



Bwrdd Diogelu Caerdydd a'r Fro
Cardiff & Vale Safeguarding Board

Multi-Agency Child Neglect Toolkit

November 2024

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Cardiff and the Vale of Glamorgan Regional Safeguarding Children's Board Neglect Toolkit

Introduction

This multi-agency toolkit has been developed in response to local knowledge, child practice reviews and the acknowledgement from the board that children who suffer neglect are vulnerable, and that neglect is a difficult area of abuse for professionals to identify. Often there are patterns of neglect, and some aspects may be missed; hence why the Cardiff and the Vale Regional Safeguarding Board have supported the development of this toolkit.

This is to help support families to receive the early help they need and to create a way for families to work with professionals to identify and understand neglect, and to work in partnership with them to enable positive change.

Support and guidance for professionals can also be found from the ['Safeguarding children from neglect'](#) All Wales practice guide embedded within the [Wales Safeguarding Procedures](#).

Prevalence of neglect

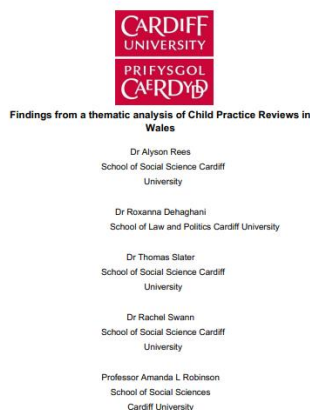
Figures for Cardiff Council's Child Protection Register showed that in March 2022, 164 children were registered for neglect. In March 2023, this figure was 126.

Figures for The Vale of Glamorgan Council's Child Protection Register showed that in March 2022, 86 children were registered for neglect. In March 2023, this figure was 88.

Since 2002, neglect has consistently been the most common reason for a child to be a subject to a child protection plan (CPP) in England and Wales, as reported by the NSPCC (How safe are our children, 2016). For 2015, 45% of CPPs in England were under the category of neglect, this has shown a general upward trend from approximately 35% since 2002.

If a child in Wales suffers significant harm resulting in serious and permanent damage or death, and child abuse is known or suspected, a Child Practice Review (CPR) should take place. A CPR is a multi-agency review to explore the circumstances of the incident and agencies' work with the child and their family. It provides learning on how multi-agency child protection practices can be improved and how similar incidents can be avoided. Between 2017 and 2024, there have been 25 reviews within Cardiff and Vale Safeguarding Board relating to children. Of these, 11 related to Neglect (44%) with 6 cases (24%) having Neglect as the sole category of harm and 5 cases (20%) where it featured within a combination of harms.

Neglect is also commonly seen as a feature of children's serious case reviews (SCRs); there was evidence of neglect in 62% of recent case reviews (Pathways to harm, pathways to protection: A triennial analysis of serious case reviews 2011 to 2014, 2016). In a small number of these SCRs (known as Child Practice Reviews in Wales), extreme neglect can be directly linked to the death of children.



Thematic analysis undertaken in Wales have identified significant findings in relation to neglect.

Research undertaken and published by Cardiff University in 2020 looked at 20 Child Practice reviews completed between 2014 and 2019. Nine of the CPRs were undertaken as a result of a child death, with causes of death ranging from factors associated with medical and/or other forms of neglect (including lack of supervision), filicide (i.e. killing of a child), and suicide.

The most recent thematic analysis of multi-agency safeguarding in Wales, commissioned by the National Independent Safeguarding Board (NISB) and produced by researchers from Manchester Metropolitan University and the University of Liverpool, was published in October 2023. It looked at 33 CPRs

undertaken by the six Safeguarding Boards in Wales between 2013 and 2021 and disclosed several potential risk factors in need of monitoring, providing recommendations to Safeguarding Boards. One of the several risks identified within the analysis was that the children's most common vulnerabilities were emotional abuse, neglect and living in poor home conditions.

This toolkit aims to align with key recommendations in the recent National Independent Safeguarding Board's *Risk, Response and Review: Multi-Agency Safeguarding: A Thematic Analysis of Child Practice Reviews in Wales 2023*. Findings from this analysis showed that "several CPRs identified issues with practitioners being unsure what detail was required to be reported to ensure accurate capturing of information." relating to neglect and home conditions. A recommendation was made for Safeguarding Boards to "review how neglect and concerns regarding home conditions are recorded, and who takes ownership and responsibility for these concerns...As per other recommendations within this review, the impact on all family members needs to be considered in these assessments and recording."



