

Calderdale Multi-agency Assessment Tools for Working with Neglect



Calderdale
**Safeguarding
Children**
Partnership

Table of Contents

The Tools	3
Neglect Screening Tool Guidance	4
Child Neglect Screening Tool	5
Antenatal Neglect Screening Tool	7
In-depth Assessment of Neglect	9
Nutritional Neglect:.....	10
Medical Neglect:	11
Emotional Neglect:.....	12
Supervision and Guidance:.....	15
Educational Neglect:	17
Physical Neglect:	19
Assessment of Home Conditions	20
Other assessment tools to understand neglect	25
Further reading and resources	26

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



Complete Neglect Screening Tool



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)



Consider an Early Help Pathway to address neglect concerns



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 this family? Yes/No	
Practitioner completing form	
Agency	
Date of completion	

	Are You Worried About?	Yes	No	Comments / Evidence
1	The child's access to adequate and nutritious food	<input type="checkbox"/>	<input type="checkbox"/>	
2	Conditions in the home (are they unhygienic/cluttered/ overcrowded/lacking basic amenities?)	<input type="checkbox"/>	<input type="checkbox"/>	
3	The child not having a suitable or safe place to sleep	<input type="checkbox"/>	<input type="checkbox"/>	
4	The child not having appropriate clothing for weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	
5	A child not having clean or adequate clothing (size/condition/hygiene)	<input type="checkbox"/>	<input type="checkbox"/>	
6	A child's presentation (eg hygiene/body odour/dental decay/unclean hair and skin)	<input type="checkbox"/>	<input type="checkbox"/>	
7	Whether a parent/carer is seeking medical advice appropriately or attending routine appointments	<input type="checkbox"/>	<input type="checkbox"/>	
8	A lack of age-appropriate safety measures (eg stair gates/window locks/car seats/internet safety)	<input type="checkbox"/>	<input type="checkbox"/>	
9	A lack of age-appropriate supervision in home and outside (including online)	<input type="checkbox"/>	<input type="checkbox"/>	
10	A parent/carer not making safe and age-appropriate childcare arrangements (eg using unsuitable babysitters/leaving young children home alone)	<input type="checkbox"/>	<input type="checkbox"/>	
11	A lack of emotional warmth and positive interaction between parent and child	<input type="checkbox"/>	<input type="checkbox"/>	
12	A lack of appropriate stimulation or play (including lack of age-appropriate toys/activities/books)	<input type="checkbox"/>	<input type="checkbox"/>	
13	Poor school attendance or parent/carer not supporting education/does not engage with nursery or school	<input type="checkbox"/>	<input type="checkbox"/>	
14	Inappropriate behaviour management /frequent criticism/lack of interest in child's achievements	<input type="checkbox"/>	<input type="checkbox"/>	
15	A lack of (or inconsistent) age-appropriate routines and boundaries	<input type="checkbox"/>	<input type="checkbox"/>	
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)			
	Any other concerns around neglect? Please specify			
	Total (add number in each column)			

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 this family? Yes/No	
Practitioner completing form	
Agency	
Date of completion	

	Are You Worried About?	Yes	No	Comments / Evidence
1	The baby's mother booking late in pregnancy or missing antenatal appointments	<input type="checkbox"/>	<input type="checkbox"/>	
2	Conditions in the home (are they unhygienic/cluttered/ overcrowded/lacking basic amenities?)	<input type="checkbox"/>	<input type="checkbox"/>	
3	A lack of adequate preparations made for the baby	<input type="checkbox"/>	<input type="checkbox"/>	
4	A lack of understanding of the baby's future needs (physical/emotional/ developmental) and/or unwillingness to learn or take on advice	<input type="checkbox"/>	<input type="checkbox"/>	
5	A lack of emotional warmth/negativity towards unborn baby	<input type="checkbox"/>	<input type="checkbox"/>	
6	Parents' presentation (eg poor hygiene, unkempt appearance, unclean clothing)	<input type="checkbox"/>	<input type="checkbox"/>	
7	Significant financial issues or homelessness	<input type="checkbox"/>	<input type="checkbox"/>	
8	Lack of support network (particularly for very young parents, children with additional needs, or families with large number of children)	<input type="checkbox"/>	<input type="checkbox"/>	
9	Parental mental health difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
10	Parental drug and/or alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	
11	Parental learning disability	<input type="checkbox"/>	<input type="checkbox"/>	
12	Domestic abuse in household	<input type="checkbox"/>	<input type="checkbox"/>	
13	History of abuse or neglect with previous children or in parents' own childhood	<input type="checkbox"/>	<input type="checkbox"/>	
14	Any other concerns around neglect? Please specify	<input type="checkbox"/>	<input type="checkbox"/>	
	Total (add number in each column)	<input type="checkbox"/>	<input type="checkbox"/>	

