagement, such as parents spending the family budget on drugs, alcohol or gambling.
- Poor quality, unsafe and overcrowded housing can lead to illness and accident and may make it difficult to keep the home clean and in a good state of repair. Professionals need to be able to distinguish between poor home conditions that are a result of neglect and those which are beyond the family's control.
- Parental risk factors that may lead to an increased risk of neglect are mental health problems, substance misuse, learning difficulties that are likely to impact on parental capacity and domestic abuse. The presence of these factors does not necessarily mean that the child will be neglected but they can prevent parents from meeting the child's physical needs and being emotionally available to them. Parents who experienced neglect or harm as a child may also have difficulty understanding appropriate standards of parenting.

Protective factors

These are factors that can help build resilience in children and families by reducing the negative impact of neglect or helping to bring about change in a family:

- parents who had positive childhood experiences and did not experience neglect or abuse
- supportive extended family and community networks
- families who receive the right kind of intensive support and services from professionals and agencies

- growing up in a stable home or placement or being able to remain at home with parents.

Using the Assessment Tools

1) Initial Screening Tool

You may wish to complete the initial screening tool as a way of identifying areas of the toolkit that require further exploration. This can be done with the parent(s) to ascertain their views of where they might feel they are having difficulties or on your own.

This does not have to be completed at all if you are certain that you will be completing the whole toolkit anyway.

2) Neglect Toolkit

This toolkit has been designed to explore concerns that a professional or parent may already have or identify areas that had not previously been considered.

Each section seeks to build on both professionals and parents understanding on what might constitute neglect.

For these reasons it is advisable that all sections are completed in order to give a holistic view of the child/ren's daily lives. However, it may be that the professional initially identifying a concern, perhaps in one area does not feel comfortable assessing in the other areas. They may wish to work with the parent to identify professionals from other agencies who might be better placed to complete other sections.

Alternatively, the identifying professional may wish to complete all sections before having a discussion with the parent about the best way forward. This might most usefully be arranging a Team Around the Family and completing an Early Support Assessment. If this is the case then other members of the TAF may wish to revisit the sections in which they have some expertise.

3) Principles of using the Neglect Toolkit

- **Conversations not judgements** This toolkit is underpinned by the restorative practice approach, the toolkit should ideally be completed with families and be used as a way of stimulating honest conversations about concerns, support needs and solutions.
- **Children's views** The Daily Lived Experience Tool (Horwath 2018) is included in the Appendix of this toolkit and a child self assessment tool has been developed, this should not be seen as the only way that children's views are gained but only one suggestion. After each section of the toolkit professionals are encouraged to record the children's views and also the goals they would like to achieve. Professionals should consider open questions that encourage understanding of children and young people's lives. Examples of such questions include:
 - What do you aspire to?
 - How do you feel?
 - What makes you feel happy and what makes you feel sad
 - Do you feel you are lucky?
- **Knowledge of child development** Questions need to be asked by the professional depending on the child's age. A variety of questions would be needed to capture the child's personality and to get an idea of what their home life is like. Professionals should have a working knowledge of developmental milestones and stages for the children they are assessing. If this is not present then the professional should identify another professional who works with the family who does have this knowledge to either complete or discuss the toolkit with.
- **Assessment of insight and motivation to change** An exploration of the impact of the difficulties and evidence of the parent attempting to address issues themselves or being receptive to advice given and following this up on their own should be undertaken. Does the parent understand you or you the child's concerns. Are they motivated to change?

Guidance for specific parts of the Toolkit

Safety and Supervision

What is appropriate in terms of care givers? Although there is no legal age for babysitting a general rule of thumb is that children under the age of 10 should not be given caring responsibilities for other children and where children are caring for other, young children consideration should be given to not only their age but level of maturity, understanding of the needs of the child or children they are caring for, the age and number of children they have been asked to care for, the length of time and frequency they are caring for the children and the alternative arrangements that are in place should the child who is in the caring role feel they need additional support, who do they contact, how quickly is this support accessed etc.

Other examples of inappropriate care givers include anyone who should not have contact with children for example due to court order or written agreement or someone who is under the influence of drink or drugs or may be struggling with significant mental health conditions of their own. Consideration must also be given to the relationship the child has to the care giver, is this someone they have met before and are comfortable with or a complete stranger? Does the care giver understand the needs and routines of the child and able to prioritise these for the duration of the time they are caring for the child?