Why is a Neglect Toolkit important?

This toolkit sets out the strategic approach to tackling and reducing the impact of neglect and identifies the key principles, under which work around neglect should be undertaken. It identifies key priority areas of work to improve our collective response to neglect. This toolkit provides a co-ordinated approach to delivering services for children and young people.

There are an increasing number of children who are subject to child protection plans due to neglect, both nationally and locally.

Children and young people being offered Early Help with indicators of neglect, are not always clearly defined and recognised as experiencing neglect. Universal and early intervention services have a critical role in identifying and addressing the safety needs of the child, alongside partner agencies and children's social care. This toolkit has been developed in conjunction with multi-agency partners working with children, young people and their families, within Cardiff and the Vale. By having a shared understanding of what neglect means across all services and for parents, there will be a timely and consistent approach

to identifying neglect and reducing its impact, as well as supporting parents and practitioners to identify and work with the areas of need, that have been identified alongside the family.

Neglect of children and young people can have a significant impact on the child's health and development. Neglect is likely to cause distress to children and young people, leading to poor health, educational, social outcomes and is potentially fatal. Children's abilities to make secure attachments can be affected and their attendance and attainment at school reduced. Their emotional health and well-being are often compromised, and this can impact on their success in adulthood, including their ability to parent in the future. In some cases, neglect is a contributing factor in the death of children.

What is neglect?

The statutory definition of neglect is 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 for example in utero substance misuse. 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 caregivers).
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (Working Together to Safeguard Children, 2015).

As well as the statutory definition, it is important to have regard to the specific needs of children that are often encompassed under the term 'failure to meet basic needs'. Professor Jan Horwath (Child Neglect: Identification and Assessment, 2007) identified additional categories to consider.

These include, but are not exhaustive of:

- Medical neglect
- Nutritional neglect
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance
- Identity neglect, not recognising or addressing the child or young person's needs in terms of culture, religion, gender, and sexuality

What are the common risk factors?

There are different categories of risk factors that increase the likelihood of neglect in some families. These may be one or a combination of factors below (this is not an exhaustive list and professional judgement should always be applied).

Child risk factors:

Some children and young people may be more vulnerable than others:

- Additional learning needs and disability
- Behavioural and emotional needs
- Chronic ill health
- Young carers
- Babies under one
- Children who were born prematurely, or with very low birth weight
- Children missing from home
- Children missing in education
- Asylum seeking and/or refugee children- where there are language barriers
- Adolescence
- Children and young people who are exploited
- Children looked after (placement with parents)
- Privately fostered children

Parental risk factors

- Domestic abuse and sexual violence
- Mental ill-health
- Incarceration
- Criminality
- Anti-social behaviour
- Parental separation
- Drug and alcohol use (substance misuse)
- Parents' own Adverse Childhood Experiences
- Lack of experience of positive parenting in childhood

Wider Risk Factors

- Poverty
- Unemployment
- Missed appointments
- Highly mobile families
- Poor family support
- Resistant to intervention
- Disguised compliance

Guiding principles supporting the use of the Neglect Toolkit

- **Child focused** – The safety, well-being, health, vulnerabilities, and additional needs of children is the overriding priority and children are at the centre of what we do.
- **Child/Young Person's voice** – Practitioners know the children and young people they work with well and advocate for them. Where children cannot voice their views, practitioners have the skills

and insight required to consider the child's experience of daily living and to advocate on their behalf.

- **Outcome focused** – To ensure we understand the difference that is being made, the work with children and young people needs to be measured by the impact of outcomes.
- **Early help** – Ensuring the early recognition and identification of the signs and symptoms of neglect.
- **Strengths based approach** – By building on strengths, practitioners act as agents of change to support families and create sustainable change to make a difference to children and young people's lives.
- **Whole family approach** – Practitioners will work alongside the family and children to identify their support needs and to facilitate change.

Who will use the Neglect Toolkit?

Practitioners have a key role to play in providing early help and empowering parents to care for their families. Our aspiration is that the toolkit will be used by all professionals (Health, Education, Housing and Early help) to support families to make changes.

