

# Calderdale Multi-agency Assessment Tools for Working with Neglect



Calderdale  
**Safeguarding  
Children  
Partnership**

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## The Tools



The following pages contain resources that can be used to help assess identify and neglect as well as to gain an understanding of the child’s experience and the family’s circumstances.

Tools can be selected based on the child’s needs, age and abilities, the family’s needs and your preference.

No assessment tool alone will tell you everything; they should be used alongside your professional judgement, understanding of the individual child’s needs, and knowledge of the family’s history and current circumstances.

*Please note that the “Assessment of Neglect Toolkit” has been updated and incorporated into this document at page 9. This supports a more in-depth assessment of neglect within a family.*

All tools can be downloaded from the [CSCP website](#).

# Neglect Screening Tool Guidance

The Calderdale Child Neglect Screening Tool has been developed as a means for front line practitioners in all agencies to quickly identify concerns which could indicate that a child or young person is being neglected. A pre-birth version is also available where there are concerns for a baby who has not yet been born.

The Child or Antenatal Neglect Screening Tool can be used by practitioners who have only limited contact with children such as GPs, dentists, police officers or professionals who predominantly work with adults. This will help determine whether there is a need to refer or signpost to further support. Completing the tool does not automatically mean children's social care will need to be involved however it will help identify if there is a need for further assessment or support.

The Screening Tools can also be used by those who work with children and families but are unsure whether there is a need to complete the more in-depth Assessment of Neglect. If neglect has already been identified, there is no need to first complete a screening tool and the Neglect Assessment (page 9) can be started without delay.

Only complete the parts of the tool you know about, leave sections blank and do not guess if you are unsure. Use the text box to add any evidence to support your concerns. This can be based on your observations, interactions with the family or information received from another source.

**If you have 3 or more 'Yes' answers (or fewer if your concerns are high), completion of the in-depth Assessment of Neglect is recommended** (page 9). If you feel your concerns for the child warrant a multi-agency response, you should consider an [Early Help Pathway or a referral to MAST](#) stating why you believe the child, young person or family would benefit from an assessment and use this screening tool as evidence.

## Neglect Screening Procedure Possible neglect identified by professional

1. Complete Neglect Screening Tool
2. Discuss concerns with parents and arrange completion of Assessment of Neglect Toolkit (if score is 3 or more or you are very concerned about any area)
3. Consider an Early Help Pathway to address neglect concerns
4. If neglect concerns remain, discuss with your designated lead and consider submitting a MAST referral

# Child Neglect Screening Tool

This Screening Tool should be used in all cases where neglect is suspected and will aid practitioners in deciding whether it would be helpful to complete the full Assessment of Neglect. The tool is intended for practitioners working with children and families in all partner agencies to quickly identify areas of concern which may indicate a child/young person is being neglected.

**If you have 3 or more 'Yes' answers, completion of the full Assessment of Neglect is recommended to understand the lived experience of a child you are worried about.**

If you feel your concerns for the child warrant a multi-agency response, you should consider an [Early Help Pathway](#) or if you have safeguarding concerns, you should submit a referral to [MAST](#) stating why you believe the child, young person or family would benefit from an assessment and use this screening tool as evidence.

*This screening tool does not replace Calderdale's and/or your own agency's safeguarding policy and procedures, in cases where you are concerned that a child has suffered, or is at risk of, immediate and/or significant harm. All agencies should refer to the [Continuum of Need](#) for threshold guidance.*

**Child(ren)'s Name(s):**

**Child(ren)'s Date(s) of Birth or EDD:**

**Is there open Early Help or statutory intervention for thisfamily?: Yes/No**

**Practitioner completing form:**

**Agency:**

**Date of completion:**

## **Are You Worried About?**

1. The child's access to adequate and nutritious food
2. Conditions in the home (are they unhygienic/cluttered/ overcrowded/lacking basic amenities?)
3. The child not having a suitable or safe place to sleep
4. The child not having appropriate clothing for weather conditions
5. A child not having clean or adequate clothing (size/condition/hygiene)
6. A child's presentation (eg hygiene/body odour/dental decay/unclean hair and skin)
7. Whether a parent/carer is seeking medical advice appropriately or attending routine appointments
8. A lack of age-appropriate safety measures (eg stair gates/window locks/car seats/internet safety)
9. A lack of age-appropriate supervision in home and outside (including online)
10. A parent/carer not making safe and age-appropriate childcare arrangements (eg using unsuitable babysitters/leaving young children home alone)
11. A lack of emotional warmth and positive interaction between parent and child
12. A lack of appropriate stimulation or play (including lack of age-appropriate toys/activities/books)
13. Poor school attendance or parent/carer not supporting education/does not engage with nursery or school
14. Inappropriate behaviour management /frequent criticism/lack of interest in child's achievements
15. A lack of (or inconsistent) age-appropriate routines and boundaries
16. A high level of instability for the child (such as frequent home moves or changes of school, changes to people living in the home/caring for the child)
17. Any other concerns around neglect? Please specify

Total:



# Antenatal Neglect Screening Tool

This Screening Tool should be used where concerns have been identified in the antenatal period and will aid practitioners in deciding whether the Assessment of Neglect or another assessment should be completed. The screening tool will not definitively predict abuse or neglect and should be used alongside other assessments and professional judgement. The tool is intended for practitioners working with expectant parents to help identify risk factors for neglect and target families who may need additional support.

