**CALDERDALE SAFEGUARDING CHILDREN BOARD**

**ASSESSMENT OF NEGLECT TOOLKIT**

**Updated MARCH 2019**

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**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[[1]](#footnote-1))**

**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](http://calderdale-safeguarding.co.uk/professionals/resources/) to inform the [Early Intervention Single Assessment](http://calderdale-safeguarding.co.uk/wp-content/uploads/2018/09/Updated-EI-and-Safeguarding-Referral-Form-September-2018-V6.docx) 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.[[2]](#footnote-2)

**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[[3]](#footnote-3) 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**

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| --- | --- |
| **Type of Neglect** | **Typical Characteristics** |
| **Emotional neglect** | Commission and omission‘Closure’ and ‘flight’: families avoid contact, ignore advice, miss appointments, negative towards professionals, children unavailableHowever, may seek help with a child who needs to be ‘cured’Intervention often delayedAssociated with avoidant/defended patterns of attachment |
| **Disorganised neglect** | Classic ‘problem families’Thick case filesCan annoy and frustrate but endear and amuseFamily and living conditions often in chaos and disruptionReasoning minimised, affect is dominantFeelings drive behaviour and social interactionWorker may feel agenda co-opted by family’s immediate needs |
| **Depressed or passive neglect** | Classic neglectMaterial and emotional povertyHomes and children dirty and smellyUrine soaked mattresses, dog faeces, filthy plates, rags at the windowsA sense of hopelessness and despair (can be reflected in workers) |
| **Severe deprivation** | Parents with serious issues of depression, learning disabilities, drug addictionCare system at its worst – multiple placementsAttachment disordersChildren 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**

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|  |  | **Level on Continuum of Need** |
| **Emotional Neglect** | **Area of Concern** | **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 unavailableHowever, may seek help with a child who needs to be ‘cured’Intervention often delayedAssociated with avoidant/defended patterns of attachment |  |  | **Indicators of Emotional Neglect** |
| **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 |
| NB there is no statutory requirement for parents to access Early Years Provision some children aged 2 have entitlement | Parent/carer accessing entitlement to Early Years provision including children centre services e.g. parents group, mother and toddler groups | Child registered with provision and parents are aware of what is available but don’t not always access services  | Rarely or infrequent access to Early Years provision  | Not accessing free provision or services provided through children’s centre and not understanding the benefit for the child to attend  | 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 |
| **Child’s learning and Development****3 – 4 years** | Good quality, interactive stimulation, talking, playing and reading to the child, developing the child’s vocabulary and initiating discussion and conversation. | 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 | 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.  | 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 | Extremely poor stimulation and where there is interaction it is negative, aggressive and dismissive  |
| **Approval****(All Ages)** | Talks about the child with delight and praise without prompting. Generous emotional and material rewards for achievement | Talks fondly about the child when asked. Generous praise and emotional reward, less material reward | Agrees with other people’s praise of the child, low key praise and damp emotional reward  | Indifferent if child praised by others and to child’s achievements which are only quietly acknowledged | 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  |
| **Disapproval****(All Ages)** | 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  |
| **Acceptance****(All Ages)** | 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 |
|  | **Sensitivity and responsiveness to the child’s emotional and physical needs of the child****(All Ages)** | 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.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. |
|  | **Relationship and interaction between child, parent or carer****(All Ages)** | 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 |
|  |  | **Impact of Emotional Neglect** |
|  |  |  |  | The impact of neglect at this level may include some of the features described in the adjacent column | 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 esteemWithdrawn, isolated, fear intimacy and dependencePrecocious, ‘streetwise’, self-reliantMay 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 metBehaviour increasingly anti-social and oppositionalBrain development affected: difficulties in processing and regulating emotional arousal |
|  |  |  | **Practitioners Response** |
|  |  |  | 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)**

**Strengthening Families Approach**

**Protective Factors**

**What are the strengths in this family which make it safer for the child?**

**Danger/Harm Statement**

**Describe what the danger is and why we think the child has or may be harmed in the future (if unmet needs, what is the danger or harm of the needs continuing to be unmet?)**