Housing

Where housing is in a poor state of disrepair the reasons for this should be explored with parents / carers as this may be due to a neglectful landlord or due to the fabric of the building.

Where there are concerns regarding the clutter and general conditions of the home you might want to consider the use of the “Clutter index” which can be found here <https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf>

When should a child legally have their own room?

As kids grow up they might want more privacy and need their own space, especially if they're sharing a bedroom with a brother or sister. While it's not illegal for them to share, we recommend that girls and boys over the age of 10 have their own bedrooms – even if they're siblings or step-siblings.

This isn't always possible. If kids are sharing, try to have regular conversations with them about how they're feeling.

It's important to know there are laws in place to help make sure everyone's home is safe and comfortable. Legislation states if children over the age of 10 of the opposite sex are sharing a bedroom they should have their own rooms – otherwise this is considered overcrowding .

Education

In this section where age guides are given these should be considered in relation to the age and stage of the child/ren you are assessing also considering any Special Educational Needs (SEN).

Initial Screening Tool

Safety and Supervision

	Getting Advice	Getting Help	Getting More Help	Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or requires frequent prompting	Essential needs not met and the impact on the child/ren is concerning	Information that is not known
Abundant safety features, throughout the home and garden, which are age appropriate including secure play areas outside and out i.e. gates and fire guards, baby intercom, medicines and cleaning products securely stored					
Pets appropriately managed with child appropriate care roles with animals					
If the child is left with other caregivers, these are always appropriate.					
Child is not left alone until it is age appropriate to do so. They are aware of who to contact should they need adult support. They are not left alone overnight.					
There are clean, safe areas for the child to play in					
Trips outside the family home are planned and managed safely					
Baby / pre-mobility age Appropriately cautious with handling and laying down, seldom unattended					
Baby / pre-mobility age Back to sleep guidance followed					

Safety and Supervision Aspects of Neglect con'td

	Getting Advice	Getting Help	Getting More Help	Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs in-frequently met or requires frequent prompting	Essential needs not met and the impact on the child/ren is concerning	Information that is not known
Toddler/preschool Vigilance and effective measures against any perceived dangers when up and about					
Toddler/preschool Close supervision indoor and outdoor					
Toddler/preschool Age appropriate safety and supervision controls in relation to internet/TV/games exposure					
4 – 7 years Close supervision indoor and outdoor					
4 – 7 years Age appropriate safety and supervision controls in relation to internet/TV/games exposure					
8 – 16 years Allows out in known safe surroundings with time limits and checks					
8-16 years Age appropriate safety and supervision controls in relation to internet/TV/games exposure					
Road Safety					
Aged 0-4 Well secured in the pram, harnesses or walking hand clutched with child's pace					
Age 5 and above 5-10 year old escorted by adult crossing a busy road walking close together					

Safety and Supervision Cont'd

STRENGTHS AND RESOURCES What is going well and what resources are already in place	GREY AREAS What aspects of the child's/ren's life are unknown and require further assessment	CONCERNS What makes you worried (current concern and potential concern)

WHAT IS THE CHILD'S/ CHILDREN'S VIEW?

GOALS		
CHILD/REN	PARENTS/CARERS	PROFESSIONAL
What does the child/ren want to change and what are their ideas for achieving this?	What does the parent/carer want to change and what are their ideas for achieving this?	What changes does the professional want to see to be able to feel confident about the child's/ren's wellbeing and why.