**If you have 3 or more ‘Yes’ answers, completion of the in-depth Assessment of Neglect (page 9) is recommended to understand the lived experience of the unborn baby you are worried about.**

If you feel your concerns for the child warrant a multi-agency response, you should consider an [Early Help Pathway](#) or if you have safeguarding concerns, you should submit a referral to [MAST](#) stating why you believe the child, young person or family would benefit from an assessment and use this screening tool as evidence.

*This screening tool does not replace Calderdale’s and/or your own agency’s safeguarding policy and procedures, in cases where you are concerned that a child has suffered, or is at risk of, immediate and/or significant harm. All agencies should refer to the [Continuum of Need](#) for threshold guidance.*

**Parents names**

**Baby’s EDD**

**Is there open Early Help or statutory intervention for thisfamily? Yes/No**

**Practitioner completing form**

**Agency**

**Date of completion**

### **Are You Worried About?**

1. The baby's mother booking late in pregnancy or missing antenatal
2. appointments
3. Conditions in the home (are they unhygienic/cluttered/ overcrowded/lackingbasic amenities?)
4. A lack of adequate preparations made for the baby
5. A lack of understanding of the baby's future needs (physical/emotional/developmental) and/or unwillingness to learn or take on advice
6. A lack of emotional warmth/negativity towards unborn baby
7. Parents' presentation (eg poor hygiene, unkempt appearance, unclean
8. clothing)
9. Significant financial issues or homelessness
10. Lack of support network (particularly for very young parents, children withadditional needs, or families with large number of children)
11. Parental mental health difficulties
12. Parental drug and/or alcohol use
13. Parental learning disability
14. Domestic abuse in household
15. History of abuse or neglect with previous children or in parents' own
16. childhood
17. Any other concerns around neglect? Please specify
18. Total (add number in each column)



## In-depth Assessment of Neglect

This section provides an updated version of the Assessment of Neglect Toolkit. It is designed to assist the practitioner to complete an in-depth assessment of neglect and consider the impact on the child / young person. It should be completed alongside parents and carers to help them recognise the impact on the children, and to provide a clear starting point and help them to be clear about what needs to change. Providing clear examples to parents/ carers and analysing the impact on the child will help to clarify thresholds and identify specific approaches to work with different types of neglect. It can also be used to evidence change or to support ongoing work under an existing plan.

The assessment covers the following areas of neglect. It can be completed in its entirety or just focusing on relevant areas, as agreed by those agencies involved:

- Nutritional neglect
- Medical neglect
- Emotional neglect
- Supervision and guidance
- Educational neglect
- Physical neglect
- Assessment of home conditions

The outcomes of this assessment should directly inform the child's plan or be used to create a specific action plan setting out clear expectations of parents/carers. Completion or review of this assessment may require an escalation of involvement in order to seek to address the concerns identified. [Calderdale's Continuum of Need](#) sets out five levels of support that may be needed for children and families.

Assessment of neglect should also consider the family relationships and support systems; the voice and lived experience of the child and the family history, to understand the cumulative impact of neglect. Links to tools that support this work can be found on page 26.

## Nutritional Neglect:

### **Tier 1 - No Concerns - Universal Services Can Meet Need**

Preparation and organisation - Established routine, regular family meals together, sat at table (if available) and clear expectations re manners

Quality of meals - Aware and thinks ahead, provides excellent quality food and drink – accessible at all times

Overall quality and quantity - Ample

### **Tier 2- Single Need, Targeted Response Required**

Preparation and organisation - Satisfactory meals prepared, well organised, often seated at appropriate times

Quality of meals - Manages to provides reasonable quality food and drink

Overall quality and quantity - Adequate

### **Tier 3 - Child's Health or Development Impaired, Multi-Agency Response Required**

Preparation and organisation - Poorly organised, irregular timing and a focus on the adults needs and not on the child

Quality of meals - Provision of reasonable quality food but inconsistent through lack of awareness or effort

Overall quality and quantity - Adequate to Variable

### **Tier 4 - Needs not met, Statutory Response Needed**

Preparation and organisation - Often no preparation. If there is, then child's need or taste not accommodated

Quality of meals - Food is poor quality because of a lack of prioritisation or of reasonable quality only if parent is prompted or advised

Overall quality and quantity - Variable to Low

### **Tier 5 - High risk of harm, Statutory Response Needed**

Preparation and organisation - 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 - Parent/carer is not being honest about the diet they provide to their child/ren leading to an inadequate diet

Overall quality and quantity - Inadequate

## Medical Neglect:

### (Attention to health matters)

#### **Tier 1 - No Concerns, Universal Services Can Meet Need**

Visits in addition to the standard checks. Up to date with immunisation unless genuine reservations.