Practitioners are key in:

- Developing long-term positive relationships with parents
- Encouraging parents to seek help when problems first emerge
- Talking to a child and their parents and carers to understand what support they need
- Sharing information about a child and their family with relevant agencies
- Identifying which services are best placed to help a family
- Monitoring a child's situation
- Providing direct practical and emotional support to a child and/or their parents
- Signposting families to other specialist services when necessary. Successful early intervention can improve the attachment bond a child has with their caregivers, reduce harm, and help children form positive relationships in adulthood (Howe, 2011).

This neglect toolkit will assist all practitioners to work with families in a cohesive multidisciplinary way, that supports families to make changes that are required to meet the needs of their children.

How will we know if the Toolkit is working?

The evaluation of the Neglect Toolkit's use will be based on several factors:

- How much it is being used on neglect cases
- The number of professionals attending neglect training
- Increased awareness of neglect
- Increased identification of neglect
- Child Protection Register figures

- The number of agencies reporting on using the Toolkit

Each agency will report on use of the Toolkit and have an individual implementation plan.

Acknowledgements

Cardiff and Vale Safeguarding Board would like to thank the following people who worked with them on the Toolkit:

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The Board would also like to thank Charlotte Westacott, Sammie Clinton, Treena Morris, Helen Anderson and Jason Redrup.

Child Neglect Toolkit

Child(rens) name:	
Practitioners name	
Agency:	
Date this toolkit was completed:	
Date of review: (Review to be held every 4 to 6 weeks)	

<i>What is neglect?</i> (family's definition)
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How to use the toolkit:

Areas that the toolkit covers: physical care, health, safety and supervision, love and care, stimulation and education, parental motivation, and change.

Note: boxes are for professional input and are always to be discussed and agreed with family.

Reviews to be held every 4-6 weeks e.g. within core group meetings (to be adapted to the specific team, local authority, service area).

Scoring:

Green	Some or all needs are met, and parents/carers are actively trying to engage in support.
Amber	Some needs are met, parents/carers are not engaging in support or motivated to want to change.
Red	Nearly no needs met, not fully engaging or disguised compliance.

Area 1: Physical care

Green	Amber	Red	Scoring:		
Food:					
Generally healthy and balanced, 5 A Day, house is full of food, parents have knowledge of a balanced nutritious diet (allowing treats).	Only some healthy choices, cupboards have some food, some fresh products, but reliant on takeaways, willing to learn about nutritious food.	No adequate amount of food, food banks are continually relied on, no understanding of nutritious food.			
Notes:					
Stability of housing and bills:					
No risk to eviction, managing on income they receive.	Payment plans for bills, in some arrears.	Multiple moves, risk of eviction, no budgeting skills.			
Notes:					
Child's presentation in general (based on more than one observation):					
Child appears at healthy height and weight, clean appropriate clothing, no odour, clean hair/nails, opportunity to shower/bath regularly.	Child appears to have some dirty fingernails/ unwashed hair, some marks on clothing, some 'normal age appropriate' body odour. Reoccurring nits, parents making attempts to keep on top of this.	Child looks unwashed, unkempt, looks unhealthy, dirty/broken clothes, unpleasant smell. Parents not motivated or recognising the importance of hygiene. Nits reoccurring and parents not treating, no treatment observed.			
Notes:					
Quality of housing and home conditions:					
Kitchen:					
Clear floor, working appliances, no trip hazards, clear exits, clean surfaces to prepare food, clean food storage/fridge, no waste including rubbish and crumbs.	Evidence of attempt of cleaning, some dishes, some clean space to prepare food, bins sometimes full but not overflowing, no visible hazards, exits are accessible but some	Dirty floor, clutter and rubbish on surfaces, dirty appliances including fridge and microwave, mouldy dishes, risk to attract unhygienic animals – flies, rats, mice. Overflowing rubbish			

