

**CALDERDALE SAFEGUARDING CHILDREN  
BOARD**

**ASSESSMENT OF  
NEGLECT TOOLKIT**

**MARCH 2016**



**Calderdale  
Safeguarding  
Children Board**

## **ASSESSMENT OF NEGLECT TOOLKIT**

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## Section One

### Introduction

**Neglect is ‘...chronic parental failure to meet some developmental need, either physical or psychological (Howe2005<sup>1</sup>)**

**From the child’s perspective, the core requirement is for a consistent, stable and reliable adult who can provide a stable base for exploration, comfort and support.**

This toolkit has been produced in recognition of the difficulties experienced by practitioners in assessing and working with neglect and should be used in conjunction with the [Risk Indicator tool](#) to inform the [Early Intervention Single Assessment](#) and subsequent interventions.

### The Assessment of Neglect Tool

The Assessment of Neglect Tool incorporates ‘The Graded Care Profile’ and ‘Home Conditions’ and can be used by a wide range of professionals, in different settings for the identification and assessment of neglect and to support a consistent, effective and integrated early response to neglected children and young people. The tools have been developed to identify strengths as well difficulties. Focussing on strengths assists the assessor to realistically assess the potential for sustained change and improvement within the family. Organising examples of evidence and analysing the impact on the child will help to clarify thresholds and identify specific approaches to work with different types of neglect.

### Why do Parents Neglect their children?

A number of factors have been suggested (see below) which explain why some parents neglect their children. Many neglectful parents have learning difficulties; childhood histories of parental death, separation or divorce, frequent moves of address, lack of structure and supervision.

Parental problems such as mental illness, substance misuse, domestic violence and learning disability are all known to increase the likelihood of children experiencing emotional abuse and neglect, particularly when they appear in combination.<sup>2</sup>

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<sup>1</sup> David Howe (2005) Child Abuse and Neglect, Basingstoke: Palgrave Macmillan

<sup>2</sup> Davies C. and Ward H. Editors (2012) Safeguarding Children Across Services: Messages from Research London: Jessica Kingsley Publishers

## Fundamental Factors

Lack of parenting capacity  
Deep seated attitudinal/behavioural/  
psychological problems  
Long term health issues  
Entrenched problematical drug/  
alcohol use

## Circumstantial Factors

Poverty  
Particular relationships  
Lack of skill/knowledge  
Temporary illness  
Lack of support  
Environmental factors

It is increasingly recognised that child neglect is damaging for children, especially in terms of psychological damage. Parental mental health problems can lead to a deterioration in parenting capacity. For example, parents may become preoccupied and depressed and be unresponsive to their children's physical and emotional needs. The Assessment of Neglect tool considers different types of neglect<sup>3</sup> as each is associated with different effects and implications for intervention. In reality, it is unlikely that a family will fall neatly into one of the categories but the aim of acknowledging different types of neglect is to elicit a response that is tailored to the issues presented in individual families.

## Types of neglect

Type of Neglect	Typical Characteristics
<b>Emotional neglect</b>	Commission and omission 'Closure' and 'flight': families avoid contact, ignore advice, miss appointments, negative towards professionals, children unavailable However, may seek help with a child who needs to be 'cured' Intervention often delayed Associated with avoidant/defended patterns of attachment
<b>Disorganised neglect</b>	Classic 'problem families' Thick case files Can annoy and frustrate but endear and amuse Family and living conditions often in chaos and disruption Reasoning minimised, affect is dominant Feelings drive behaviour and social interaction Worker may feel agenda co-opted by family's immediate needs
<b>Depressed or passive neglect</b>	Classic neglect Material and emotional poverty

<sup>3</sup> David Howe (2005) Child Abuse and Neglect, Basingstoke: Palgrave Macmillan

	Homes and children dirty and smelly Urine soaked mattresses, dog faeces, filthy plates, rags at the windows A sense of hopelessness and despair (can be reflected in workers)
<b>Severe deprivation</b>	Parents with serious issues of depression, learning disabilities, drug addiction Care system at its worst – multiple placements Attachment disorders Children left in cot or ‘serial caregiving’ Eastern European orphanages, Combination of severe neglect and absence of selective attachment: child is essentially alone

The information gathered using the Neglect Tool should be transferred into the Early Intervention Single Assessment document 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.

## Section Two

### Assessment of Neglect Tool

When undertaking any assessment, it is important to be aware of and take into account the individual child's specific needs arising from any learning or physical disability and ethnicity

Emotional Neglect	Area of Concern	Level on Continuum of Need				
		1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
Commission and omission 'Closure' and 'flight': families avoid contact, ignore advice, miss appointments, negative towards professionals, children unavailable However, may seek help with a child who needs to be		<b>Indicators of Emotional Neglect</b>				
	Child's learning and Development 0 – 2 years	High quality, age appropriate stimulation, parent/carer talks to the child, is tactile, makes good eye contact and talks to the child, access to educational and stimulating toys	Adequate and age appropriate stimulation, child has access to some educational and stimulating toys, parents make some eye contact and stimulate speech	Not adequate or appropriate, baby or toddler left alone while adult pursues own interests, little interaction between adult and child, variable access to toys i.e. toys out of reach	Baby left alone, lack of stimulation unless the child demands attention. Toddler left to own devices whilst adult pursues their own interests. Lack of responsiveness to attempts made by younger children to gain attention	Child's mobility restricted e.g. confined to pram, stroller or chair, adult is irritated by any demands made, no stimulation, no conversation with child or limited eye contact made

