

## Section two:

# Responding to the needs

**2a:** Assessment tool  
practice guidance

**2b:** Assessment tool  
record sheet

**2c:** Assessment tool score  
sheet and action plan

HOW

**ACTION FOR CHILDREN**

WORKS



## Section 1a:

# Introduction and toolkit summary

**The aim of this guidance is to establish a common standard of care that is given to children by parents or carers.**

This tool gives an objective measure of the care of a child by a carer. The tool provides a qualitative grading for actual care delivered to a child taking account of commitment and effort shown by the carer.

Personal attributes of the carer, social environment or attributes of the child are not accounted for unless actual care is observed to be affected by them. Thus, if a child is provided with adequate food, appropriate clothes and a safe house, the Assessment Tool for Neglect will score better even if the carer happened to be poor.

The grades are on a five point (extending from best to worst) continuum. Grade one is the best and five the worst. This grading is based on how carer(s) respond to the child's needs. This is applied in three areas of need: physical, safety, love and esteem. Each area is made up of different sub-areas, which are further broken down into different elements of care. The score for each area is made up of scores obtained from each of these elements. The highest score is the overall total for the assessed area to focus practitioner's activity.

Blank forms for the 'traffic light score sheet' and action plan can be found in section 2c.

## The assessment tool record sheet (see section 2b)

The toolkit covers the following indicators of neglect:



Area of physical care

- Nutrition
- Housing
- Clothing
- Health
- Hygiene



Area of care and safety

- Home safety
- Supervision
- Out and about



Area of love, relationships and self-esteem

- Attachment
- Mutual engagement
- Learning and child development

**1. Family name**

Fill in the carer(s) name and the date of assessment at the top of the Record Sheet.

Note: The toolkit uses the word 'carer' throughout to include either a parent or a person who has a caring role for the child.

**2. Carer(s) names(s)**

The person to whom these observations relate (one or more than one carer, as applicable).

**3. Methods**

The first session with the carer(s) should include a friendly explanation of the assessment toolkit.

Lists of prompts are available with the tool and can be referred to during the visit. They can be used where there is already enough information on the elements or sub-areas to enable scoring.

It is important to include the voice of the child within the assessment.

**4. Situations**

a) So far as practicable, use the steady state of an environment and discount any temporary insignificant upsets e.g. no sleep the night before.

b) Discount the effect of extraneous factors on the environment (e.g. house refurbished by welfare agency) unless carers have made a positive contribution, for example keeping it clean, making additions in the interest of the child such as a safe garden, outdoor or indoor play equipment, or safety features etc.

c) Allowances should be made for background factors that can affect interaction temporarily without necessarily upsetting steady state e.g. bereavement, recent loss of job, and illness in carers. It may be necessary to revisit and score at another time.

d) If the practitioner feels like they are being deliberately misled, seek other ways to gather evidence or leave out. Don't guess.



## Area of physical care

**1. Nutritional**

- (a) Quality.
- (b) Quantity.
- (c) Preparation.
- (d) Organisation.
- (e) Emotional care.

Take a comprehensive history about the meals provided including nutritional contents (milk, fruits etc.), preparation, set meal times, routine and organisation. Also note the carer's knowledge about nutrition, and the carer's reaction to suggestions made regarding nutrition (whether keen and accepting or dismissive).

Without being intrusive, observe for evidence of provision, kitchen appliances and utensils, dining furniture and its use. It is important not to lead,

but to observe the responses carefully for accuracy. Observation at a meal time in the natural setting (without special preparation) is particularly useful. Score on amount offered, and the carer's intention to feed younger children, rather than the actual amount consumed. Be aware some children may have eating/feeding problems.

**2. Housing**

- (a) Maintenance.
- (b) Décor.
- (c) Facilities.

Observe. If deficient, ask to see if effort has been made to remedy. Ask yourself if the carer is capable of doing things him/herself. Discount if the repair or decoration is done by welfare agencies or landlord. Ensure children's bedrooms are seen.

### 3. Clothing

- (a) Insulation.
- (b) Fitting.
- (c) Look.

Observe. See if effort has been made towards restoration, cleaning and ironing.

Refer to the age band.

### 4. Health

- (a) Sought.
- (b) Follow-up.
- (c) Surveillance.
- (d) Disability.

Observe a child's appearance (hair, skin, behind ears and face, nails, rashes due to long-term neglect of cleanliness, teeth). Ask about practice.