Appropriate opinion sought, not only on illness, but also other genuine health matters. All advice followed All appointments kept, or re-arranged if there is a problem

#### **Tier 2 - Single Need, Targeted Response Required**

Up to date with scheduled visits and immunisation unless exceptional or practical problems.

Opinion sought on issues of genuine and immediate concern about child health. Advice followed.

Follow up appointments - Fails one in two appointments due to doubt about their usefulness or due to pressing practical constraints

#### **Tier 3 - Child's Health or Development Impaired, Multi-Agency Response Required**

Omissions for reasons of adult's personal convenience but takes up if persuaded.

Opinion sought on illness of any severity or frequency.

Follow -up appointments: Fails one in two appointments, even if of clear benefit, for reasons of the adult's convenience

#### **Tier 4 - Needs not met, Statutory Response Needed**

Omissions because of carelessness. Accept service if provided at home.

Help sought when illness becomes moderately severe (delayed).

Follow appointments: Attend third time after reminder. Contests its usefulness, even if it is of benefit to the child

#### **Tier 5 - High risk of harm, Statutory Response Needed**

Clear disregard of child's welfare. Frustrates home visits.

Help sought when illness becomes critical. Advice not followed.

Follow up appointments: Fails a needed follow-up a third time despite reminders. Misleading explanations

# Emotional Neglect:

## (Communication and interaction. Stimulation:)

### **Tier 1 - No Concerns, Universal Services Can Meet Need**

High quality, age appropriate stimulation. Parent/carer talks to the child,/ young person. In babies and younger children, is tactile, makes good eye contact and talks to the child, access to educational and stimulating toys and books. Developing the child's vocabulary and initiating discussion and conversation. In older children and teenagers, provides opportunities for activity and stimulation inside and outside of the home. Shows an interest in what is important to them and what they are doing way from the home. Initiates conversation, shows interests and curiosity.

### **Tier 2 - Single Need, Targeted Response Required**

Adequate and age appropriate stimulation, Access to some educational and stimulating toys. With babies and younger children, parents make some eye contact and stimulate speech.

Less evidence of playing or reading with the child, growing dependency on visual stimulation rather than interaction between child and adult.

In older children and teenagers, some conversation and interest shown, but this more on a "need to know" basis and a response to something initiated by the young person rather than a more curious and interested approach from the parent.

### **Tier 3 - Child's Health or Development Impaired, Multi-Agency Response Required**

Little interaction between adult and child, variable access to toys i.e. toys out of reach

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 while adult pursues own interests.

In older children and teenagers, little interaction seen except when initiated by the young person themselves. Expectation that the young person will occupy themselves, and so few opportunities provided for stimulation inside or outside the home.

### **Tier 4 - Needs not met, Statutory Response Needed**

Lack of responsiveness to attempts made by children/ young person to gain attention.

Lack of stimulation and interaction. Child is not sufficiently stimulated. In younger children, growing concerns re speech and language development.

In older children and teenagers, lack of interaction. Parent/ carer does not initiate any meaningful communication and is dismissive/ minimal in response when young person is seeking to communicate and interact. Sense that the young person is expected to be emotionally independent unless a specific issue has arisen needing their help.

### **Tier 5 - High risk of harm, Statutory Response Needed**

Babies and young children confined to pram, pushchair or chair, adult is irritated by any demands made, no stimulation, no conversation with child or limited eye contact made.

Interaction is negative, aggressive and dismissive.

In older children and teenagers, no interaction/ conversations. When young person asks questions/ tries to communicate, parent presents as irritated by the young person. Young person expected to be emotionally independent. No concern/ interest shown about where the young person is/ what they are doing and whether it is safe.

## Emotional Neglect continued

### **Tier 1 - No Concerns, Universal Services Can Meet Need**

Showing Approval: Talks about the child/ young person with delight and praise without prompting. Generous emotional rewards for achievement

Showing Disapproval: Mild and consistent verbal disapproval if any set limit is crossed.