Love and Care

	Getting Advice	Getting Help	Getting More Help	Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or requires frequent prompting	Essential needs not met and the impact on the child/ren is concerning	Information that is not known
Child/ren responds to or seeks parent/carers attention					
Parent/carer is seen to respond to child's/ren's physical needs					
Parent/carer is seen to respond to child's/ren's emotional needs					
Parent/carer is able to respond to the child, if they show emotional distress (including self harm)					
Parent is not unduly pre-occupied with electronic devices (mobile phones, tablets, TV etc.)					
Parent plays / spends time with the child					
There a sense of togetherness between each parent and child/ren					
There is warmth and affection expressed between siblings					
There is warmth and affection expressed towards the child/ren by significant other adults in their life					
Affection is shown towards the child/ren					
Each parent is committed to the protection of the child/ren					

Love and Care Aspects of Neglect cont'd

	Getting Advice	Getting Help	Getting More Help	Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or requires frequent prompting	Essential needs not met and the impact on the child/ren is concerning	Information that is not known
Each parent expresses a positive attitude towards the child/ren					
The child has an appropriate level of freedom of expression and movement					
Both parents appropriately support the child/ren to perform academically and in social activities					
Routines and boundaries are consistently in place					
There an interest in the child's/ren's wellbeing					
Each parent teaches life skills to the child/ren (e.g. toilet training, eating, speaking, dressing etc.)					

Love and Care cont'd

STRENGTHS AND RESOURCES What is going well and what resources are already in place	GREY AREAS What aspects of the child's/ren's life are unknown and require further assessment	CONCERNS What makes you worried (current concern and potential concern)

WHAT IS THE CHILD'S/ CHILDREN'S VIEW?

GOALS		
CHILD/REN	PARENTS/CARERS	PROFESSIONAL
What does the child/ren want to change and what are their ideas for achieving this?	What does the parent/carer want to change and what are their ideas for achieving this?	What changes does the professional want to see to be able to feel confident about the child's/ren's wellbeing and why.

Health

	Getting Advice	Getting Help	Getting More Help	Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or requires frequent prompting	Essential needs not met and impact on child is concerning.	Information that is not known
Health Inc. Appointments					
Medical attention is obtained when required and when requested or advised					
Chronic health conditions are managed, by attending appointments and by the use of prescribed medication (e.g. eczema, asthma, diabetes)					
Routine health appointments are kept (e.g. developmental assessments, dental appointments)					
The child is accompanied/assisted by an adult/carer to health appointments (regardless of child's age)					
The child is registered with a doctor					
The child is registered with a dentist					
The child has good dental hygiene (including regular use and access to a toothbrush/paste and absence of dental decay)					
The child is taken to immunisation appointments (immunisations are a parental choice, check if not taking for immunisation, that this is due to informed choice)					

Health Aspects of Neglect cont'd

	Getting Advice	Getting Help	Getting More Help	Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or requires frequent prompting	Essential needs not met and impact on child is concerning.	Information that is not known
Feeding and Eating					
The child's weight and height are progressing as professionally expected					
Parent/carer on a daily basis provides a nutritious, balanced, proportionate (Eat well plate) meal, regardless of the child's age.					
Attachment and emotional care and wellbeing					
Child responds to or seeks parent/carers attention					
Parent/carer is seen to respond to child's physical needs					
Parent/carer is seen to respond to child's emotional needs					
Parent/carer is able to respond to the child, if they show emotional distress (including self harm)					
There is evidence that the child is well stimulated (e.g. has access to toys, books and games that are suitable for the child's age and level of development)					
Parents/carers are receptive and able to implement advice on a child's emotional/behavioural needs					

Health Aspects of Neglect cont'd

	Getting Advice	Getting Help	Getting More Help	Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or requires frequent prompting	Essential needs not met and impact on child is concerning.	Information that is not known
Development					
Developmental is appropriate to age and any known medical condition. (Consider when last formal developmental assessment was completed).					
The child has an established and consistent daily routine (e.g. washing, mealtimes and bedtimes).					
Appearance					
The child is dressed in clean clothes which are appropriately for weather conditions and size/age of child.					
The child has correctly fitting clothes and shoes					
The child has good hygiene (this means the child is not dirty, grubby, unkempt or smelly, absence of nappy rash, absence of persistent head lice, scabies or impetigo).					
The child is supported to have good hygiene needs regardless of age (provision of washing facilities, provision of washing equipment i.e. soap/shampoo, provision of sanitary products and deodorant).					

Health Cont'd

STRENGTHS AND RESOURCES What is going well and what resources are already in place	GREY AREAS What aspects of the child's/ren's life are unknown and require further assessment	CONCERNS What makes you worried (current concern and potential concern)

WHAT IS THE CHILD'S/ CHILDREN'S VIEW?