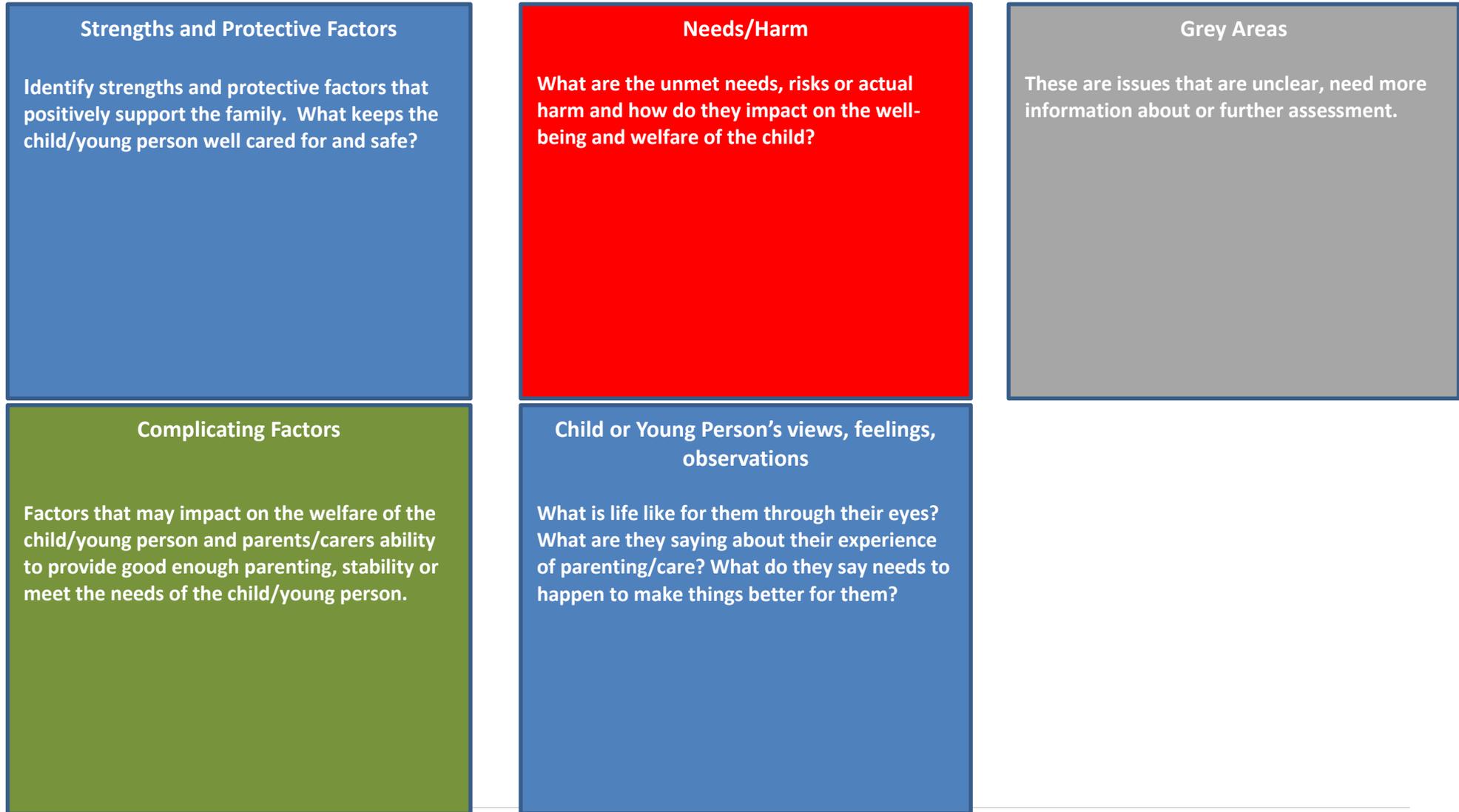
<p>'cured'</p> <p>Intervention often delayed</p> <p>Associated with avoidant/defended patterns of attachment</p>	<p>NB there is no statutory requirement for parents to access Early Years Provision some children aged 2 have entitlement</p>	<p>Parent/carer accessing entitlement to Early Years provision including children centre services e.g. parents group, mother and toddler groups</p>	<p>Child registered with provision and parents are aware of what is available but don't not always access services</p>	<p>Rarely or infrequent access to Early Years provision</p>	<p>Not accessing free provision or services provided through children's centre and not understanding the benefit for the child to attend</p>	<p>Non-engagement, not wanting to be "visible" to professionals and a lack of insight in terms the impact for the child e.g. social and emotional development</p>
	<p><b>Child's learning and Development</b> <b>3 – 4 years</b></p>	<p>Good quality, interactive stimulation, talking, playing and reading to the child, developing the child's vocabulary and initiating discussion and conversation.</p>	<p>Sufficient and satisfactory stimulation, less evidence of playing or reading with the child, growing dependency on visual stimulation rather than interaction between child and adult</p>	<p>Variable levels of stimulation and interaction with the child, may respond for short periods but the adult grows tired and puts the TV on to occupy the child.</p>	<p>Stimulation and levels of interaction deficient. Child is not sufficiently stimulated, growing concerns re speech and language development, lack of interaction with children of a similar age</p>	<p>Extremely poor stimulation and where there is interaction it is negative, aggressive and dismissive</p>
	<p><b>Approval</b> <b>(All Ages)</b></p>	<p>Talks about the child with delight and praise without prompting. Generous emotional and material rewards for achievement</p>	<p>Talks fondly about the child when asked. Generous praise and emotional reward, less material reward</p>	<p>Agrees with other people's praise of the child, low key praise and damp emotional reward</p>	<p>Indifferent if child praised by others and to child's achievements which are only quietly acknowledged</p>	<p>If the child is praised by someone else, their successes are rejected, achievements not acknowledged, reprimand or ridicule is the only reward if at all</p>

	<b>Disapproval (All Ages)</b>	Mild and consistent verbal disapproval if any set limit is crossed	Consistent terse verbal. Mild physical sanctions and other mild sanctions if any set limits are crossed	Inconsistent boundaries or methods, terse, shouts or ignores for own convenience. Mild physical and moderate other sanctions	Inconsistent. Shouts, harsh verbal or moderate physical or severe other sanctions	Terrorised, ridiculed, severe physical or cruel sanctions
	<b>Acceptance (All Ages)</b>	Unconditional, always warm and supportive even if child is failing	Unconditional, even if temporarily upset by child's behaviour, always warm and supportive	Annoyance at child's failure and demands less tolerated	Unsupportive or rejecting if the child is failing or if their behavioural demands are high	Indifferent if child is achieving and rejects or denigrates if the child makes mistakes or fails
	<b>Sensitivity and responsiveness to the child's emotional and physical needs of the child (All Ages)</b>	Parent/carer anticipates or picks up very subtle signals and responds or even anticipates the needs of the child – signals can be verbal and non-verbal and the response is complimentary to the emotional and physical needs of the child, warm, caring and loving	Understands the child's verbal and non-verbal communication and mostly responds to and meets the needs of the child except when undertaking essential chores. Parent/carer is able to respond in a warm and reassuring way to the child but treats are lacking	Parent/carer not sensitive or responsive to the child's verbal or non-verbal communication until the child cries or shows distress. The parent or carers response is dependent on how they are feeling i.e. if they are in a good mood.	Parent/carer is insensitive to the needs of the child and only responds when the child provides repeated, prolonged or intense signals of distress. The response to the child can be brisk, flat or functional i.e. physical care as opposed to an emotional, nurturing response e.g. annoyed and frustrated by the child demanding attention	Insensitive or aggressive response to sustained or intense signals unless the child has had a physical or serious mishap. Even then their response can be harsh, dismissive, punitive without warmth, care or sensitivity to the needs of the child, even blaming the child for being distressed e.g. wingy, clingy, cry baby etc.

