

Assessment of Neglect

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All practitioners who come in to contact with children and young people, or similarly, all those who work in some way with adults, who may be parents or carers must:

- be alert to potential indicators of abuse or neglect;
- be alert to the risks which individual abusers or potential abusers, may pose to children;
- be alert to the impact on the child of any concerns of abuse or maltreatment;
- be able to gather and analyse information as part of an assessment of the child's needs.

All practitioners should undertake an assessment for neglect using the Signs of Safety methodology and by considering three key areas:

1

Description of current state and identification of any current indicators of neglect:

- a) Exploration of persistence of indicator – is this something that happens frequently /all the time/ never been noticed before?
- b) Assessment of the current functioning of the child and of the family.

2

Review of underlying risk factors incorporating a previous history of:

- a) The child and of each parent/caregiver.
- b) Professional involvement and the family's response to this.

3

Assessment of the parents' capacity to change:

- a) This can only be tested as part of the parental response to sound, supportive intervention which focuses on social and environmental risk factors and neglectful parent-child interactions.

Assessment is part of a practitioner's day to day work, they assess a child (or a situation) every time they see them and make judgements as to how that child is presenting and if there are any concerns. The assessment of neglect is no different, however due to the complexity of neglect and the fact that it is often a cumulative effect assessment of, and responses to neglect need to be carefully considered and well structured.

It should also be remembered that neglect cases virtually never start with an allegation from a child; invariably they are from an observation by a professional, or perhaps a member of the community.

Practitioners should discuss concerns with safeguarding leads if they are unsure about what they are identifying. Should the outcome of any assessment identify that a child or young person is at risk of significant harm then a referral to First Contact Service be made in line with the practitioner's agency procedures.

Assessing parental capacity to change

When an assessment suggests the child's health and development are impaired or likely to be impaired, the assessment needs to identify the changes required, both in terms of parenting and support services. If change is required in parenting this should lead to an assessment of the parents' capacity to change.

This is in order to assess their willingness to work to achieve and sustain the changes required. Capacity to change is made up of two key elements, **ability** and **motivation**. The capacity of the parent will need to be regularly assessed, tested and reviewed to ensure continual improvement and identify regression.

There will be clear timescales set for change to occur and these must reflect the timescales necessary to avoid the child's development being significantly compromised. This will be critical to decision making and future planning.

Ability means being able to parent in a good enough manner long term, (Connelly 2003). There are 4 elements to good enough parenting:

- Meeting children's health and developmental needs
- Putting children's needs first
- Providing routine and consistent care
- Acknowledging problems and engaging with support services

Prochaska and Di Clemente's (1991) model of change can be used to inform of parental motivation.

The model may be helpful to practitioners to understand and work effectively with parents. Throughout the change cycle this model suggests that there are six psychological stages through which individuals advance during intentional behavioural change:

1 Pre-contemplation

2 Contemplation

3 Preparation

4 Action

5 Maintenance

6 And (often) lapse/relapse

Model of Change

Prochaska and Di Clemente's (1991)



Any assessment of parental motivation must be undertaken within the context of the child's welfare and safety which is paramount. This is particularly important where there is concern that the child is suffering, or likely to suffer, significant harm, and the parents are assessed as being at the pre-contemplation stage of change or where there is a lapse/relapse. Decisions will need to be made quickly about the impact upon the child's safety and welfare in these circumstances.

Practitioners must begin with an assessment of where the parent is currently within the cycle of change, as engagement and strategies must commence at the same stage. For example, if strategies are used which are known to work when a parent is in the 'preparation and determination' stage when the parent is still in the 'contemplation' stage, such strategies are likely to be ineffective.

Once you have assessed where the parent is in terms of their current stage of motivation it should then be possible to initiate tasks and strategies to support movement towards change/further change. (see later part of guidance).

The model can also be used throughout intervention to review/re-assess on-going parental motivation. Remember, however, that successful change may require the parent to complete the circular journey more than once before achieving success.

Continue to review the impact upon the child during this time and remember that the child's safety and welfare, not the parents' capacity to change, is the paramount consideration.

Of course, no simple diagram can accurately reflect all the processes likely to be occurring when there is intervention in a neglectful family. Far from being a single circle or spiral, the model may be overlaid several times because: there may be concurrent actions in relation to more than one strand at once.

It is likely that the family will have numerous problems and issues, and at any time they may be in different stages of the model in relation to these different issues. A good example of this might be the rapidly-improved home conditions. Within a few days the state of the house may have gone from appalling to acceptable.

This might well reflect a move from the pre-contemplation to the action stage in relation to home conditions, but at this point there will be little confidence that the improved conditions are permanent. Furthermore, the parents may still be in pre-contemplation in relation to their substance misuse, or mental ill health, or other issues underpinning their neglectful behaviours.

In order for adults to learn, information has to be presented in a form that is tangible and personalised to the individual family's circumstances and connected to their values. Persuasion is not effective but the decision to change needs to be important to the parent and they need to be confident in their ability to make the change. Observation of alternative behaviours, i.e. being shown how to do things differently, is an important step to move from pre-contemplation to contemplation and from contemplation to planning and action.