GOALS		
CHILD/REN	PARENTS/CARERS	PROFESSIONAL
What does the child/ren want to change and what are their ideas for achieving this?	What does the parent/carer want to change and what are their ideas for achieving this?	What changes does the professional want to see to be able to feel confident about the child's/ren's wellbeing and why.

Housing

	Getting Advice	Getting Help	Getting More Help	Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or requires frequent prompting	Essential needs not met and impact on child is concerning.	Information that is not known
Housing conditions The accommodation has all essential amenities such as lighting, heating, water supply, bathing facilities, cooking facilities, appropriate number of bedrooms, a toilet and is in a reasonable state of repair and decoration.					
Carer understands the importance of the home conditions to child/young person's well-being.					
Utilities All utilities are in place and there is no risk to their supply					
Environment The property is well heated and ventilated and there is no mould.					
Learning spaces There is an adequate quiet space in which homework can be done with appropriate lighting					
Home making The home is hygienic and tidy. There are adequate beds and bedding for each household member.					

Housing and Neglect cont'd

	Getting Advice	Getting Help	Getting More Help	Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or requires frequent prompting	Essential needs not met and impact on child is concerning.	Information that is not known
Stability of Housing Child has a stable home environment with few if any moves.					
Carer understands the importance of stability for child/young person					
Housing related costs and debt Housing costs are responsibly managed					
Signs of domestic violence Internal doors are undamaged and there is no repair history. Only the bathroom/ WC door has a lock					
Garden The garden is tidy and clear of any sharps or dangerous waste. It is clear of any pet faeces. All dangerous garden equipment is stored out of reach of children					
Any outhouses are in good repair and cannot be entered unsupervised or climbed upon by young children.					
There is a fenced and gated perimeter around the garden.					
The children's play area is overlooked by a window allowing parents to keep a close eye on young children					
Any ornamental water features or water storage facilities are made safe					

Housing Cont'd

STRENGTHS AND RESOURCES What is going well and what resources are already in place	GREY AREAS What aspects of the child's/ren's life are unknown and require further assessment	CONCERNS What makes you worried (current concern and potential concern)

WHAT IS THE CHILD'S/ CHILDREN'S VIEW?

GOALS		
CHILD/REN	PARENTS/CARERS	PROFESSIONAL
What does the child/ren want to change and what are their ideas for achieving this?	What does the parent/carer want to change and what are their ideas for achieving this?	What changes does the professional want to see to be able to feel confident about the child's/ren's wellbeing and why.

Education

	Universal Getting Advice	Early Help Getting Help	Child in Need Getting More Help	Child Protection Getting Risk Support	Grey Areas
Universal	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or require professional prompting	Essential needs not met and impact on child is concerning.	Information that is not known
Child responds positively to parents involvement with education					
Parent appears to respond to child's cues and child is responsive to parent.					
Parent(s) is/are committed and involved in the child's learning and education					
Child attends an education setting if age appropriate: early years setting (some two year olds, all three and four year olds) or school.					
Education is stable – consistent setting/ school					
Child attends the setting regularly, in line with school policy (taken over 3 terms)					
Appropriate reasons for non-attendance are received and follow up is swift e.g. Drs appointments					
Parent response to contact from the setting regarding absence/lateness is positive					
Parent/Parents has/have appropriate expectations and is/are positive about what their child can achieve					
Parents engage with support offered and/or seek external support when needed for their child					

Education Cont'd

	Universal Getting Advice	Early Help Getting Help	Child in Need Getting More Help	Child Protection Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or require professional prompting	Essential needs not met and impact on child is concerning.	Information that is not known
Supervision of the child appears to be appropriate to the child's stage of development/age and parent recognises risks					
Parental knowledge of the risks and control with regard to Social Media are appropriate and effective					
The child is supported to engage in all aspects of free education – experiences, lessons, trips, extracurricular activity					
Child has appropriate clothing, shoes and equipment					
Contents of lunchboxes, snacks, drinks are healthy.					
Medication required at school is provided, in date and staff are provided with up-to-date information regarding any medical needs the child may have whilst at school.					
Child appears to have had breakfast before arriving at the setting/school					
The child/young person experiences/expresses feelings of worthlessness, creating sadness and anger demonstrated through their behaviour					