	<b>Relationship and interaction between child, parent or carer (All Ages)</b>	Good communication between parent/carer and child which is age appropriate, frequent, pleasurable and both acquire mutual enjoyment	Positive communication between parent/carer and child, even if child is defiant, evidence of mutual enjoyment	Child mostly initiates interaction with the adult, response negative if the child's behaviour is defiant, adult passively participates but some enjoyment from the interaction	Interaction with parent/carer mainly initiated by the child, seldom the carer. Parent/carer mainly engaging on a physical rather than emotional level, child tries to derive comfort or attention e.g. attempts to sit on knees, tries to show a toy	Child appears resigned to their needs not being met or apprehensive to make approaches, parent/carer adverse to overtures from child, child plays on their own, detached and away from adult, selective engagement by the adult
		<b>Impact of Emotional Neglect</b>				
		The impact of neglect at this level may include some of the features described in the adjacent column	<p>When attachment behaviour rejected:          Child learns that caregiver's physical and emotional availability is reduced when emotional demands are made – so gives up;          Caregiver most available when child is showing positive affect, being self-sufficient, undemanding and compliant;          Reverse roles, "false brightness" to care for/ reassure parent.          Frightened, unhappy, anxious, low self esteem          Withdrawn, isolated, fear intimacy and dependence          Precocious, 'streetwise', self-reliant          May show compliance to dominant caregivers but anger and aggression in situations where they feel more dominant.          May learn that power and aggression are how relationships work and to get your needs met          Behaviour increasingly anti-social and</p>			

			oppositional Brain development affected: difficulties in processing and regulating emotional arousal
	<b>Practitioners Response</b>		
	Compile single agency chronology. Re-inforce positive interactions.	Compile MA chronology. Complete EISA - Refer to EI panel. Help parents to use others for support. Teach parents to engage emotionally with their children.	Seek advice from/Refer to MAST, include EISA and MA chronology. Introduce structure in interventions as neither parent nor child knows how to interact normally and spontaneously. Need clear rules and roles within family.

**Transfer Information into the Matrix (Level 3 and 4 of the Continuum of Need relate to Unmet Needs, Level 5 to Risks)**



Disorganised Neglect	Area of Concern	Level on Continuum of Need				
		1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
Classic 'problem families'. Thick case files. Can annoy and frustrate but endear and amuse. Family and living conditions often in chaos and disruption. Reasoning minimised, affect is dominant. Feelings drive behaviour and social interaction Worker may feel agenda co-opted by family's immediate needs	Attention to health matters	Visits in addition to the standard checks. Up to date with immunisation unless genuine reservations.	Up to date with scheduled visits and immunisation unless exceptional or practical problems	Omissions for reasons of adult's personal convenience but takes up if persuaded	Omissions because of carelessness. Accept service if provided at home	Clear disregard of child's welfare. Frustrates home visits
	Preparation and organisation of mealtimes	Established routine, regular family meals together, sat at table (if available) and clear expectations re manners	Satisfactory meals prepared, well organised, often seated at appropriate times	Poorly organised, irregular timing and a focus on the adults needs and not on the child	Often no preparation. If there is, then child's need or taste not accommodated	Chaotic, children and adults eat when and what they can, child lives on snacks, cereal's or takeaways overall a lack of visible food or access to food
	Quality of meals	Aware and thinks ahead, provides excellent quality food and drink – accessible at all times	Manages to provides reasonable quality food and drink	Provision of reasonable quality food but inconsistent through lack of awareness or effort	Food is poor quality because of a lack of prioritisation or of reasonable quality only if parent is prompted or advised	Parent/carer is not being honest about the diet they provide to their child/ren leading to an inadequate diet
	Overall quality and quantity	Ample	Adequate	Adequate to Variable	Variable to Low	Inadequate

	<b>Child's learning and Development 5 Years plus</b>	<p>Attends school or Nursery and participates fully, parents/carers engaged and supportive of their child's education e.g. home reading, supporting their child with homework.</p>	<p>Attends school or Nursery, child participates well and parents take an active interest in their child(ren)'s education and support them to complete tasks at home</p> <p>Parents provide adequate equipment and school uniform</p>	<p>Concerns are noted may include, low level attendance and punctuality issues, parents/carers not supporting home reading etc., child collected late at the end of the day or arrangements are ad hoc, low level concern re cleanliness or lack of appropriate clothing for the weather. Arriving to school with no breakfast, tired and irritable, poor quality packed lunches and parents not accessing FSM.</p> <p>Year 5/6 either make their own way home or escort younger siblings home which can involve crossing busy roads</p>	<p>All the issues identified in 3 with additional concerns relating to:</p> <p>Persistent absence below 85% and lack of engagement with school including minimal or feigned engagement by parents with preventative services e.g. Parent Link Workers, EWO and EISA process, frequent changes of schools, inter-agency information re the care and welfare of the child from a number of sources, Police, School Nurse, from the community and support service increases concern</p> <p>Child not making sufficient progress and not reaching their potential</p>	<p>All the issues in 3 and 4 with additional concerns relating to:</p> <p>Parents removing the child from school with no satisfactory explanation or opt to Education Otherwise which is not in the best interests of the child</p> <p>Frequent house moves, new partners, risky behaviour, drug and alcohol misuse, excess caring responsibilities, Child Exploitation issues (Please complete additional CSE assessment tool if these concerns exist)</p>
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	<b>Awareness of safety (All Ages)</b>	Abundant safety features which are age appropriate including secure play areas outside and out i.e. gates and fire guards, baby intercom, medicines and cleaning product securely stored	Aware of important safety features and most are in place	Poor awareness and essential safety features are not in place	Dismissive or oblivious to safety risks, no safety features in place, identifiable hazards and child/ren can easily access harmful medicines or cleaning products	Not bothered about the need to provide a safe environment, failure to accept or act on professional advice, child/ren exposed to exposed wires and sockets, broken windows, drug paraphernalia or accessible medicines
	<b>Basic Care 0 – 4 years</b>	Age appropriate care and handling, back to sleep guidance followed for young babies, constant vigilance as child develops and becomes more mobile, appropriate safety measures in place, secured in pram, strollers or when walking with parent/carer	Cautious care and handling, if left unattended frequent checks made, effective measures against any imminent danger, appropriate harnesses used in pram or stroller, always in sight if walking with parent, hand held as necessary	Handling of young child careless, frequently unattended when laid or playing, lack of effective measures to ensure safety of the child e.g. fire guard not in place and child mobile, parent/carer not providing effective supervision	Handling of young child precarious, left unattended, supervision and care not prioritised, bottle left in mouth, ineffective safety measures in place or not consistently followed e.g. removing hazards, babies not secure in prams, toddlers not secured in strollers, older toddlers left far behind when walking with parent/carer or dragged along with irritation	Rough, careless and dangerous handling of very young children, child/ren not secured in pram or strollers, left unattended e.g. in the bath, exposure to danger such as hot irons etc., older toddlers left to wander indiscriminately, dragged along by adults with frustration