Acceptance: Explanation of why disapproving and parent supports thinking about making different choices next time/ learning from mistakes. Unconditional, always warm and supportive even if child/ young person is failing

### **Tier 2 - Single Need, Targeted Response Required**

Showing Approval: Talks fondly about the child / young person when asked. Generous praise and emotional reward

Showing Disapproval: Consistent terse verbal disapproval. Mild physical sanctions and other mild sanctions if any set limits are crossed.

Acceptance: Unconditional, even if temporarily upset by child/ young person's behaviour, always warm and supportive

### **Tier 3 - Child's Health or Development Impaired, Multi-Agency Response Required**

Showing Approval: Agrees with other people's praise of the child/ young person low key praise and damp emotional reward

Showing Disapproval: Inconsistent boundaries or methods, terse, shouts or ignores for own convenience. Mild physical and moderate other sanctions

Acceptance: Annoyance at child/ young person's failure and demands less tolerated

### **Tier 4 - Needs not met, Statutory Response Needed**

Showing Approval: Indifferent if child/ young person praised by others and to their achievements which are only quietly acknowledged

Showing Disapproval: Inconsistent. Shouts, harsh verbal or moderate physical or severe other sanctions

Acceptance: Unsupportive or rejecting if the child/ young person is failing or if their behavioural demands are high

### **Tier 5 - High risk of harm, Statutory Response Needed**

Showing Approval: If the child/ young person is praised by someone else, their successes are rejected, achievements not acknowledged, reprimand or ridicule is the only reward if at all

Showing Disapproval: Terrorised, ridiculed, severe physical or cruel sanctions

Acceptance: Indifferent if child is achieving and rejects or denigrates if the child/ young person makes mistakes or fails

# Emotional Neglect continued

## **Tier 1 - No Concerns, Universal Services Can Meet Need**

Sensitivity / responsiveness to child's emotional and physical needs: Parent/carer anticipates or picks up very subtle signals and responses or even anticipates the needs of the child or young person – signals can be verbal and non-verbal and the response is complimentary to the emotional and physical needs of the child/ young person, warm, caring and loving.

Relationship and interaction between child, parent or carer: Good communication between parent/carer and child/ young person which is age appropriate, frequent, pleasurable and both acquire mutual enjoyment

## **Tier 2 - Single Need, Targeted Response Required**

Sensitivity / responsiveness to child's emotional and physical needs: Understands the child's / young person'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.

Relationship and interaction between child, parent or carer: Positive communication between parent/carer and child/ young person, even if child/ young person is defiant. Evidence of mutual enjoyment

## **Tier 3 - Child's Health or Development Impaired, Multi-Agency Response Required**

Sensitivity / responsiveness to child's emotional and physical needs: Parent/carer not sensitive or responsive to the child/ young person's verbal or non-verbal communication. Gives attention only when child shows upset/ distress e.g. by tantrum or crying. In older children and teenagers this could be them showing frustration and presenting as angry/ showing risk taking behaviours. Parent or carer's response is dependent on how they are feeling i.e. if they are in a good mood. Lack of pleasure or anger in dealings with children

Relationship and interaction between child, parent or carer: Child/ young person mostly initiates interaction with the adult. Response from parent/ carer is negative if the child/ young person's behaviour is defiant. Adult passively participates but little enjoyment from the interaction

## **Tier 4 - Needs not met, Statutory Response Needed**

Sensitivity / responsiveness to child's emotional and physical needs: Parent/carer is insensitive to the needs of the child / young person and only responds when the child / young person provides repeated, prolonged or intense signals of distress, or is very demanding of parents' attention.

The response to the child/ young person 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/ young person demanding attention

Relationship and interaction between child, parent or carer: Interaction with parent/carer mainly initiated by the child/ young person, seldom the carer. Parent/carer mainly engaging on a physical rather than emotional level. Child tries to derive comfort or attention e.g. younger child attempts to sit on knees, tries to show a toy; older children and teenagers try to initiate conversation/ talks about what matters to them, but little response.

## **Tier 5 - High risk of harm, Statutory Response Needed**

Sensitivity / responsiveness to child's emotional and physical needs: Insensitive or aggressive response to sustained or intense signals unless the child / young person has had a physical or serious mishap. Even then their response can be harsh, dismissive, punitive without warmth, care or sensitivity even blaming the child/ young person for being distressed / angry etc.

Relationship and interaction between child, parent or carer: Child appears resigned to their needs not being met or apprehensive to make approaches to parent/carer who is adverse to overtures from child. Child plays on their own, detached and away from adult, selective engagement by the adult. In older children and teenagers, they have low expectations of parent/ carer. Are distant, spend time away from the home. Seek to have their emotional needs met by others.