Education Cont'd

	Universal Getting Advice	Early Help Getting Help	Child in Need Getting More Help	Child Protection Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs infrequently met or require professional prompting	Essential needs not met and impact on child is concerning.	Information that is not known
The child is resilient, mature, competent in relation to their age					
Children with SEND are achieving and parents are involved in the assessment process on a regular basis.					
Children with SEND have opportunities for extracurricular activity and this is promoted by the parents					
Where the child is home schooled there are no concerns					
Age related					
Early years child arrives on time and is collected on time by an appropriate person					
Early years child appears well fed, clothes are clean, health appointments are being met, child is active and alert, personal hygiene is attended to.					
Parent's engage with home learning and provide opportunities to play and develop social skills					

Education Cont'd

	Universal Getting Advice	Early Help Getting Help	Child in Need Getting More Help	Child Protection Getting Risk Support	Grey Areas
	Essential needs met all the time	Essential needs met most of the time	Essential needs in-frequently met or require professional prompting	Essential needs not met and impact on child is concerning.	Information that is not known
Early years child's development is on track – particularly speech and language, and personal, social and emotional aspects. Evidence of strong attachment)					
School aged child is supported with homework including providing resources, time and space for learning					
School aged child - missing episodes are reported to school and parents engage with services including return interviews					
Child is forming secure and stable friendships					
Child is confident in their abilities and seeks helps and support when needed					
Child values education and is achieving expected norms					
Child is able to engage in safe and rewarding relationships with peers and adults					
Child recognised and co-operates with boundaries and expectation					
Child values themselves, has a strong sense of own worth and high self esteem					

Education Cont'd

STRENGTHS AND RESOURCES What is going well and what resources are already in place	GREY AREAS What aspects of the child's/ren's life are unknown and require further assessment	CONCERNS What makes you worried (current concern and potential concern)

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What does the child/ren want to change and what are their ideas for achieving this?	What does the parent/carer want to change and what are their ideas for achieving this?	What changes does the professional want to see to be able to feel confident about the child's/ren's wellbeing and why.

Local Support and Resources Available

It would not be possible to list all the local services available in Kirklees who may be able to provide support to the families you are working with. We have given the details below of a few that operate across the whole of the authority however, we encourage professionals and volunteers to utilise the locality hubs and community plus to keep up-to-date with smaller, local groups who may be able to offer more tailored support for you families.

Family Support

01484 456823

earlysupportreferrals@kirklees.gov.uk

Parenting Support

Info.ParentingSupport@kirklees.gov.uk

Community Hubs (Schools)

Karen Walsh on 01484 221000 karen.walsh@kirklees.gov.uk

Tracy Bodle on 07528 988878 tracy.bodle@kirklees.gov.uk

Community Plus

<https://www.kirklees.gov.uk/beta/voluntary-and-community-support/community-plus.aspx>

Local Organisations

Safer Healthier Homes

CGL / Hidden harm Service

<https://www.changegrowlive.org/young-people/the-base-kirklees>

01484 541589 or email us on stephen.yates@cgl.org.uk.

Homestart

<https://homestart-kirklees.org.uk/>

01484 421925

info@homestart-kirklees.org.uk

CHART

<https://www.changegrowlive.org/content/chart-kirklees>

12 Station Street, Huddersfield and 3 Wellington Street, Dewsbury. 01484 353333 / 01924 438383 or email us on Kirklees.referrals@cgl.org.uk.

PDVG

<https://pdap.org/>

To make a referral for refuge / safe accommodation 0800 0527222

To make a referral for outreach services 01484 308306/ 308307

Thriving Kirklees

0300 304 5555

<https://www.thrivingkirklees.org.uk>

Auntie Pams

<https://www.kirklees.gov.uk/beta/auntie-pams/index.aspx>

Dewsbury 01924 438316, Huddersfield 01484 414775

auntiepams@kirklees.gov.uk

Mental Health in Families Team

mentalhealthinfamilies@kirklees.gcsx.gov.uk

Family Group Conferencing

Joanne Jennings or Mickaela Irving on 01484 221000 or email

Family.GroupConferencing@kirklees.gov.uk

Multi-systemic therapy

Kieran Lord on 01484 221000 or email kieran.lord@kirklees.gov.uk

Young Carers

<https://www.barnardos.org.uk/what-we-do/services/kirklees-young-carers>

Uniform Exchange

<https://www.uniform-exchange.org/>

Community directory

Find out what's on across Kirklees, listings for free and lost cost events for children and families.