**Grey Areas**

**What do we need to know more about?**

**Child’s Viewpoint**

**What does the child think about being in their family?**

**What do they say needs to happen to make things safer for them?**

**Complicating Factors**

**Things that make it hard to keep the children safe**

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| --- | --- | --- |
|  |  | **Level on Continuum of Need** |
| **Disorganised Neglect** | **Area of Concern** | **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 interactionWorker 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 |
|  | **Child’s learning and Development** **5 Years plus** | 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.  | 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 homeParents provide adequate equipment and school uniform | 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.Year 5/6 either make their own way home or escort younger siblings home which can involve crossing busy roads | All the issues identified in 3 with additional concerns relating to: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 concernChild not making sufficient progress and not reaching their potential | All the issues in 3 and 4 with additional concerns relating to:Parents removing the child from school with no satisfactory explanation or opt to Education Otherwise which is not in the best interests of the childFrequent 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) |
|  | **Awareness of safety****(All Ages)** | 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 |
| **Basic Care 0 – 4 years** | 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 |
|  | **Basic Care 5 years plus** | 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 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 |
|  | **Alternative Care Arrangements** | 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 |
|  | **Sensitivity and responsiveness to the child’s emotional and physical needs of the child (All Ages)** | 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. |
|  | **Access to sports and Leisure** | 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  |
|  | **Outings for recreational purposes** | 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 |
|  | **Home condition and amenities** | 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 |
|  |  |  | **Impact of Disorganised Neglect** |
|  |  |  |  | The impact of neglect at this level may include some of the features described in the adjacent column | Families create crises. Anxious and demandingInfants: fractious, fretful, clinging, hard to sootheYoung children: attention seeking; exaggerated affect; poor confidence and concentration; jealous; show off; go too farTeens: immature, impulsive; need to be noticed leads to trouble at school and in communityNeglectful parents feel angry and helpless: reject the child to grandparents, care or gangs |
|  |  |  | **Practitioners Response** |
|  |  |  | 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) |

**Protective Factors**

**What are the strengths in this family which make it safer for the child?**

**Danger/Harm Statement**

**Describe what the danger is and why we think the child has or may be harmed in the future (if unmet needs, what is the danger or harm of the needs continuing to be unmet?)**

**Grey Areas**

**What do we need to know more about?**

**Child’s Viewpoint**

**What does the child think about being in their family?**

**What do they say needs to happen to make things safer for them?**

**Complicating Factors**

**Things that make it hard to keep the children safe**

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

**Strengthening Families Approach**

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| --- | --- | --- |
|  |  | **Level on Continuum of Need** |
| **Depressed or Passive Neglect** | **Area of Concern** | **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’ neglectMaterial and emotional povertyHomes and children dirty and smellyUrine soaked mattresses, dog faeces, filthy plates, rags at the windowsA 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 with examples** | 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 |
| **Personal Hygiene and Dental Care 0 – 4 Years** | 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 |
| **Personal Hygiene and Dental Care****5 Years Plus** | 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 helded as required  | Some elements require attention e.g. dental care, daily washing, washing hands after the toilet, limited access to appropriate toletries | 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 |
|  | **Basic Care****5 years plus** | 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 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 |
|  | **Sensitivity and responsiveness to the child’s emotional and physical needs of the child****(All Ages)** | 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. |
| **Clothing - Fitting, Appearance and insulation****(All Ages)** | 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 |
| **Peer/ friend interaction** | 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  |
|  |  |  | **Impact of Depressed/Passive Neglect** |
|  |  |  |  | The impact of neglect at this level may include some of the features described in the adjacent column | No structure; poor supervision, care and foodYounger the child, more debilitating the effects. Lacks interaction with parents required for mental and emotional development.Infant: Incurious and unresponsive; moan and whimper but don’t cry or laughAt school: isolated, aimless, lacking in concentration, drive, confidence and self-esteem but do not show anti-social behaviour |
|  |  |  | **Practitioners Response** |
|  |  |  | Compile single agency chronology.Re-inforce positive interactions. | Compile MA chronology. Complete EISA - Refer to EI panel.Teaching appropriate parenting and skills in expressing feelings.  | 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?) |

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

**Strengthening Families Approach**

**Protective Factors**

**What are the strengths in this family which make it safer for the child?**

**Danger/Harm Statement**

**Describe what the danger is and why we think the child has or may be harmed in the future (if unmet needs, what is the danger or harm of the needs continuing to be unmet?)**