## Supervision and Guidance:

### **Tier 1 - No Concerns, Universal Services Can Meet Need**

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

0 – 4 yrs - 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

### **Tier 2 - Single Need, Targeted Response Required**

All ages - Aware of important safety features and most are in place

0 – 4 yrs - 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

### **Tier 3 - Child's Health or Development Impaired, Multi-Agency Response Required**

All ages - Poor awareness and essential safety features are not in place

0 – 4 yrs - 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

### **Tier 4 - Needs not met, Statutory Response Needed**

All ages - Dismissive or oblivious to safety risks, no safety features in place, identifiable hazards and child/ren can easily access harmful medicines or cleaning products

0 – 4 yrs - 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

### **Tier 5 - High risk of harm, Statutory Response Needed**

All ages - 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

0-4 yrs - 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



# Supervision and Guidance continued

## **Tier 1 - No Concerns, Universal Services Can Meet Need**

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.

Alternative Care Arrangements - Child left in care of a competent and safe adult

## **Tier 2 - Single Need, Targeted Response Required**

5 Years plus - 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.

Alternative Care Arrangements - 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

## **Tier 3 - Child's Health or Development Impaired, Multi-Agency Response Required**

5 Years plus - 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.

Alternative Care Arrangements - 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

## **Tier 4 - Needs not met, Statutory Response Needed**

5 Years plus - 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.

Alternative Care Arrangements - 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

## **Tier 5 - High risk of harm, Statutory Response Needed**

5 Years plus - 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,

Alternative Care Arrangements - For own benefit leaves a child alone with a person not known to the child/ren or with an unsuitable person

## Educational Neglect:

### **Tier 1: No Concerns, Universal Services Can Meet Need**

Child's learning and Development: 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.

Access to sports and Leisure: Well organised outside school hours e.g. swimming, clubs

### **Tier 2: Single Need, Targeted Response Required**

Child's learning and Development: 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

Access to sports and Leisure: Parents provide adequate equipment and school uniform.

### **Tier 3: Child's Health or Development Impaired, Multi-Agency Response Required**

Child's learning and Development: 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.

Access to sports and Leisure: Rarely or infrequent access to Early Years provision.

### **Tier 4: Needs not met, Statutory Response Needed**

Child's learning and Development: All the issues identified in 3 with additional concerns relating to: Persistent absence below 85%, lack of engagement with school, frequent changes of schools. Child not making sufficient progress and not reaching their potential.

Access to sports and Leisure: Not accessing free provision or services provided through children's centre and not understanding the benefit for the child to attend.

### **Tier 5: High risk of harm, Statutory Response Needed**

Child's learning and Development: All the issues in 3 and 4 with additional concerns relating to:

Access to sports and Leisure: 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

## Educational Neglect continued:

### **Tier 1: No Concerns, Universal Services Can Meet Need**

Outings for recreational purposes: Frequent visits to child centred places both locally and further away

Peer/ friend interaction: Children/ young people have opportunities for socialising and spending time with peers. Friendships are valued and supported. For younger children, arrangements are made on their behalf and there are regular opportunities for socialising. For older children/ teenagers, allowed opportunities for spending time with friends. Friends are encouraged to visit the home. Time spent with friends away from the home are vetted to be safe.

### **Tier 2: Single Need, Targeted Response Required**

Outings for recreational purposes: Regular visits to child centred places e.g. parks and occasionally further away

Peer/ friend interaction: Children/ young people have some opportunities for socialising and spending time with peers. Opportunities may be infrequent due to not being prioritised, but children and young people do have friends and arrangements in place for them to see them are safe.

### **Tier 3: Child's Health or Development Impaired, Multi-Agency Response Required**

Outings for recreational purposes: Child accompanies parent/carer wherever they decide but usually in child friendly places

Peer/ friend interaction: Friendships are allowed and seen as good for the child/ young person, but only if this does not require additional input or effort on the part of the parent/ carer. Spending time with friends is not a priority, although not discouraged. The child's access to spending time with other children likely to be based on spending time with parent's friends children.

### **Tier 4: Needs not met, Statutory Response Needed**

Outings for recreational purposes: Child simply accompanies adult locally e.g. shopping or visiting parents/carers friends' houses

Peer/ friend interaction: Child finds own friends, no help from parent or carer unless reported to be bullied. Friendships and peer relationships do not appear to be valued.

### **Tier 5: High risk of harm, Statutory Response Needed**

Outings for recreational purposes: No outings for the child, may play in the street but carer goes out locally e.g. pub

Peer/ friend interaction: Parents/ carers do not appear to recognise the importance of friendship and peer relationships for the child/ young person. No opportunities are created to give opportunity for friendship. Parent does not show any interest/ curiosity in child/ young person's friendships, or ensuring these relationships are positive and/ or safe for the child/ young person.