<https://communitydirectory.kirklees.gov.uk/communityDirectory/default.aspx>

Useful Websites

<https://www.moneyadviceservice.org.uk/en>

The service is available 24 hours a day via the website and five days a week by telephone on 0800 138 7777 (calls are free).

Guidance provided across a wide range of money matters, including a number of useful tools and calculators to help people manage their money.

<https://kirkleesiapt.co.uk/>

IAPT stands for Improving Access to Psychological Therapies; helping people get quick and easy access to the best type of therapy for their individual needs.

<https://youngminds.org.uk/>

Information and support for Children and young people with emotional wellbeing and mental health.

Parents Helpline: 0808 802 5544 (Monday to Friday 9.30am – 4pm, free for mobiles and landlines)

<https://www.gamcare.org.uk/>

GamCare is the leading national provider of free information, advice and support for anyone affected by problem gambling.

<http://andysmanclub.co.uk/>

Support groups for men with mental health and wellbeing

<https://www.thrivingkirklees.org.uk/>

Health and wellbeing services for Kirklees children and young people aged 0-19 years (up to 25 years for children with special needs) and their families have been brought together under one name... Thriving Kirklees.

Thriving Kirklees is a partnership of local health and wellbeing providers all working together to support children, young people and their families to thrive and be healthy

<http://yorkshirechildrenscentre.org.uk/>

Yorkshire Children's Centre offers a range of support for children, young people, parents and families and is a Thriving Kirklees partner.

<https://www.thewelcomecentre.org/>

We help local families and individuals in crisis with food, toiletries and other essential items. We also provide advocacy, guidance, and support to address underlying issues.

<https://www.samaritans.org/>

A registered charity aimed at providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout often through their telephone helpline (116 123)

<https://www.richmondfellowship.org.uk/>

Richmond Fellowship is a national mental health charity. They offer a range of services across England including supported housing, community, crisis houses, residential homes, employment support and social enterprises.

<https://www.buttleuk.org/>

Buttle UK is a charity dedicated to helping children and young people who are in crisis reach their potential by providing small but targeted and effective interventions via our Chances for Children Grants. These grants can range from a single household item such as a bed, to larger, more comprehensive grants of up to £2,000 to help remove the material barriers to education, training or wellbeing that a child or young person may be facing.

<https://www.citizensadvice.org.uk/>

A network of charities which offers confidential advice online, over the phone, and in person, for free.

Useful Websites

<https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/>

Information from the NSPCC to support parents on issues such as coping with tantrums, separation, talking to children about keeping safe etc.

<https://www.nspcc.org.uk/keeping-children-safe/online-safety>

Information from the NSPCC to support parents with keeping their child safe online.

<https://www.thebrunswickcentre.org.uk/>

Support for the LGBTQ+ community through youth groups, support for parents and carers, HIV prevention and testing, counselling services etc.

<https://www.kcrasac.co.uk/>

We offer services by women, for women and girls aged 13 and over who have experienced sexual/domestic violence.

Whilst we focus on the needs of women and girls; we fully acknowledge that males experience sexual/domestic violence too and also run a project on specific days that provides a service for males aged 13 and over.

<https://www.cruse.org.uk/>

Support, advice and information to children, young people and adults when someone dies

<https://www.stgilestrust.org.uk/>

A charity using expertise and real-life past experiences to empower people who are not getting the help they need.

People held back by poverty, exploited, abused, dealing with addiction or mental health problems, caught up in crime or a combination of these issues and others.