**Grey Areas**

**What do we need to know more about?**

**Child’s Viewpoint**

**What does the child think about being in their family?**

**What do they say needs to happen to make things safer for them?**

**Complicating Factors**

**Things that make it hard to keep the children safe**

|  |  |  |
| --- | --- | --- |
|  |  | **Level on Continuum of Need** |
| **Severe Deprivation** | **Area of Concern** | **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 addictionCare system at its worstChildren 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 aboveMultiple placements |
|  |  | **Impact of Severe Deprivation** |
|  |  | Infants: lack pre-attachment behaviours of smiling, crying, eye contactChildren: impulsivity, hyperactivity, attention deficits, cognitive impairment and developmental delay, aggressive and coercive behaviour, eating problems, poor relationshipsInhibited: withdrawn passive, rarely smile, autistic type behaviour and self-soothingDisinhibited: 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 child’s attachment system is acutely and chronically activated leading to risk of long-term psychopathology – shut down and dissociate. |
|  |  |  | **Practitioners Response** |
|  |  |  | 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. |

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

**Strengthening Families**

**Protective Factors**

**What are the strengths in this family which make it safer for the child?**

**Danger/Harm Statement**

**Describe what the danger is and why we think the child has or may be harmed in the future (if unmet needs, what is the danger or harm of the needs continuing to be unmet?)**

**Grey Areas**

**What do we need to know more about?**

**Child’s Viewpoint**

**What does the child think about being in their family?**

**What do they say needs to happen to make things safer for them?**

**Complicating Factors**

**Things that make it hard to keep the children safe**

**Section Three**

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

1. **HISTORY Tick box if present**

Usually a fairly reliable indicator

**Self report**

Attending a special school

Special unit in mainstream

Needing extra help at school

 **Family/other agencies**

 Information about Special Education

 Needing lots of help at school

 Being slow generally

1. **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)

1. **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)

1. **LITERACY**

Significant problems with writing

A reluctance to write in presence of others

Writing address, but misspelled, postcode absent

Reading words but with limited understanding only

Avoiding reading/writing tasks (“I haven’t got my glasses”)

1. **TRAVEL**

Problems travelling on public transport

Always comes to appointments with another adult

1. **APPOINTMENTS**

Erratic appointment keeping e.g. early, late, wrong day, odd excuses

1. **FINANCE**

Problems managing money

* trouble giving change for a note
* problems estimating cost
* running out of money quickly on a regular basis
1. **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

1. **STRATEGIES**

Using lots of explanations/excuses for problems – e.g.

“his glasses are at home” or “I lent my thermometer to a friend”

1. **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**](http://www.calderdale-scb.org.uk/wp-content/uploads/2016/02/FINAL-Referral-process-for-children-and-adults-services-Nov-15-.doc) **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** |
| **Smell e.g. mouldy/rotten food/urine** | Does not exist | Exists to some extent | Noticeable/has some impact | Very Apparent | Serious impact |
| **Kitchen floor dirty, covered in bits, crumbs, rubbish, animal faeces etc** | Does not exist | Exists to some extent | Noticeable/has some impact | Very Apparent | Serious impact |
| **Floor covering in any other room dirty, covered in bits, crumbs, rubbish, animal faeces etc** | Does not exist | Exists to some extent | Noticeable/has some impact | Very Apparent | Serious impact |
| **General decorative order poor – obviously in need of attention (e.g. stained or damaged walls, broken doors or windows)** | Does not exist | Exists to some extent | Noticeable/has some impact | Very Apparent | Serious impact |
| **Kitchen sink, draining board, work surface, cooker, fridge or cupboard doors dirty** | Does not exist | Exists to some extent | Noticeable/has some impact | Very Apparent | Serious impact |
| **Cooking implements, cutlery or crockery showing ingrained dirt and or these items remain unwashed until they are needed again** | Does not exist | Exists to some extent | Noticeable/has some impact | Very Apparent | Serious impact |
| **Toilet, bath or basin broken, dirty or showing ingrained dirt** | Does not exist | Exists to some extent | Noticeable/has some impact | Very Apparent | Serious impact |
| **Beds, furnishings or furniture broken, dirty or stained** | Does not exist | Exists to some extent | Noticeable/has some impact | Very Apparent | Serious impact |
| **Parent’s or children’s clothing unwashed smelling or hair dirty or matted** | Does not exist | Exists to some extent | Noticeable/has some impact | Very Apparent | Serious impact |

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

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

1. David Howe (2005) Child Abuse and Neglect, Basingstoke: Palgrave Macmillan [↑](#footnote-ref-1)
2. Davies C. and Ward H. Editors (2012) Safeguarding Children Across Services: Messages from Research London: Jessica Kingsley Publishers [↑](#footnote-ref-2)
3. David Howe (2005) Child Abuse and Neglect, Basingstoke: Palgrave Macmillan [↑](#footnote-ref-3)