	clutter and objects on floor.	and rubbish bags in kitchen, no clean crockery and plates to use. Bottles not being sterilised. No washing up liquid/ cleaning product.			
Notes:					
Child's bedroom:					
Clean bedding, age appropriate bed, child lock on bedroom window, floor space, appropriate storage, reflective of child, clean room in general, no rubbish, dirty dishes, or snacks/food left, bedroom door, no lock, working lighting in bedroom.	Clean appropriate bedding and suitable mattress that is clean, evidence to attempt to clean, some storage (evidence clean clothes but piled up), privacy with door and curtains on windows, no hazards, no mouldy plates.	No bedding/soiled or dirty bedding. No bed, unclean mattress, strong smell, no curtains or blinds, damp, unsafe bedroom window, damaged door, evidence of animals sleeping in bedroom (more of a worry with babies, in cots), no storage, dirty clothes piled up, dirty plates.			
Notes:					
Bathroom:					
Toothbrushes and toothpaste for child, handwash and soap, functioning toilet, evidence of cleaning, evidence of washing products, clean towels, evidence of potty training.	Toothbrush and toothpaste, some washing products, evidence of working toilet, and washing facilities, shower, bath and towels available.	No toothbrush available for child, no toothpaste, no washing products, broken toilet and shower, overflowing sink and bath, no clean towels visible, human waste seen.			
Notes:					

Living room/hallway:					
Clear walking space, no hazards, clear seating area, no rubbish, no unclean smell, ventilated room, clear exits.	Some clear seating area, no hazards, walking space and clear exits, minimal rubbish, Evidence of it being cleaned.	Unclean floor, cluttered, no clear seating area, rubbish overflowing, unpleasant odour, mouldy dishes and food, evidence of hoarding and no space, no clear exits or pathways.			
Notes:					
Garden/outdoor space:					
Clear pathways, animal faeces not seen, area clear to play, rubbish managed throughout, no broken fences, enclosed for some privacy, maintained and nothing overgrown, garden evidenced to be used regularly, evidence animal faeces is picked up regularly.	Clear pathways, some clear area to play, not completely unusable, some animal faeces evident but mostly picked up, garden being maintained and used, no excess bins and safe space, not fully enclosed (may be risk for younger children).	Unclear pathways, animal faeces and rubbish is evident throughout garden, unusable garden for children, significantly overgrown and hazardous material, likely to attract vermin and evidence of vermin, no privacy, cigarette evidence, no storage and used for the excess rubbish and bins.			
Notes:					
Faeces:					
No evidence of animal or human faeces in any room or garden, if an accident occurs while on visit evidence of it being cleaned, appropriate disposal of faeces, none on bedding, or floor.	Evidence of animal training, but family are aware of this and on top of this, dirty nappies not put away straight away.	Animal and human faeces in any rooms, evidence on bedding and floors, animal or human faeces in garden, no appropriate disposal of the waste i.e. build-up of unclean nappies not placed in bin.			
Notes:					

General repair/upkeep:					
Safe environment observed, no holes in walls, no broken door or exposed wires, no damp or mould.	General safe environment, some upkeep needed, i.e. door repairs, electrical/plumbing repairs, floor damage – carpet/wood flooring, damp observed (taking advice and precautions to treat this), attempts made for parents to make the upkeep better.	Unsafe environment, damp exposed in most rooms, exposure of electric wires, floor damage – unsafe, doors are damaged or removed, faulty windows and security (no attempt to resolve this with housing provider), broken furniture.			
Notes:					

Area 2: Health

Green	Amber	Red			
Co-sleeping: (worker to check sleeping arrangements and to follow NHS guidelines)					
Suitable bedding/furniture, age-appropriate bed/cot, no co-sleeping (following NHS guidelines), no smoking in household.	Aware of dangers of co-sleeping and dangers of drugs and alcohol but inconsistently observed, no smoking in the house.	Ignores advice on beds and bedding, sleeping position of baby and smoking, does not recognise the dangers of co sleeping and indifferent to advice.			
Notes:					
Seeking advice and intervention:					
Proactive in seeking support and advice for any areas regarding social issues, health appointments, seeking intervention to prevent further issues, very engaging and willing to change.	Attempts to seek support and advice, some barriers that prevent proactiveness but want to make the changes. Attend some health appointments but need to be consistent.	No attempts of seeking advice, concern that children miss health appointments, disengaging when support is offered, not taking advice on board from professionals/ disguised compliance.			
Notes:					