<http://huddsdash.org/>

Destitute Asylum Seekers Huddersfield

Provides relief for asylum seekers and refugees who are in need, hardship or distress. Support for the physical and mental health of asylum seekers and education and training of local people, asylum seekers and refugees, in order to improve social cohesion within the wider community

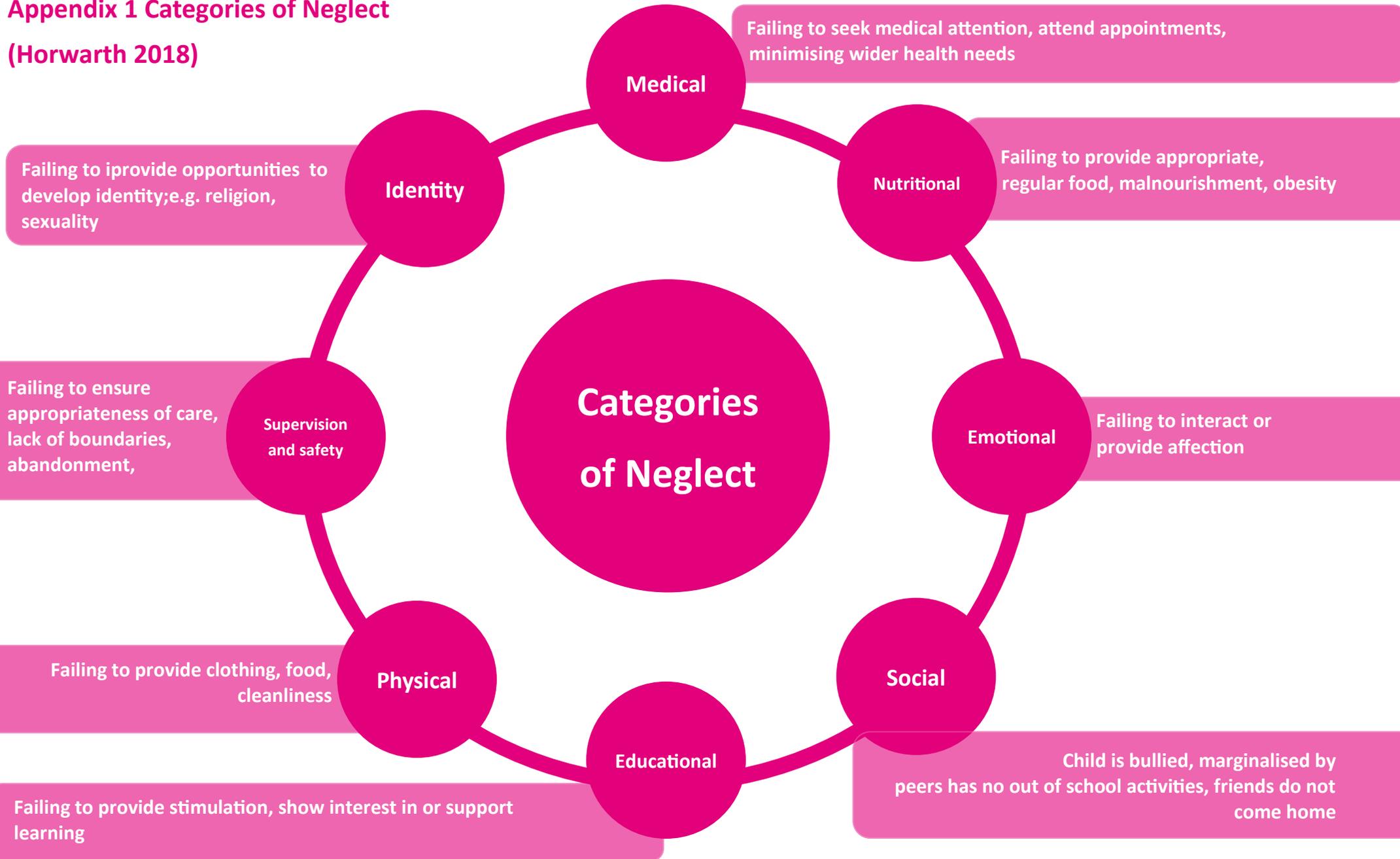
<https://www.nhs.uk/change4life>

Fun ideas to help kids stay healthy, includes guides regarding healthy eating, exercise, recipes etc.