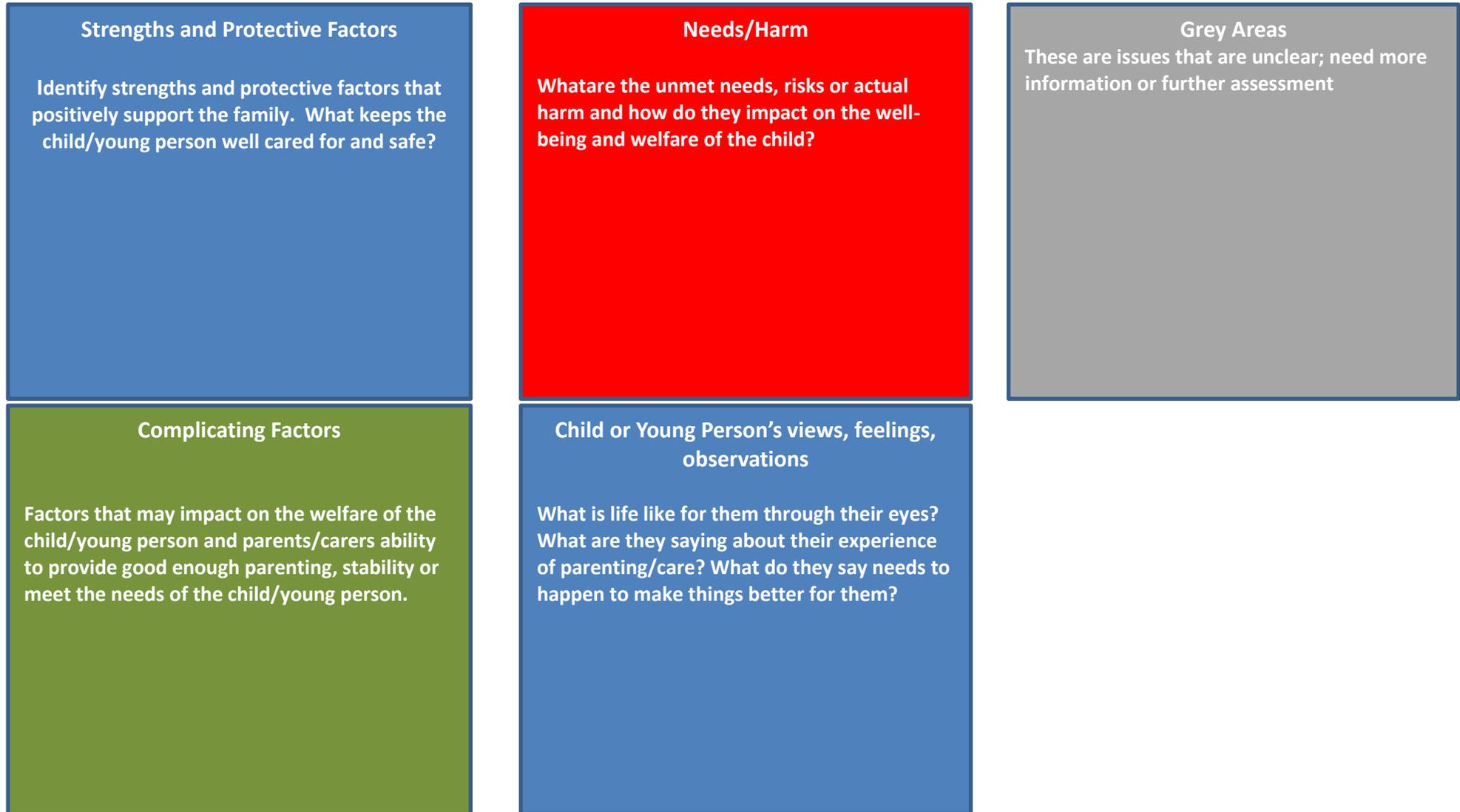
	<b>Basic Care 5 years plus</b>	Close supervision indoor and out, allowed to play in known safe areas with supervision, older children allowed increased independence with established boundaries e.g. allotted time to return, children aged 5 – 10 escorted when crossing a busy road, walking closely with parent/carer	Supervised indoors, no direct supervision outdoor if known to be in a safe area, allowed out in unfamiliar surroundings if thought to be safe, reasonable boundaries and time limits set. 5 – 8 year old allowed to cross road with a 13+ child, 8 – 9 year old allowed to cross alone if they are safe to do so	Little supervision in or out of doors, supervision left to older siblings, parents/carers not always aware of the child's whereabouts, child not playing in close proximity to the home i.e. out of sight, over reliance on being able to contact child via mobile phone, crossing roads with an older child but under 13+, watched by parent/carer, 8 – 9 year olds allowed to cross alone	No supervision, child/ren sustaining low level injuries due to hazards, parent/carer not taking appropriate action to minimise hazards and prevent further injuries or takes action but fail to pre-empt other potential hazards, parent/carer unconcerned about daytime outings, concerned about late nights where the child is younger than 13, 5 – 7 year olds allowed to cross busy road(s) alone because this is thought to be safe	Minor mishaps ignored or the child is blamed, intervenes casually after major mishaps, unconcerned despite knowledge of dangers outside e.g. railway lines, ponds, child playing in unsafe buildings or staying away until late evening, a child aged 7 crosses a busy road(s) alone without any concerns or thought regarding their safety
	<b>Alternative Care Arrangements</b>	Child left in care of a competent and safe adult	Child, out of necessity, left with a young person aged 13+ who is competent and mature, access to additional support available e.g. neighbour or grandparent	For own benefit leaves child/ren in the care of a young person under 13 who is not competent and mature, e.g. vulnerable, has a Learning Difficulty and there is no access to additional support	For own benefit leaves child/ren in the care of a child who is only a few years older than the child/ren or a person not known to the child/ren or a person known to be unsuitable	For own benefit leaves a child alone with a person not known to the child/ren or with an unsuitable person