# Physical Neglect:

(Also see separate Home Conditions Tool below)

## **Tier 1: No Concerns, Universal Services Can Meet Need**

Personal Hygiene and Dental Care 0 – 4 Years: Good hygiene routines, ensures children are bathed, teeth brushed, appropriate hair Developmental stages met e.g. toilet training. Age appropriate independence, hygiene products readily available

Clothing - Fitting, Appearance and insulation (All Ages): Dressed appropriately for the weather. Clean, well fitting and age appropriate. Child feels comfortable and happy with what they are wearing. For older children and teenagers, appropriate choice given where finances allow, and acknowledgement of importance to their identity.

## **Tier 2: Single Need, Targeted Response Required**

Personal Hygiene and Dental Care 0 – 4 Years: 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) Independence promotes but supervised and held as required

Clothing - Fitting, Appearance and insulation (All Ages): Appropriate clothing for the weather including footwear. Clothing is clean and children and young people have sufficient changes of clothes for different settings e.g. school and leisure.

## **Tier 3: Child's Health or Development Impaired, Multi-Agency Response Required**

Personal Hygiene and Dental Care 0 – 4 Years: Irregular routine but generally clean. 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. Limited access to appropriate toiletries

Clothing - Fitting, Appearance and insulation (All Ages): Clothing not always clean, Footwear not always fit for purpose, e.g. wears pumps and no waterproof shoes in poor weather. Shoes are too big or small. Low level grubbiness. Has clothing but may be ill fitting and not always fit for purpose.

## **Tier 4: Needs not met, Statutory Response Needed**

Personal Hygiene and Dental Care 0 – 4 Years: 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. 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

Clothing - Fitting, Appearance and insulation (All Ages): Clothes not appropriate for the weather, often dirty and smelly. 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.

## **Tier 5: High risk of harm, Statutory Response Needed**

Personal Hygiene and Dental Care 0 – 4 Years: 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. Parents are unconcerned re the impact this has for the child

Clothing - Fitting, Appearance and insulation (All Ages): Clothing regularly dirty and has an odour. Clothing not suitable for the weather with children/ young people not having shoes that keep feet dry and lack of warm coat. Lack of clothing for different circumstances and clothing is ill fitting.

# Assessment of Home Conditions

## **Smell e.g. mouldy/rotten food/urine**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Does not exist

Tier 3 Some Essential Needs Met: Noticeable/has some impact

Tier 4: Many Essential Needs Unmet: Very Apparent

Tier 5: Most or All Essential Needs Unmet: Serious impact

## **Kitchen floor dirty, covered in bits, crumbs, rubbish,**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent

Tier 3 Some Essential Needs Met: Noticeable/has some impact

Tier 4: Many Essential Needs Unmet: Very Apparent

Tier 5: Most or All Essential Needs Unmet: Serious impact

## **Floor covering in any other room dirty, covered in bits, crumbs, rubbish.**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent

Tier 3 Some Essential Needs Met: Noticeable/has some impact

Tier 4: Many Essential Needs Unmet: Very Apparent

Tier 5: Most or All Essential Needs Unmet: Serious impact

## **Animal faeces in the home on floor, possible bedding, litter trays not cleaned on daily basis in reach of children.**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Does not exist

Tier 3 Some Essential Needs Met: Does not exist

Tier 4: Many Essential Needs Unmet: This seen occasionally

Tier 5: Most or All Essential Needs Unmet: Regularly occurs.

## **General decorative order poor – obviously in need of attention (e.g. stained or damaged walls, broken doors or windows)**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent but not the extent there is significant impact and no impact on safety.

Tier 3 Some Essential Needs Met: Noticeable/has some impact but issues that impact safety are resolved quickly.

Tier 4: Many Essential Needs Unmet: Very Apparent. Obvious safety issues resolved but may be delay in doing so, and may be temporary/ inadequate repairs.

Tier 5: Most or All Essential Needs Unmet: Serious impact. Ie broken windows not repaired despite being in reach of children.

**Kitchen sink, draining board, work surface, cooker, fridge or cupboard doors dirty**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent but no hygiene impact.

Tier 3 Some Essential Needs Met: Noticeable/has some impact

Tier 4: Many Essential Needs Unmet: Very Apparent.

Tier 5: Most or All Essential Needs Unmet: Serious impact.

**Cooking implements, cutlery or crockery showing ingrained dirt and or these items remain unwashed until they are needed again**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent but no hygiene impact.

Tier 3 Some Essential Needs Met: Noticeable/has some impact

Tier 4: Many Essential Needs Unmet: Very Apparent.

Tier 5: Most or All Essential Needs Unmet: Serious impact.

**Toilet, bath or basin broken, dirty or showing ingrained dirt**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent but no hygiene impact.

Tier 3 Some Essential Needs Met: Noticeable/has some impact

Tier 4: Many Essential Needs Unmet: Very Apparent.