Seek information from other professionals with knowledge of child health, check about immunisation and surveillance uptake, and reasons for non-attendance, if any. Check whether reasons can be appreciated particularly if appointment does not offer a clear benefit. Corroborate with relevant professionals. Distinguish genuine difference of opinion between carer and professional from non-genuine misleading reasons. Beware of being over empathetic with the carer if the child has a disability or chronic illness. Remain objective.

### 5. Hygiene

Refer to age band .



## Area of care and safety

- (a) Home safety.
- (b) Supervision.
- (c) Out and about.

This sub-area covers how safely the environment is organised. It includes safety features and the carer's behaviour regarding safety in every day activity (e.g. lit cigarettes left lying in the vicinity of child). The awareness may be inferred from the presence and appropriate use of safety fixtures and equipment in and around the house or in the car (child safety seat etc.), by observing handling

of young babies and supervision of toddlers. Also, observe how the carer instinctively reacts to the child being exposed to danger.

If observation is not possible, then ask about the awareness. Observe or ask about the child being allowed to cross the road, play outdoors etc. If possible, verify from other sources. Refer to the age band where indicated.





## Area of love, relationships and self-esteem

### 1. Attachment

This mainly relates to the carer. Sensitivity denotes the carer showing awareness of any signal from the child. The carer may become aware, yet respond a little later in certain circumstances. Response synchronisation denotes the timing of the carer's response in the form of appropriate action in relation to the signal from the child. Reciprocation represents the emotional quality of the response.

### 2. Mutual engagement

Observe mutual interaction during feeding, playing, and other activities. Observe what happens when the carer and the child talk, touch, seek out for comfort, seek out for play, babies reach out to touch while feeding or stop feeding to look and smile at the carer. Where the child has a disability, seek information from other professionals to ensure understanding of the care that should be delivered.

Spontaneous interaction is the best opportunity to observe these areas. Observe whether the carer spontaneously talks and verbalises with the child or responds when the child makes overtures. Note whether both the carer and the child, either or neither, derive pleasure from the activity. Notwithstanding it is leisure, engagement or functional (e.g. feeding etc).

### 3. Learning and child development

Observe or enquire how the child is encouraged to learn. Examples with infants (age 0-2) include: stimulating verbal interaction, interactive play, nursery rhymes or joint story reading, learning social rules, and providing developmentally stimulating equipment. If lacking, try to note if this is due to carer being occupied by other essential chores.

### Praise and reward

Find out how and how much the child's achievement is rewarded or neglected. It can be assessed by asking how the child is doing or simply by praising the child and noting the carer's response (agrees with delight or neglects).

### Boundaries

If the opportunity presents, observe how the child is reprimanded for undesirable behaviour. Otherwise, enquire carefully (does the child throw tantrums? How do you cope if it happens when you are tired yourself?) Beware of discrepancy between what is said and what is done. Any observation is helpful in such situations e.g. child being ridiculed or shouted at. Try and assess whether the carer is consistent.

### Acceptance

Observe or probe how the carer generally feels after she has reprimanded the child, or either when the child has been reprimanded by others (e.g. teacher), when the child is underachieving, or feeling sad for various reasons. Check whether the child is rejected or accepted in such circumstances as shown by warm and supportive behaviour.

## 4. Scoring and notes pages

Go through the elements in order and tick the box which most represents the situation. The number of the column is the score for that element. Where more than one element represents a sub-area, use the method described on the following page to obtain the overall score for the sub-area. The notes pages enable practitioner and carer to add details about what has been seen and discussed.

## 5. Obtaining a score for a sub-area from the score in its elements

The highest score for one of the elements will be the overall score for that sub-area. Therefore, if one element scores at 4 while others score at 2, then the overall score for that sub-area will be 4.

This method helps identify the problem even if it is one sub-area or element. Its primary aim is to safeguard the child's welfare while being objective. Being able to target such elements or areas is an advantage with this scale.

## 6. Transferring the score onto the traffic light score sheet

Having worked out the score for the sub-areas and elements, transfer the scores onto the record sheet, and tick the relevant boxes.

## 7. Targeting

If the care is of a poor grade in an element or sub-area, it can be identified for targeting by noting it in the table on the action plan in section 2c. Interventions can then be planned with the family to aim for a better score after a period of intervention. Aiming for one grade better will place less demand on the carer than aiming for the ideal in one leap.

## 8. Measuring

The Assessment Toolkit for Neglect should be used to benchmark change, progress and deterioration.

## 9. Action plan

The action plan (see section 2c) is the working tool that arises from assessment and will inform the Child's Plan. Its aim is to describe the changes, allocate tasks and to engage families in the process. The action plan will be fluid; tasks achieved will be removed, while others will be added and reviewed in accordance with the recorded timescales for change.