	<b>Sensitivity and responsiveness to the child's emotional and physical needs of the child (All Ages)</b>	Parent/carer anticipates or picks up very subtle signals and responses or even anticipates the needs of the child – signals can be verbal and non-verbal and the response is complimentary to the emotional and physical needs of the child, warm, caring and loving	Understands the child's verbal and non-verbal communication and mostly responds to and meets the needs of the child except when undertaking essential chores. Parent/carer is able to respond in a warm and reassuring way to the child but treats are lacking	Parent/carer not sensitive or responsive to the child's verbal or non-verbal communication until the child cries or shows distress. The parent or carers response is dependent on how they are feeling i.e. if they are in a good mood.	Parent/carer is insensitive to the needs of the child and only responds when the child provides repeated, prolonged or intense signals of distress.	Insensitive or aggressive response to sustained or intense signals unless the child has had a physical or serious mishap. Even then their response can be harsh, dismissive, punitive without warmth, care or sensitivity to the needs of the child, even blaming the child for being distressed e.g. wingy, clingy, cry baby etc.
	<b>Access to sports and Leisure</b>	Well organised outside school hours e.g. swimming, clubs	All affordable support	Not proactive in finding but will use immediate local facilities	Child access through self-effort, parents/carers indifferent	Disinterested even if the child is involved in unsafe/unhealthy activities
	<b>Outings for recreational purposes</b>	Frequent visits to child centred places both locally and further away	Regular visits to child centred places e.g. parks and occasionally further away	Child accompanies parent/carer wherever they decide but usually in child friendly places	Child simply accompanies adult locally e.g. shopping or visiting parents/carers friends' houses	No outings for the child, may play in the street but carer goes out locally e.g. pub

	<b>Home condition and amenities</b>	high standards of heating, decor, facilities including washer/drier/fridge etc., furniture and beds etc.	To a good enough standard but some areas may need attention e.g. no carpet on stairs due to lack of finances	Standards of cleanliness need attention, lack of order and generally disorganised, may be prioritising HCD TV over washer	House is chaotic, dirty, smelly, no evidence that children have access to toys and appropriate reading material, over reliance on TV and computer for stimulation, lack of heating and appropriate facilities to cook.	Environment is unsuitable and poses a danger for the welfare of the child, no heating, electricity or means of providing warm meals, evidence of alcohol or paraphernalia, animal faeces, unwashed dishes etc., unacceptable standard of hygiene
				<b>Impact of Disorganised Neglect</b>		
				The impact of neglect at this level may include some of the features described in the adjacent column	Families create crises. Anxious and demanding Infants: fractious, fretful, clinging, hard to soothe Young children: attention seeking; exaggerated affect; poor confidence and concentration; jealous; show off; go too far Teens: immature, impulsive; need to be noticed leads to trouble at school and in community Neglectful parents feel angry and helpless: reject the child to grandparents, care or gangs	
			<b>Practitioners Response</b>			
			Compile single agency chronology. Re-inforce positive interactions.	Compile MA chronology. Complete EISA - Refer to EI panel.	Seek advice from/Refer to MAST, include EISA and MA chronology. Feelings must be addressed. Need a structured, predictable environment with no surprises where: There are rewards for clear, direct, and undistorted communication of	

			feelings and accurate cognitive information about future outcomes; Family can learn the value of compromise. Teach parents how to use cognitive information to regulate feelings (without denying them)
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**Transfer Information into the Matrix (Level 3 and 4 of the Continuum of Need relate to Unmet Needs, Level 5 to Risks)**



Depressed or Passive Neglect	Area of Concern	Level on Continuum of Need				
		1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
'Classic' neglect Material and emotional poverty Homes and children dirty and smelly Urine soaked mattresses, dog faeces, filthy plates, rags at the windows A sense of hopelessness and despair (can be reflected in workers)	Opinion sought, professional advice followed	Appropriate opinion sought, not only on illness, but also other genuine health matters. All advice followed	Opinion sought on issues of genuine and immediate concern about child health. Advice followed	Opinion sought on illness of any severity or frequency.	Help sought when illness becomes moderately severe (delayed)	Help sought when illness becomes critical. Advice not followed
	Health follow-up	All appointments kept, or re-arranged if there is a problem	Fails one in two appointments due to doubt about their usefulness or due to pressing practical constraints	Fails one in two appointments, even if of clear benefit, for reasons of the adult's convenience	Attend third time after reminder. Contests its usefulness, even if it is of benefit to the child	Fails a needed follow-up a third time despite reminders. Misleading explanations
	Identify risks and protective factors	Strengths and supporting evidence				
	Disability/ chronic illness (3 months after diagnosis)	Compliance excellent (except where genuine difference of opinion)	Any lack of compliance due to pressing practical reason	Compliance lacking from time to time for no reason	Compliance frequently lacking for trivial reasons. Little affection	Serious failure of compliance. No obvious affection