Tier 5: Most or All Essential Needs Unmet: Serious impact.

**Beds, furnishings or furniture broken, dirty or stained**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent but no hygiene impact.

Tier 3 Some Essential Needs Met: Noticeable/has some impact

Tier 4: Many Essential Needs Unmet: Very Apparent.

Tier 5: Most or All Essential Needs Unmet: Serious impact.

**Parent's or children's clothing unwashed smelling or hair dirty or matted**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent but no hygiene impact.

Tier 3 Some Essential Needs Met: Noticeable/has some impact

Tier 4: Many Essential Needs Unmet: Very Apparent.

Tier 5: Most or All Essential Needs Unmet: Serious impact.

**Garden or yard uncared for, strewn with rubbish or containing dangerous items (e.g. broken bottles or prams)**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Garden unkempt, some rubbish but no safety issues.

Tier 3 Some Essential Needs Met: Noticeable/has some impact. No items that pose significant risk are present, ie no broken glass or sharp items, but conditions are poor, create hygiene risk and prevent children playing in the space.

Tier 4: Many Essential Needs Unmet: Very Apparent. Broken items that pose some risk are present. Items which pose more serious harm removed, eg no broken glass, sharp items.

Tier 5: Most or All Essential Needs Unmet: Serious impact. There would be concerns for safety of child, potential for serious injury if child was playing in garden.

**No or little food in cupboards/home**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Does not exist

Tier 3 Some Essential Needs Met: Noticeable/has some impact. Generally some food available, but can be inadequate, and occasions when there is a lack of food

Tier 4: Many Essential Needs Unmet: Very Apparent. Regularly a lack of food. Parents slow to ask for help as children sometimes are going hungry.

Tier 5: Most or All Essential Needs Unmet: Serious impact. Consistent problems with lack of food. Children hungry and no adequate food available. Parents do not recognise issue or ask for help.

**No adequate seating/furnishing (e.g. no chairs or tables)**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent

Tier 3 Some Essential Needs Met: Noticeable/has some impact

Tier 4: Many Essential Needs Unmet: Very Apparent.

Tier 5: Most or All Essential Needs Unmet: Serious impact.

**No beds, mattresses or bed clothes on children's bed**

Tier 1 All Needs Met: Does not exist. Bedding always present and clean.

Tier 2 Essential Needs Met: Exists to some extent. Children have bedding. May be ready for wash but does not impact on comfort or hygiene.

Tier 3 Some Essential Needs Met: Noticeable/has some impact. Generally, there is bedding but some items may be missing/ in need of wash.

Tier 4: Many Essential Needs Unmet: Very Apparent. Inadequate beds and bedding. Bedding dirty. Impact on comfort and hygiene/

Tier 5: Most or All Essential Needs Unmet: Serious impact The children may not all have beds and mattresses, consistent lack of warm/ clean bedding.

**Exposed needles or other drug paraphernalia visible in the house and/or within children's reach**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Does not exist

Tier 3 Some Essential Needs Met: Noticeable/has some impact. Paraphernalia generally kept safe but occasions when it is visible and in reach of children. Parents aware and remove promptly.

Tier 4: Many Essential Needs Unmet: Very Apparent. Paraphernalia regularly in sight/ reach of children

Tier 5: Most or All Essential Needs Unmet: Serious impact. Paraphernalia regularly in sight/ reach of children. Parents do not recognise risks / address the issue even after this explained.



### **Rodents or rodent damage to property**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent. Parents aim to resolve

Tier 3 Some Essential Needs Met: Noticeable/has some impact. Evidence in kitchen. Parents slow to resolve.

Tier 4: Many Essential Needs Unmet: Very Apparent. Parents say they want to resolve but not addressing the issues to reduce/ prevent recurrence.

Tier 5: Most or All Essential Needs Unmet: Serious impact. Infestation become progressively worse as parents take action and do not recognise impact on the children.

### **Hazardous environment (e.g. broken electrical sockets, no smoke alarms, lack of safety gates or fire guards)**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent. Most safety features present.

Tier 3 Some Essential Needs Met: Noticeable/has some impact. Few safety features present but generally safe environment.

Tier 4: Many Essential Needs Unmet: Very Apparent. Some hazards apparent in the home that are not addresses.

Tier 5: Most or All Essential Needs Unmet: Serious impact. No safety features and additional hazards in the home. Parents not aware of risks and do not seek to resolve.

### **No basic services (no water in house, no electricity or gas supply, no heating)**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Does not exist

Tier 3 Some Essential Needs Met: Noticeable/has some impact. Generally services are available with occasional lack of electricity/ gas due to poor organisation.