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:

	Level on Continuum of Need				
	1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
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

Medical Neglect:

		Level on Continuum of Need				
		1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
Attention to health matters	<p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>	

Emotional Neglect:

		Level on Continuum of Need				
		1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
Communication and interaction. Stimulation.	<p>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.</p> <p>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 form the home. Initiates conversation, shows interests and curiosity.</p>	<p>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.</p> <p>Less evidence of playing or reading with the child, growing dependency on visual stimulation rather than interaction between child and adult.</p> <p>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.</p>	<p>Little interaction between adult and child, variable access to toys i.e. toys out of reach</p> <p>Variable levels of stimulation and interaction with the child. May respond for short periods but the adult grows tired and puts the TV on to occupy the child while adult pursues own interests.</p> <p>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.</p>	<p>Lack of responsiveness to attempts made by children/ young person to gain attention.</p> <p>Lack of stimulation and interaction. Child is not sufficiently stimulated. In younger children, growing concerns re speech and language development.</p> <p>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.</p> <p>Sense that the young person is expected to be emotionally independent unless a specific issue has arisen needing their help.</p>	<p>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.</p> <p>Interaction is negative, aggressive and dismissive.</p> <p>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.</p>	

Emotional Neglect continued

	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
Showing Approval (All Ages)	Talks about the child/ young person with delight and praise without prompting. Generous emotional rewards for achievement	Talks fondly about the child / young person when asked. Generous praise and emotional reward	Agrees with other people's praise of the child/ young person low key praise and damp emotional reward	Indifferent if child/ young person praised by others and to their achievements which are only quietly acknowledged	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 (All Ages)	Mild and consistent verbal disapproval if any set limit is crossed. Explanation of why disapproving and parent supports thinking about making different choices next time/ learning from mistakes.	Consistent terse verbal disapproval. 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/ young person is failing	Unconditional, even if temporarily upset by child/ young person's behaviour, always warm and supportive	Annoyance at child/ young person's failure and demands less tolerated	Unsupportive or rejecting if the child/ young person is failing or if their behavioural demands are high	Indifferent if child is achieving and rejects or denigrates if the child/ young person makes mistakes or fails

Emotional Neglect continued

	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
Sensitivity / responsiveness to child's emotional and physical needs (All Ages)	Parent/carer anticipates or picks up very subtle signals and responds 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.	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.	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 eg 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 carers 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	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	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 (All Ages)	Good communication between parent/carer and child/ young person which is age appropriate, frequent, pleasurable and both acquire mutual enjoyment	Positive communication between parent/carer and child/ young person , even if child/ young person is defiant. Evidence of mutual enjoyment	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	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.	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:

		Level on Continuum of Need				
		1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
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	
Supervision 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	

Supervision and guidance continued

	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
Supervision 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.	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.	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.	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.	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	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

Educational Neglect:

Level on Continuum of Need					
	1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
Childs 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.	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 Parents 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. Rarely or infrequent access to Early Years provision.	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. Not accessing free provision or services provided through children's centre and not understanding the benefit for the child to attend.	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 child
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

Educational Neglect continued

	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
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
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.	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.	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.	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.	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)