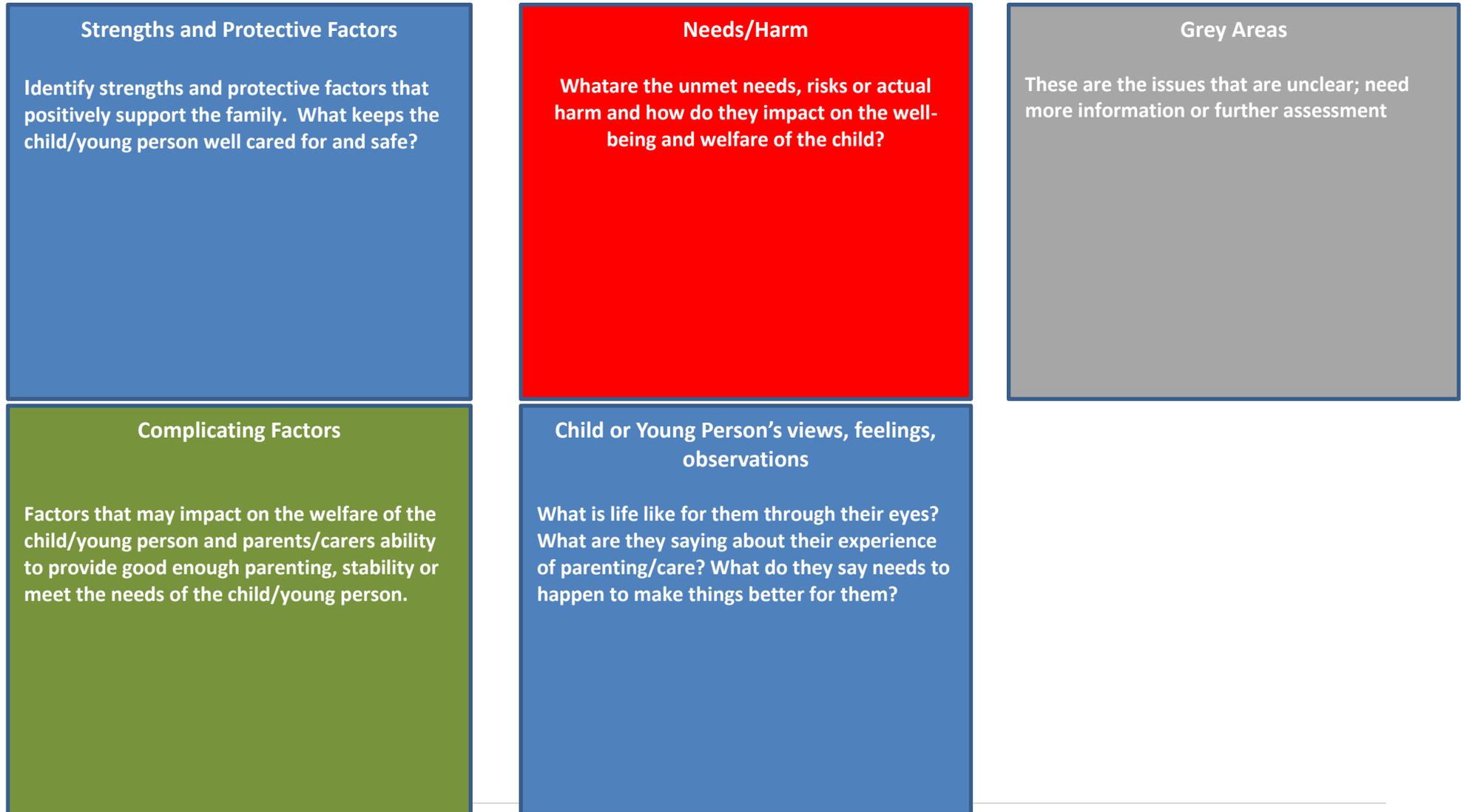
	<b>Personal Hygiene and Dental Care 0 – 4 Years</b>	Good hygiene routines, ensures children are bathed, teeth brushed, appropriate hair e.g. BME. Developmental stages met e.g. toilet training	Regular, almost daily bathing etc., teeth and evidence of appropriate dental and personal hygiene products e.g. bubble bath, nappy rash cream and moisturisers (especially for BME or children with eczema	Irregular routine but generally clean but there may be issues around toilet training and oral hygiene, and management of skin e.g. eczema, regular infestations of lice which are not always managed effectively	Overall very low level of hygiene resulting in child(ren) appearing smelly and unkempt, persistent issues around head lice, poor dental hygiene or dental cavities	Untreated nappy rash, removal of teeth due to poor care and lack of attention by a dentist, extremely dirty, not toilet trained, parent cannot remember last time child bathed, no evidence of hygiene products coupled with filthy clothing and bedding – see above and below
	<b>Personal Hygiene and Dental Care 5 Years Plus</b>	Age appropriate independence, i.e. able to perform tasks with a degree of independence, help and supervision available if necessary, hygiene products readily available	Has access to hygiene products, demonstrates growing independence but supervised and helped as required	Some elements require attention e.g. dental care, daily washing, washing hands after the toilet, limited access to appropriate toiletries	No access to appropriate toiletries including if appropriate sanitary wear, parents do not promote good standards of hygiene or have unrealistic expectations re the child's independence	Unacceptable level of hygiene and parents are unconcerned re the impact this has for the child

	<b>Basic Care 5 years plus</b>	<p>Close supervision indoor and out, allowed to play in known safe areas with supervision, older children allowed increased independence with established boundaries e.g. allotted time to return, children aged 5 – 10 escorted when crossing a busy road, walking closely with parent/carer</p>	<p>Supervised indoors, no direct supervision outdoor if known to be in a safe area, allowed out in unfamiliar surroundings if thought to be safe, reasonable boundaries and time limits set. 5 – 8 year old allowed to cross road with a 13+ child, 8 – 9 year old allowed to cross alone if they are safe to do so</p>	<p>Little supervision in or out of doors, supervision left to older siblings, parents/carers not always aware of the child's whereabouts, child not playing in close proximity to the home i.e. out of sight, over reliance on being able to contact child via mobile phone, crossing roads with an older child but under 13+, watched by parent/carer, 8 – 9 year olds allowed to cross alone</p>	<p>No supervision, child(ren) sustaining low level injuries due to hazards, parent/carer not taking appropriate action to minimise hazards and prevent further injuries or takes action but fail to pre-empt other potential hazards, parent/carer unconcerned about daytime outings, concerned about late nights where the child is younger than 13, 5 – 7 year olds allowed to cross busy road(s) alone because this is thought to be safe</p>	<p>Minor mishaps ignored or the child is blamed, intervenes casually after major mishaps, unconcerned despite knowledge of dangers outside e.g. railway lines, ponds, child playing in unsafe buildings or staying away until late evening, a child aged 7 crosses a busy road(s) alone without any concerns or thought regarding their safety</p>
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	<b>Sensitivity and responsiveness to the child's emotional and physical needs of the child (All Ages)</b>	Parent/carer anticipates or picks up very subtle signals and responses or even anticipates the needs of the child – signals can be verbal and non-verbal and the response is complimentary to the emotional and physical needs of the child, warm, caring and loving	Understands the child's verbal and non-verbal communication and mostly responds to and meets the needs of the child except when undertaking essential chores. Parent/carer is able to respond in a warm and reassuring way to the child but treats are lacking	Parent listless and unresponsive to children's needs and demands, limited interaction. Lack of pleasure or anger in dealings with children	Parent/carer is insensitive to the needs of the child and only responds when the child provides repeated, prolonged or intense signals of distress.  The response to the child can be brisk, flat or functional i.e. physical care as opposed to an emotional, nurturing response e.g. annoyed and frustrated by the child demanding attention - no hugs, warmth, or emotional involvement	Insensitive or aggressive response to sustained or intense signals unless the child has had a physical or serious mishap. Even then their response can be harsh, dismissive, punitive without warmth, care or sensitivity to the needs of the child, even blaming the child for being distressed e.g. wingy, clingy, cry baby etc.
	<b>Clothing - Fitting, Appearance and insulation (All Ages)</b>	Dressed appropriately for the weather, freshly laundered and age appropriate, well fitting and smart, child feels comfortable and happy with what they are wearing	Appropriate clothing for the weather including footwear, may be handed down but clean. Child(ren) have sufficient changes of clothes for different settings e.g. school and leisure	Clothing not always clean, lack of quantity i.e. only one school uniform which has to last the week, footwear limited e.g. only wears pumps and not waterproof shoes, shoes are too big or small, low level grubbiness	Do not wear clothes appropriate for the weather, smelly or musky, may be badly fitting, possibly staying in the same clothes all day and night, no access to additional clothing or age appropriate clothing and footwear	Grossly inadequate - filthy, ill fitting and child/ren are dangerously exposed to elements e.g. younger children and extreme weather conditions not having adequate warm clothing, teenagers having no outdoor clothes
	<b>Peer/ friend interaction</b>	Facilitated and vetted	Facilitated	Supports if a child is from a family who are friendly with parent/carer	Child finds own friends, no help from parent or carer unless reported to be bullied	Disinterested/ indifferent