Tier 4: Many Essential Needs Unmet: Very Apparent. The home is regularly without gas/ electricity for short periods which has short term impact on the children's needs being met. Tier 5: Most or All Essential Needs Unmet: Serious impact. Regular lack of gas/ electricity which impacts on warmth and ability to cook in the home. Children cold, not fed/ bathed as a result. Parents do not recognise impact on children and do not seek to resolve.

### **Extreme clutter or hoarding (e.g. bin bags or clothing or toys left everywhere, lack of space to play)**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists but not to extent it significantly impacts on the children.

Tier 3 Some Essential Needs Met: Noticeable/has some impact. Children have more limited space to play/ do homework etc. Impacts on their comfort.

Tier 4: Many Essential Needs Unmet: Very Apparent. Extreme clutter which impacts on comfort and safety in the home. Rooms are not fit for their purpose as surfaces full. Unclean conditions.

Tier 5: Most or All Essential Needs Unmet: Serious impact. Children have no space to play or spend time in comfort. Bedrooms are full of things which means no nice space. Impacts on ability to cook eat in clear space. Safety in the home impacted due to restricted access, fire hazard

### **Pets or animal hazards (e.g. number of animals in the house, aggressive or threatening animals)**

Tier 1 All Needs Met: Does not exist

Tier 2 Essential Needs Met: Exists to some extent

Tier 3 Some Essential Needs Met: Noticeable/has some impact. Number and type of animals impacts on hygiene and comfort but is managed.

Tier 4: Many Essential Needs Unmet: Very Apparent. Impacts on space and hygiene in the home needs.

Tier 5: Most or All Essential Needs Unmet: Serious impact. The number and type of animals in the home impacts on the comfort and safety of the family/ visitors. Parents do recognise impact. Animals appear to be prioritised over children's

**Note: Research highlights the correlation between animal cruelty and child abuse**

## Other assessment tools to understand neglect

It is important to not just rely on specific neglect tools when seeking to understand the impact of neglect on a child's wellbeing and development. The Partnership website holds a range of other useful documents and tools to support your understanding of the wider family, the child's voice and the family history. The suggestions below are not exhaustive but support good practice.

Voice and lived experience of the child:

- Day in the Life tool - incl 0-2 and 2-5;
- 3 Houses;
- What my day looks like;
- My Feelings colouring chart;
- Practitioner form to record child's wishes and feelings.

Family relationships and support networks:

- Genogram
- Ecomap

Chronologies:

- Multi-agency chronology template and guidance

Other screening tools:

- Alcohol and drugs screening tool

# Further reading and resources

## Read more about Neglect

NSPCC [Neglect is also Child Abuse: Know All About It](#)

NSPCC [Emotional neglect and emotional abuse in pre-school children](#) DfE [Missed opportunities: indicators of neglect](#)

## Impact of Neglect:

Harvard Center on the Developing Child [The Science of Neglect](#)

NSPCC [Neglect and serious case reviews](#)

US Child Welfare Bureau [Long-Term Consequences of Child Abuse and Neglect](#)

## Responding to Neglect:

Ofsted [Professional responses to neglect: in the child's time](#)

## Adolescent neglect:

Children's Society [Understanding Adolescent Neglect: Troubled Teens](#)

Ofsted briefing [Growing up neglected: multi-agency response to older children](#) NSPCC [Neglect or emotional abuse in teenagers: Core info leaflet](#)

DfE [Adolescent neglect: guide for professionals](#)

## Books:

Gardner, R., 2016. *Tackling Child Neglect*. London: Jessica Kingsley.

Horwath, J., 2007. *Child Neglect: Identification & Assessment*. Basingstoke: PalgraveMacmillan.

Horwath, J., 2013. *Child Neglect: Planning & Intervention*.

Basingstoke: PalgraveMacmillan. Rees, G., Stein, M., Hicks, L. and Gorin, S., 2011. *Adolescent Neglect*. London: Jessica Kingsley

## More useful tools and resources

### Assessment tools:

[Home Conditions Assessment Tool](#) [Home Safety Risk Assessment Tool](#)

[Attachment & Bonding checklist](#) [Child Development Timeline](#)

### Direct work with children:

[Child's Daily Routine Activity](#)

[Daily Hygiene Checklist for Children](#) [Morning Routine Checklist for](#)

[Children'Animal Talk' Direct Work Activity](#)

['Say it Your Way' Worksheets](#)

### Advice & support for parents:

[NSPCC Look, Say, Sing, Play - Brain-building tips for babies](#) [Barnardos Five to Thrive resources for parents](#)

[Activity & Play ideas](#)

[NSPCC Positive Parenting Guide](#) [Stepchange Budget Planner Template](#) [Daily](#)

[Routine Templates for parents](#) [NHS Healthier Families Resources](#) [NSPCC](#)

[Online Safety guides](#)

[Child Safety guides](#)