Disability and illness:					
Proactive in seeking and attending appointments, advice and advocating for the child's well-being, a positive outlook on the child's identity and complies with their needs relating to the disability.	Some attempts to seek appointments, some knowledge of the child's disability and illness and willing to learn more to further meet the child's needs. Still room for improvement regarding the impact of the disability/illness on the child.	Shows frustration and blame to the child for their disability, there is minimisation/no understanding of the child's health needs, does not seek advice and support. Does not consistently attend appointments that are required. Overall, not meeting needs of the child.			
Notes:					

Area 3: Safety and Supervision

Green	Amber	Red			
Safety awareness and features:					
Awareness of safety issues, inappropriate adult materials i.e. lighters and alcohol out of reach, bleach and cleaning products locked away, medication in safe places, kitchen knives stored away out of reach of children, tools stored away in a safe place, working smoke and CO2 alarms.	Awareness of some safety issues, some inappropriate adult materials in view i.e., medication and alcohol, bleach and cleaning products lighters, tools, knives in view on kitchen counter (where non-age appropriate children can reach), some child safety mechanisms, willing to take advice.	Inappropriate adult materials not being stored safely and easily accessible for children, alcohol, smoking substances, medication not hidden safely, drug paraphernalia observed, kitchen knives accessible to non-age appropriate children, no child safety mechanisms and no awareness that this is an issue to safety, does not accept advice regarding this.			
Notes:					
Supervision of child:					
Appropriate child supervision at all times regarding age and development. Parents	Some evidence of parents supervising a child's use of devices, television and social	No evidence of parental supervision on a child's use of devices, television and social media. Very little			

<p>take appropriate steps to responsibly supervise child's use of devices, age appropriate television and social media content. Proactive in seeking advice regarding supervision on what is age appropriate.</p>	<p>media content. Supervision provided indoors and outdoors but does not consistently supervise and monitor, does not supervise appropriately for age and development. Willing to have advice and guidance regarding this.</p>	<p>supervision, not consistent and puts child at risk. (Results in regular injuries due to lack of supervision). Hostile and unaccepting of advice regarding this.</p>			
<p>Notes:</p>					
<p>Handling of baby/response:</p>					
<p>Active response to baby ques, particularly if baby is crying, parents actively responding. Baby handled in a loving and delicate way, taking care of neck area. Baby placed in a safe area if parent needs to leave them for a short time e.g. using the toilet. Baby monitors in use, support when baby is asleep. Proactive in seeking guidance and advice.</p>	<p>Sometimes responsive to baby ques, when baby cries parent usually responsive to meet that child's needs. Baby left in safe space. Willing to take on advice or guidance. Usually handled in a loving way.</p>	<p>Parent is unresponsive to baby ques. Inconsistent in meeting baby needs, handling does not always present as safe, parent's prioritising their own needs above baby's needs. Unwilling to take on advice or not following any guidance. Baby left in an unsafe space.</p>			
<p>Notes:</p>					
<p>Care by other adults:</p>					
<p>Parent ensures all caregivers are safe and appropriate. Parent and child always know their whereabouts.</p>	<p>Child left with others who are not age appropriate or considered safe, for a few hours, which a parent feels is safe. Children are left with adults that are unfamiliar. Willing to take on board appropriate advice in</p>	<p>Parent leaves child with unsuitable persons, children services and police have been involved with this person and their family. Whereabouts of children not known.</p>			

	<p>relation to the care of the children, from children services and police. Whereabouts of child sometimes unknown.</p>				
<p>Notes:</p>					
<p>Responding to adolescence and self-neglect:</p>					
<p>Proactive in encouraging healthy lifestyle, in terms of food/ education/ relationships/ safety/ physical and mental health/ and self- care. Needs are met.</p>	<p>Shows some interest in the child’s self-neglect, although needs advice on how to manage this. Can blame the child and not proactive in finding the right support. Some needs are met.</p>	<p>Shows no interest and does not recognise the serious concerns with the child’s low mood, possible exploitation, does not take any responsibility and does not take any advice or support from health, police, or children services. No needs are met.</p>			
<p>Notes:</p>					
<p>Traffic awareness and in car safety:</p>					
<p>Parents understand and teach children road safety at an appropriate age. Child has age-appropriate awareness of road safety. Appropriate pram/ pushchair and car seat. Awareness of traffic lights, safe road crossings.</p>	<p>Parents have taught some road safety to the child. The child has some knowledge of age-appropriate road safety or ability to supervise road safety. Although has appropriate pram/ push chair and car seat. Will seek advice on road safety, i.e., hand holding, teaching about traffic lights.</p>	<p>No awareness of road safety or appropriate car safety and no attempts to change. No attempt to teach child road safety or support them to learn.</p>			
<p>Notes:</p>					