	<b>Impact of Depressed/Passive Neglect</b>		
	The impact of neglect at this level may include some of the features described in the adjacent column	<p>No structure; poor supervision, care and food Younger the child, more debilitating the effects. Lacks interaction with parents required for mental and emotional development.</p> <p>Infant: Incurious and unresponsive; moan and whimper but don't cry or laugh At school: isolated, aimless, lacking in concentration, drive, confidence and self-esteem but do not show anti-social behaviour</p>	
	<b>Practitioners Response</b>		
	<p>Compile single agency chronology. Re-inforce positive interactions.</p>	<p>Compile MA chronology. Complete EISA - Refer to EI panel. Teaching appropriate parenting and skills in expressing feelings.</p>	<p>Seek advice from/Refer to MAST, include EISA and MA chronology. All family members must learn that their behaviour has predictable and meaningful consequences. Teach that it helps to share feelings with empathetic others. Our standard approaches don't work. Threats / punitive approaches particularly ineffective: Parents don't believe they can change so don't even try; Even most reasonable pressure results in "shutting down" / blocking out all info. Parent education – may be ineffective because judgment impaired and gains not transferable. These families need: Long term involvement; Supportive approach; Responsiveness to family's signals and needs BUT these need to be balanced with a recognition of the children's needs. (How long is too long? How much is too much?)</p>

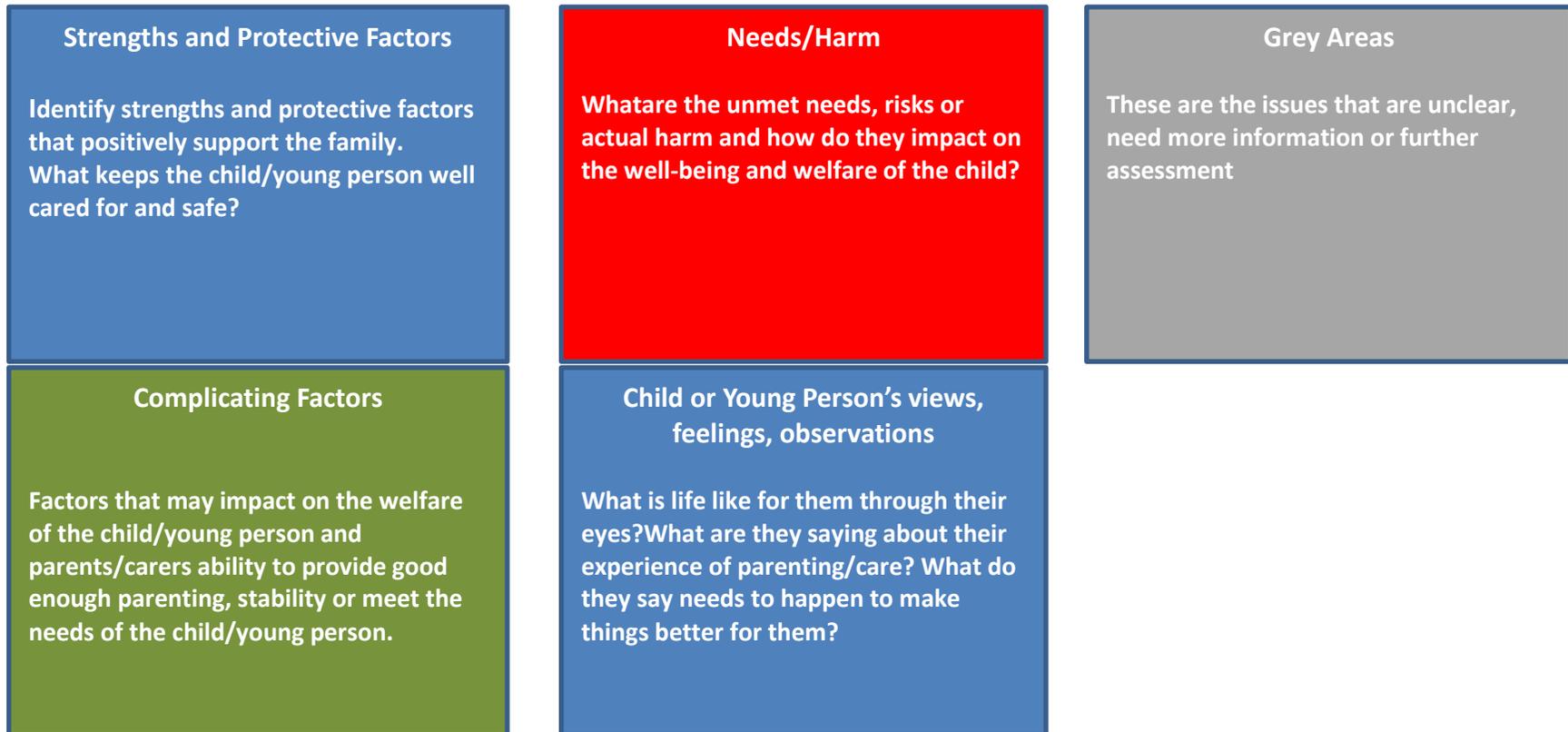
**Transfer Information into the Matrix (Level 3 and 4 of the Continuum of Need relate to Unmet Needs, Level 5 to Risks)**