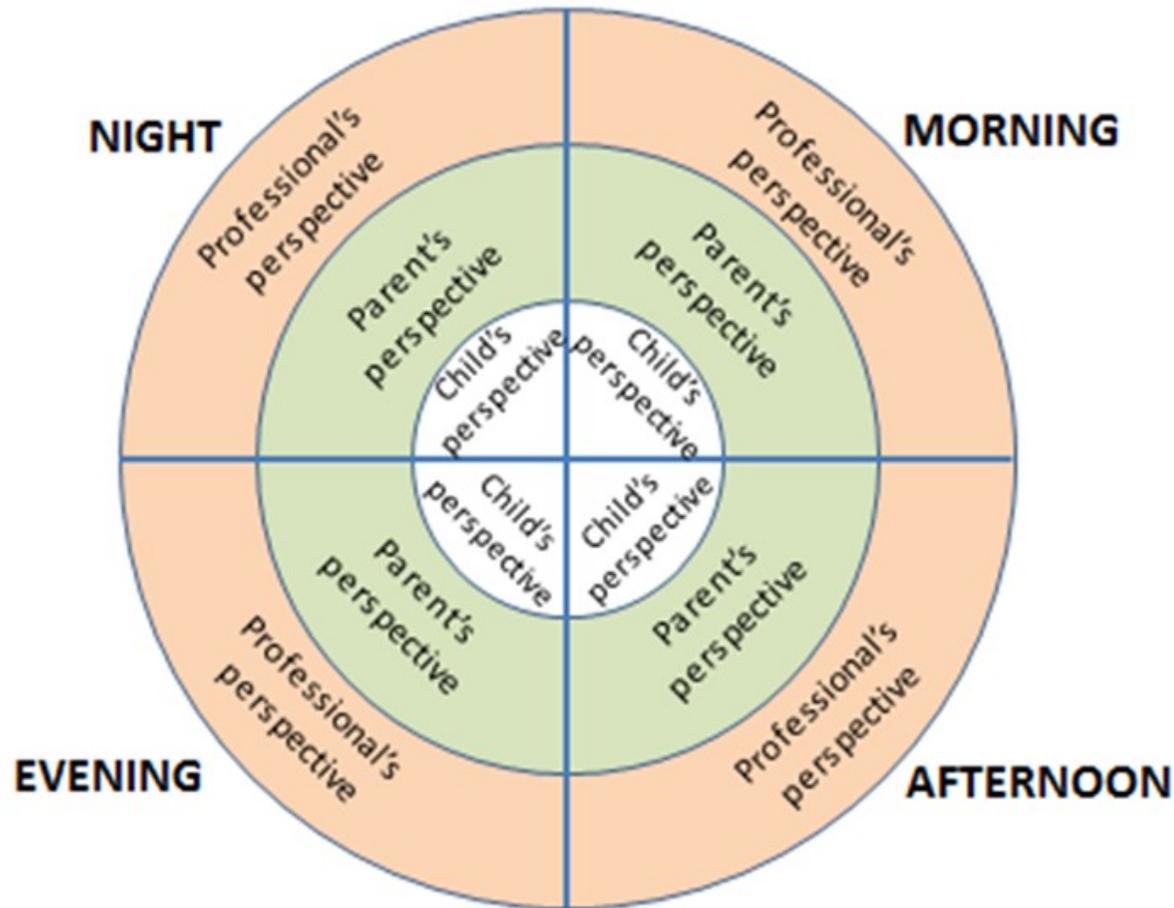
<https://www.yorkshirewater.com/billing-payments/help-paying-your-bill/>

Support and advice from Yorkshire Water regarding paying for water bill

Appendix 1 Categories of Neglect (Horwarth 2018)



Appendix 2 Daily Lived Experience of the Child (Horwath)



This tool can be used in variety of ways to draw out the daily lived experience of the child...

1. Practitioners should think about each section of the day and come up with as many questions as they can that would help them understand this part of the child's day, even the child cannot answer the question (i.e. due to age or communication difficulty)
2. Parents could be asked to talk through each section of their day
3. Parents could be asked to imagine they are their child (or each of their children in turn) and talk through the day as if they were that child. This will draw out how far the parents understands and empathises with the child's daily experience
4. The child can be asked directly to talk through each part of their day (see Child's self assessment tools)
5. Each section of the day can be compared to other's perspectives. So how does the professional perspective of the morning differ from the parent's or the child's? How can this be reconciled?