Area 4: Love and Care

Green	Amber	Red			
Parent/Carer's attitude to child, warmth and care:					
Parents are consistently emotionally warm, accepting of all identity aspects, physical contact given if wanted and needed, parents ensuring best efforts of ensuring they know their child is safe, practice with any guidance to reflect the child's age and understanding. Parents actively showing their love to their child, willing to engage with support when needed. Good communication between parent and child. The child is praised and has appropriate rewards by parents.	Some emotional warmth, questions child's identity beliefs and not understanding of choices, inconsistently with support and not always following advice but do say they want to change. Good understanding of when the child is out and sometimes contacts them to check their whereabouts.	No consistency with warmth. Child does not feel heard, important, or loved there is no effort with physical or emotional closeness. There is minimal effort to ensure the child feels care and love. No praise. Often not knowing where the child is and no attempts to find or contact the child. Does not want to change this or take on advice.			
Notes:					
Boundaries: (Physical chastisement is a criminal offence, this is not an appropriate boundary and would instantly be red)					
Child has safe and age appropriate boundaries. Parents seek guidance and support if unsure of these boundaries. Parents are aware of the child's friends and can access the child's social media to monitor. There is good communication between child and parent to understand the set limits. Parents	Inconsistent boundaries and not always age and developmentally appropriate. Understands the importance however prioritises other things, does not always adhere to advice and guidance given. Sometimes checks friendship groups and social media. Parents want child to have positive relationships however,	Parents are inconsistent and provide harsh boundaries or no boundaries. Child possibly feels uncared for. Parents are not open to advice and guidance regarding this. Parents are not always ensuring child is safe in community or online. Parents are not consistent in parenting which is not showing improvements. Parents unaware of bullying			

try to promote positive peer influences, if there are bullying incidents, take appropriate action i.e. contact school or social media provider.	does not actively promote this. Parents not fully confident to deal with bullying in an appropriate way.	incidents and do not take any action.	Green	Yellow	Red
Notes:					
Animals:					
Parents ensure age and developmentally appropriate supervision around the animals. Parents aware of risks and put safe measures in place. Parents take the responsibility of the animal; the child can have some age and developmentally appropriate tasks. Animals do not interfere with the cleanliness of the house. Child's needs are prioritised over the animal's needs.	Some appropriate safety measures, and some appropriate supervision. However, parents struggle to see any risks but are generally following advice and guidance. Animals have some impact on the cleanliness of the home.	No supervision of the children with their animals, animals are impacting on the cleanliness of home environment, animal hair, animal food and faeces. Concerns regarding the presentation of the animals. Parents do not accept the concerns and refuse to engage in advice and guidance.	Green	Yellow	Red
Notes:					
Adult arguments and violence:					
Child's not witnessing or hearing arguments between their parents. Children do not have experience of domestic violence. Parents communicate effectively and understand the impact of arguments on the child. Child feels safe at home and no issue with family time handovers.	Parents sometimes argue aggressively. Parents realises the impact on the child and are willing to take advice and guidance. Parental arguments do not seem to have a developmental impact on the child.	Child being exposed to high level of parental arguments and domestic violence. They are not concerned regarding the child's impact; however, there would be impact on the child's development. Not willing to engage in support.	Green	Yellow	Red