Level on Continuum of Need					
	1 No Concerns Universal Services Can Meet Need	2 Single Need Targeted Response Required	3 Child's Health or Development Impaired Multi-Agency Response Required	4 Needs not met Statutory Response Needed	5 High risk of harm Statutory Response Needed
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	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	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	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	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)	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.	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.	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.	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.	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

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	Does not exist	Noticeable/has some impact	Very Apparent	Serious impact
Kitchen floor dirty, covered in bits, crumbs, rubbish,	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.	Does not exist	Exists to some extent	Noticeable/has some impact	Very Apparent	Serious impact
Animal faeces in the home on floor, possible bedding, litter trays not cleaned on daily basis in reach of children.	Does not exist	Does not exist	Does not exist	This seen occasionally	Regularly occurs.
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 but not the extent there is significant impact and no impact on safety.	Noticeable/has some impact but issues that impact safety are resolved quickly.	Very Apparent. Obvious safety issues resolved but may be delay in doing so, and may be temporary/ inadequate repairs.	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	Does not exist	Exists to some extent but no hygiene impact.	Noticeable/has some impact	Very Apparent	Serious impact

Home Conditions continued

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
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 but no hygiene impact.	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 but no hygiene impact.	Noticeable/has some impact	Very Apparent	Serious impact
Beds, furnishings or furniture broken, dirty or stained	Does not exist	Exists to some extent but no hygiene impact.	Noticeable/has some impact	Very Apparent	Serious impact
Parent's or children's clothing unwashed smelling or hair dirty or matted	Does not exist	Does not exist	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	Garden unkempt, some rubbish but no safety issues.	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.	Very Apparent. Broken items that pose some risk are present. Items which pose more serious harm removed, eg no broken glass, sharp items.	Serious impact. There would be concerns for safety of child, potential for serious injury if child was playing in garden,.

Home Conditions continued

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
No or little food in cupboards/home	Does not exist	Does not exist	Noticeable/has some impact. Generally some food available, but can be inadequate, and occasions when there is a lack of food.	Very Apparent. Regularly a lack of food. Parents slow to ask for help as children sometimes are going hungry.	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)	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. Bedding always present and clean.	Exists to some extent Children have bedding. May be ready for wash but does not impact on comfort or hygiene.	Noticeable/has some impact. Generally, there is bedding but some items may be missing/ in need of wash.	Very Apparent. Inadequate beds and bedding. Bedding dirty. Impact on comfort and hygiene/	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	Does not exist	Does not exist	Noticeable/has some impact. Paraphernalia generally kept safe but occasions when it is visible and in reach of children. Parents aware and remove promptly.	Very Apparent. Paraphernalia regularly in sight/ reach of children.	Serious impact. Paraphernalia regularly in sight/ reach of children. Parents do not recognise risks / address the issue even after this explained.

Home Conditions continued

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
Rodents or rodent damage to property	Does not exist	Exists to some extent. Parents aim to resolve.	Noticeable/has some impact. Evidence in kitchen. Parents slow to resolve.	Very Apparent. Parents say they want to resolve but not addressing the issues to reduce/ prevent recurrence.	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)	Does not exist	Exists to some extent. Most safety features present.	Noticeable/has some impact. Few safety features present but generally safe environment.	Very Apparent. Some hazards apparent in the home that are not addresses.	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)	Does not exist	Does not exist.	Noticeable/has some impact. Generally services are available with occasional lack of electricity/ gas due to poor organisation.	Very Apparent. The home is regularly without gas/ electricity for short periods which has short term impact on the children's needs being met.	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)	Does not exist	Exists but not to extent it significantly impacts on the children.	Noticeable/has some impact. Children have more limited space to play/ do homework etc. Impacts on their comfort.	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.	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)	Does not exist	Exists to some extent	Noticeable/has some impact. Number and type of animals impacts on hygiene and comfort but is managed.	Very Apparent. Impacts on space and hygiene in the home.	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 needs.
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

Other screening tools

- Alcohol and drugs screening tool

Chronologies

- Multi-agency chronology template and guidance

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](#)