Severe Deprivation	Area of Concern	Level on Continuum of Need				
		1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
Parents with serious issues of depression, learning disabilities, drug addiction Care system at its worst Children left in cot or 'serial caregiving' Eastern European orphanages, Combination of severe neglect and absence of selective attachment: child is essentially alone					Several indicators of different types of neglect	Numerous indicators in combinations of above Multiple placements
						<b>Impact of Severe Deprivation</b> Infants: lack pre-attachment behaviours of smiling, crying, eye contact Children: impulsivity, hyperactivity, attention deficits, cognitive impairment and developmental delay, aggressive and coercive behaviour, eating problems, poor relationships Inhibited: withdrawn passive, rarely smile, autistic type behaviour and self-soothing Disinhibited: attention-seeking, clingy, over-friendly; relationships shallow, lack reciprocity. Attachment disorders. When the child is left alone for long periods in states of distress, the

		<p>child's attachment system is acutely and chronically activated leading to risk of long-term psychopathology – shut down and dissociate.</p>
		<p><b>Practitioners Response</b></p>
		<p>Seek advice from/Refer to MAST, include EISA and MA chronology. Highly unlikely to be in the child's best interests to remain in the environment which caused the harm; It is probable that the child and new carers will require substantial therapeutic and emotional support; Significant challenges often persist despite a move to a caring and predictable environment.</p>

**Transfer Information into the Matrix (Level 3 and 4 of the Continuum of Need relate to Unmet Needs, Level 5 to Risks)**



## Section Three

### Preliminary Assessment of parent with a potential learning difficulty

- | 1. HISTORY  | Tick box if present      |
|---|--------------------------|
| Usually a fairly reliable indicator   |                          |
| <b>Self report</b>  |                          |
| Attending a special school  | <input type="checkbox"/> |
| Special unit in mainstream  | <input type="checkbox"/> |
| Needing extra help at school  |                          |
| <b>Family/other agencies</b>  |                          |
| Information about Special Education   |                          |
| Needing lots of help at school  |                          |
| Being slow generally  |                          |
| <br>  |                          |
| 2. BACKGROUND INFORMATION   |                          |
| Providing vague or naïve information about basic facts (e.g. not certain which hospital their child was born in, how long partner has been around, birth dates of children, type of schooling child receives) | <input type="checkbox"/> |
| <br>  |                          |
| 3. LEVEL OF SUPPORT   |                          |
| Is evident that another person has a major role providing help/advice to the family (e.g. help with filling in forms, shopping, arranging housing, using public transport)                                    | <input type="checkbox"/> |
| <br>  |                          |
| 4. LITERACY   |                          |
| Significant problems with writing   |                          |
| A reluctance to write in presence of others   | <input type="checkbox"/> |
| Writing address, but misspelled, postcode absent  |                          |
| Reading words but with limited understanding only   |                          |
| Avoiding reading/writing tasks (“I haven’t got my glasses”)   |                          |
| <br>  |                          |
| 5. TRAVEL   |                          |
| Problems travelling on public transport   |                          |
| Always comes to appointments with another adult   | <input type="checkbox"/> |

- 6. APPOINTMENTS**  
Erratic appointment keeping e.g. early, late, wrong day, odd excuses
- 7. FINANCE**  
Problems managing money   
 - trouble giving change for a note  
 - problems estimating cost  
 - running out of money quickly on a regular basis
- 8. ROUTINE**  
Being overwhelmed by day to day routine  
 Difficulty in sending child to school with kit needed  
 Coping with household routine   
 Difficulty prioritizing demands and activities
- 9. STRATEGIES**  
Using lots of explanations/excuses for problems – e.g. “his glasses are at home” or “I lent my thermometer to a friend”
- 10. CHILD CARE**  
Difficulties with child care   
 - following a routine  
 - predicting dangers  
 - seeming to be always telling the child off  
 - inappropriate feeding  
 - apparent inability to praise child  
 - child appearing to look after parent
- Significant illness or injury which may have caused a problem with cognitive functioning, i.e. head injury, meningitis, oxygen starvation

If several boxes have been ticked, then you should refer to [Adult Learning Disability Team](#) for further Assessment.

## Section Four

### Home Conditions

Sub-areas	1 All Needs Met	2 Essential Needs Met	3 Some Essential Needs Met	4 Many Essential Needs Unmet	5 Most or All Essential Needs Unmet
<b>Smell e.g. mouldy/rotten food/urine</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Kitchen floor dirty, covered in bits, crumbs, rubbish, animal faeces etc</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Floor covering in any other room dirty, covered in bits, crumbs, rubbish, animal faeces etc</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>General decorative order poor – obviously in need of attention (e.g. stained or damaged walls, broken doors or windows)</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact

<b>Kitchen sink, draining board, work surface, cooker, fridge or cupboard doors dirty</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Cooking implements, cutlery or crockery showing ingrained dirt and or these items remain unwashed until they are needed again</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Toilet, bath or basin broken, dirty or showing ingrained dirt</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Beds, furnishings or furniture broken, dirty or stained</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Parent's or children's clothing unwashed smelling or hair dirty or matted</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact

<b>Garden or yard uncared for, strewn with rubbish or containing dangerous items (e.g. broken bottles or prams)</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>No or little food in cupboards/home</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>No adequate seating/furnishing (e.g. no chairs or tables)</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>No beds, mattresses or bed clothes on children's bed</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Exposed needles or other drug paraphernalia visible in the house and/or within children's reach</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Rodents or rodent damage to property</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact

<b>Hazardous environment (e.g. broken electrical sockets, no smoke alarms, lack of safety gates or fire guards)</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>No basic services (no water in house, no electricity or gas supply, no heating)</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Extreme clutter or hoarding (e.g. bin bags or clothing or toys left everywhere, lack of space to play)</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Pets of animals hazards (e.g. number of animals in the house, aggressive or threatening animals)</b>	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
<b>Note: Research highlights the correlation between animal cruelty and child abuse</b>					