Notes		
Young - caring responsibilities:		
<p>Child has no adult tasks, has age and developmentally suitable appropriate tasks. Any caring responsibilities are not negatively impacting on the child's development. The child has sufficient support in caring responsibilities. The child's own needs are prioritised over any caring responsibilities. A child wants a role in caring and does not feel under pressure to do so. Parent accepts Young Carer's support.</p>	<p>Child has some additional responsibilities, but these are manageable for age and developmentally. Child feels some level of responsibility without impacting on the child's development. Limited support but is open for further support and guidance. This sometimes impact the child's school attendance as the child takes parents to appointments. Parent tries the best that their child's needs are prioritised. Parents accepts that the child has some caring responsibilities, unaware but willing for a referral for Young Carer's support.</p>	<p>Caring responsibilities are impacting on the child's well-being and development; the child's needs are not being prioritised. The child takes on parenting role and the parent takes on the vulnerable role. Child's education greatly impacted, and carer's role is prioritised. Parents refusing additional support such as the child engaging in Young Carers.</p>
Notes:		
Positive values:		
<p>Parents encourage positive values and want to be respectful to others, also understand importance of development and give clear advice and support. This includes awareness of smoking, drinking, sexual relationships and drug</p>	<p>Parents aware of the importance of child development but variable awareness of smoking, drinking, drugs and sexual relationships. Inconsistent in helping child have positive values, be respectful to others and show kindness and helpfulness. Carer</p>	<p>Parents do not teach socially acceptable age dependant - values, indifferent to right and wrong. Indifferent to smoking, drinking, drugs and sexual relationships. Sometimes encourage these activities. Parents do not monitor watching inappropriate materials. Does not accept advice or</p>

<p>use. Does not allow child to watch inappropriate films/TV/games and monitors internet use. Uses age-appropriate internet blocks.</p>	<p>aware of the need to monitor entertainment material but is inconsistent due to personal difficulties. Parents gives some advice and support, they also welcome professional advice to change.</p>	<p>support and do not see this as important. Unwilling to follow guidance.</p>			
<p>Notes:</p>					

<p>Adult behaviours:</p>					
<p>Healthy conversations about feelings, therefore child can express their own feelings in their time. However, no concerns of impact on child's emotional well-being. Parents do not misuse drugs or alcohol. Alcohol in the home stored away, low consumption, not intoxicated while caring for the child.</p>	<p>Child sometimes can express feelings and emotions, parent sometimes encourages this, but tries not to have any impact this may have on the child. However, parental low mood may be impacting therefore some inconsistencies. Willing to take advice. Some alcohol and drug use, but this is not impacting on the child's development.</p>	<p>Parents mental health is impacting on the child's emotional well-being, speaks about depression and suicide. Parents using alcohol and drugs as a coping mechanism and is not aware of the impact.</p>			
<p>Notes:</p>					
<p>Finance:</p>					
<p>No financial implication and managing on the income they receive; child's needs are met.</p>	<p>Finances are affected but the child's basic needs are met. Parents taking on advice and support regarding they finances.</p>	<p>Parents are not managing on the income they receive, which impacts on the child's basic needs not being met.</p>			
<p>Notes:</p>					

Area 5: Stimulation and education

Green	Amber	Red			
All ages (unborn to 18 years):					
<p>Parents promote age appropriate stimulation and education at all ages to support development. Parents recognise the importance of education and instil this in their child and encourages stimulation out of school. They understand the importance of movement and activity for brain and body. Parents promote good school attendance. Parents show interest in school and their likes. However, the child has personal difficulties in attending school, professionals are working with the family to support this.</p>	<p>Parents sometimes promote age-appropriate stimulation to support their development. Parents recognise the importance of education however struggles to be consistent in this, child is not meeting all their developmental milestones. Parents willing to take on advice and guidance. Attendance is not meeting the expected level.</p>	<p>Parents not providing stimulation or promoting education. Parents do not see the importance in this, children are having limited age-appropriate stimulation, children not meeting their developmental milestones. Parents not taking on any professional advice and support. Child has low school attendance and parents do not seem motivated to encourage the children.</p>			
Notes:					

Summary

Area	Summary	Actions for the Family
Area 1		
Area 2		
Area 3		
Area 4		
Area 5		

Review

Green	Amber	Red			
Parental motivation for change:					
Parents have taken onboard the discussions and analysis of the neglect toolkit. Parents have been working on the areas that needed improvement.	Parents have taken some of the advice onboard while considering some of the analysis. Parents have adhered to some of the agreed actions after review meeting, but this has been inconsistent.	Parents show no willingness or want to consider the analysis. Parents have not been working through the areas that needed improvement and are unwilling to take part in another review of the toolkit. All areas that need improvement remain a cause of concern.			
Notes:					

I have completed this toolkit alongside the professional.

_____ (signed by parent / carer)

Parent / carer comments in relation to the completed toolkit:
